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>> white: Sounds like we're all good, we're ready  
to begin. Okay. Thank you, everybody for your  
patience for the couple of minutes that we needed to  
finish our technology. I think we're going to have  
a great webinar tonight. Certainly better than the  
last webinar. We have prayed to the technology gods  
as suggested by one of our clients -- our  
participants, so I think we're good.

Thank you so much for joining our webinar on serving VR clients, demographics, procedures and services tonight.

I have a few housekeeping items that I would like to go over with you. Captioning and interpreters are provided. Windows for the speaker interpreters can be closed or sized, I don't think they can be closed but they can be sized to create your own personalized viewing environment. If you would like to enlarge the video window, click on the side of the window and drag it out to make it bigger.

If you are going to utilize the interpreters, you may need to enlarge the window for the interpreter, which may interfere with your ability to see the PowerPoint. Therefore, if you have not already printed the PowerPoint, you can access it through the attendees material link after the webinar or I sent as an attachment through the email earlier today. The captioning will appear the bottom of the screen. If you are depending on captioning and it is not large enough, the link to the captioning is in the materials list or you can request it in the chat box and one of

my associates will help you with that. You can do a split screen on your computer and access the captioning.

If you have technical issues, please refer to the help websites or the phone number that I sent by email to you or use the chat function and a MARIE staff member will assist you.

Questions for the presenter will be in the chat function. Please write down your questions and then wait for Trudy or Dee to answer the questions and then I will read the questions to Trudy and to Dee. By the way, I am Carrie White and I am the MARIE program coordinator and thank you so much for coming. Now, I'm going to turn it over to Trudy.

Thank you very much, Trudy.

>> Schafer: Thank you, Carrie. Hello, everyone. Welcome. My name is Trudy Schafer. I work at the national interpreting education center. It is my responsibility to coordinate projects. This evening, is the fourth offering of these seminars focusing on interpreting in vocational rehabilitation settings, we will believe that to VR.

We have a total of 10 webinars, further ones coming. The topic for tonight is the populations and the demographics of -- and the procedures and services that we provide to our VR clients.

The content for this presentation this evening comes from a course development -- a course developed for professionals and those professionals are the National Consortium of Interpreter Education Centers, NCIEC.

The next slide, please.

NCIEC includes these five regions that you see in this slide, these five regional centers.

And one National Center.

Next slide, please.

The purpose of this national consortium is to increase the number and quality of interpreters nationwide. The way that we go about making this take place is to work together with different groups, interpreter education programs, interpreter educators, and interpreters themselves. The consumers, and government agencies who could have a court agency or a commission for the deaf in various

states that also work together with us in the consortium.

We provide technical assistance, educational programs, training, outreach, research and many other diverse services. Some of our projects include all of the regional centers and the National Center, this set of seminars incorporates all of these centers working together.

The MARIE Center has developed five courses that can be reached online that then carry on an in-depth discussion about the topic of interpreting in voc rehab situations. If you would like further information, we encourage you to go to the MARIE website and get the further information that's available to you there.

Next slide, please.

There should be one more ... great! Thank you.

The goal for this webinar this evening is to describe VR's consumers. What do we typically see as VR clients? We want to explain, also, the federal requirements for eligibility, allowing us to provide services to those involved with VR. We want to

describe the VR process. We want to talk about the unique terminology that is used by vocational rehabilitation.

Next slide, please.

So ... I would like to have you all work -- who are involved with this webinar to go ahead and vote. If you are currently working with VR consumers, please raise your hand by indicating on that column on the right the control panel, there are some dots, some buttons, icons and when you look at the fourth one, click on that, that will indicate that you have raised your hand. Okay?

So go -- please go ahead and indicate that if you have worked with voc rehab consumers, if you are working with them right now.

So I see the voting coming in. I will let you know the totals once we get there.

Okay. We need to hurry because the time for the voting process is going to close soon.

Seems that most of the participants have voted and the numbers indicate that 43% of all of you participating do currently work with VR consumers.

I know that some of you may have done this in the past, working with VR consumers, some may do it in the future.

Regardless, whether it's been something you have done in the past or are doing now or in the future, you will benefit from this discussion this evening.

Next slide, please.

Thank you.

VR consumers who are deaf are an extremely diverse group. You cannot just all label them as one particular group. That would not be a possibility.

In a little while we'll discuss the federal requirements for becoming eligible for voc rehab services.

But for right now, the most critical thing that I would like to emphasize is all the differing types of deaf people that we do provide services for through voc rehab.

Some of our consumers are deaf without any additional disabilities. Some are hard of hearing. Some are deaf with a cochlear implant. Perhaps others have been born in other countries and have

immigrated to the United States. So we serve a wide range of consumers.

Next slide, please.

We also have many VR consumers who are deaf, plus, that means they may have other disabilities, they could be blind or have cerebral palsy, some other physical disabilities. There are others who might have other cognitive issues or mental health concerns. So those are the variety of needs that require different approaches by voc rehab in working to meet the needs of these consumers.

Next slide, please.

We would like to talk a little bit about some labels.

Just a moment ago, I used the term "Deaf plus". That is a term that's beginning to spread more. It's used to describe people who are deaf but in addition have other things that are challenges or issues. That will impact language expression or comprehension. We have another term that's used is disfluent.

That means they are not fluent in their use of sign



language. Perhaps they grew up without any exposure to the use of sign language. So there's some who have no language or perhaps you're serving persons who are immigrants from other countries, they may have that fluency in their own home sign language, but do not have that fluency in American Sign Language, so that's what we call disfluent.

Next slide, please.

I'm sorry, could you go back one side, please.

Yes. Thank you.

This is another term that can be somewhat sticky. In voc rehab historically, I would say since the 1960s and '70s, this was a term that was used quite often in research and in print.

And that is low-functioning deaf people and that was abbreviated as LFD. When you look through the list, it incorporates many of the different variety of characteristics. And if you think about the discussion about deaf plus, and then disfluent, those two terms incorporate what used to be under the definition of low-functioning deaf. I feel it's important, though, to still retain the knowledge of

low-functioning deaf because that term is used quite frequently in publications and many people's needs and challenges are discussed in that content and it's quite worthwhile. So we don't want to discard all of that research, but at the same time we're trying to recognize the fact that in the year 2014 that term is really not the most appropriate.

I want to mention one particular publication, from 1999, it was published by the 25th institute of rehabilitation resources -- issues. And that publication is over 100 pages. It has a great deal of information included in that. I will send that connection to you once the webinar is completed for your perusal. The point is the label is not as important as the fact that we are providing these people with VR services. These services are provided to make -- help them attain their various goals, taking into consideration their background and challenges and how we will meet those.

Next slide, please.

I don't want to go in great depth with this, I'm sure you're already aware of many of the differing

types of variations there are in language. My point here is that voc rehab consumers, as they come to our offices, you might meet them, having any one of these different variations. It's possible that a person may be fluent in another sign language and not yet fluent in American Sign Language, so that's not on this list. But that means that as interpreters, we need to be able to envision that possibility and be prepared for any of those situations arising when we go into the assignment. Remember that there is in-depth VR -- some VR consumers who are hard of hearing who still can speak or late deafened consumers who are part of this list as well.

Next slide.

Okay. It's your turn again.

I would like to know, I'm curious, if in your community you have a great number of deaf immigrants here in the United States, if you do have a large number, please raise your hand.

And you also can type into the right chat box, what country some of these people have moved here from. Here where I live, in Boston, Massachusetts, we have

a great number of people from Brazil. And Haiti. Of course, we have a number of other countries that deaf persons have come from, but those were our predominant ones. I'm just curious to know what are some of the foreign language usages that other people are experiencing.

So far I'm seeing 34% of you have a fairly large community and I'm looking at the chat box to see what different countries are represented. I see Russia, Iran, Mexico, Kenya, Hmong, so you can see a right range of other language used. And so that provides a great number of variables for us as interpreters that we need to keep in mind.

Thank you, next slide.

Again, I don't want to go in great deal about this issue, but I just wanted to expose this point that what this does impact on voc rehab services. We have just a brief description of the typical educational settings where students may be placed. So we have clients who have gone through the residential schools for the deaf and the experiences that they would have would vary greatly by those who were mainstreamed and

their world views would be very different. Those who have come from schools for the deaf have had the opportunity to experience being around deaf adults, deaf professionals and having that socialization with them. Students who are mainstreamed may never have met a deaf professional or maybe very rarely, so the world view of these two different groups affects the way you look at their goals and so it's something also to remember when you are working with these VR consumers.

Next slide.

Thank you.

Of course, we all are familiar with the variety of approaches there are existing in deaf education. When young deaf children are categorized by their communication modes, like being trained orally, using manually-coded English, cued speech or American Sign Language, their environments, say if they are totally in an oral program or totally in an English-based program, it will be very different and upon graduation from their programs they come to us at VR, but you'll be exposed to them having a great number of different

experiences. So, again, we need to be prepared for the fact that we need to meet the needs, communication needs of these variety of groups.

Next slide, please. Okay. Your turn again.

If your community has a residential school for the deaf that has dorms or a day program for the deaf where it's a totally deaf school, please raise your hand.

And if you want, you can also type in the names of your schools. The residential schools or these day programs.

It would be nice to know where these different programs are.

I see MMSD, Michigan school for the deaf, Hawaii school for the deaf, ooh, they're coming in fast and furious, but you can look at the list in your chat box. So you see we do have a national audience here today. That's really wonderful.

So we see in the voting 46% of you have regular residential schools or day school programs in your communities.

I think that's very good.

We're all so concerned about residential schools

closing and so it's really nice to see that there are that many, that 40% of our audience still have strong programs locally.

Thank you.

Next slide, please.

We have talked about when people approach us in voc rehab for services, with the need to understand the -- we need to understand the background, what education and communication styles they have, did they grow up in America or have they moved here from another country? Perhaps they have other challenges. Other disabilities. A variety of communication needs. So now we want to talk about voc rehab's language particular to us. You know, we have unique vocational rehabilitation consumers, we have unique language within voc rehab as well.

Next slide.

So if currently or in the past you've worked in voc rehab situations and when you've been interpreting a term came up that was particular to voc rehab and you had no understanding of what precisely that meant, please raise your hand.

The numbers are still coming. Again, if you want to type in the chat box any of those terms that you were unfamiliar with, the first time you heard them, feel free.

We see that 27% of you experienced a term while interpreting that you were unfamiliar with. Here's some examples. Job readiness training, OOS, JRT, and I think voc rehab is very used to having many, many acronyms, placed one right after the other and you don't know what they mean and that makes it difficult. One of the comments that we have seen is when there are a group of voc rehab counselors, in a meeting and they're talking quickly in their jargon, it can become very difficult to follow for the interpreter.

Other issues -- items were like ticket to work. O and M.

Supported employment.

And typically what we have done is as interpreters we tend to learn those types of terms on the job while we're actually interpreting. We get our own OJT so to speak when we're there because we're not sure, we have to ask other interpreters, other counselors, so



on what that term means, so we are always in a learning mode, repeatedly. Next slide, please.

I am happy to inform you that our consortium has been working on providing outreach assistance for this voc rehab terminology.

We have established a glossary of VR terms, one of our regional centers in the northeast -- northeast university is working to bring all of those together for the consortium and they have developed 100 terms in their glossary list and they are probably the top 100 terms that you encounter frequently in VR situations. We collected those by contacting VR professionals and VR interpreters as to what were the most critical terms that people needed to know if they were on the assignment interpreting and collected those. And both the VR professionals and the interpreters assisted us in providing written English descriptions of those terms. Then we hired a deaf translator to be able to then put that into American Sign Language. And I'll show you a little bit of that in the next slide, please.

I know the picture is very small, but hopefully

you'll get the idea.

For each term, we have the description in English and also the ASL rendition provided by a deaf person.

The glossary goes alphabetically from A to Z, really W, there's no Z terminology. But regardless we have those 100 glossary terms. Next slide, please.

When you click on the picture, it will then provide the signed translation. We're not going to be able to show that to you tonight, I'm a little bit fearful of trying to show you any videos, but you get the idea of what this all looks like.

The way that you can find the glossary will be shown to you here in a moment. Next slide.

If you go to the consortium website, [interpretereducation.org](http://interpretereducation.org), and [interpretereducation](http://interpretereducation.org) is one word.

When that screen comes up, you see the green tool bar and you go specifically to the drop down menu for specializations and then you see there voc rehab, click on that, it will then bring up -- can you give me the next slide, please?

It will show you these options. The third one is the one that you would select. And that's indicating the consortium's work and resources for interpreters, voc rehab interpreters.

Click on that, that will then bring up, necessary slide please -- the list of the variety of things that we've developed for interpreters working in voc rehab settings, including this glossary of terms. Now, I want to let you know that the glossary is listed, you can look at it on the bottom, located at the bottom.

>> It's located at the bottom, you can click there and it will bring up the glossary.

I do encourage you to go to that site and see what are the things we have to offer. We have a wealth of printed materials and DVDs and -- and a six-pack of DVDs that you can order. Those will be completely focused on voc rehab situations. This information is available for any person, whether it's an instructor, an interpreter, mentor, you can use them in any way you feel would be valuable, that information is available to you.

We will soon start talking about the rehab process.

And Dee Clanton will be joining us and I wanted to pause for just a moment and see if there are any questions at this time regarding the consumers, terminology, the glossary, anything related to what's been discussed thus far, if you want to pose those right now, or if you would rather wait until later that's fine, but I thought that I would give you a moment to answer any questions in the chat box.

And, Carrie then would read them aloud and the interpreter will sign those questions if there are any there and I will be happy to answer them.

So, let's give them a moment.

I'm not getting any, so that's good.

So let's proceed. To introduce to you Dee Clanton. He is a state coordinator for the deaf, in New Hampshire. He's worked in voc rehab for many number of years. He's going to share with us his experience and wealth of knowledge. He'll be talking to you about the voc rehab process. Dee, the process starts with the application. If a deaf person gets in touch with vocational rehabilitation and wanting to apply for services, what is the first step in the process?

what do they need to let VR know about opening an application?

>> Clanton: Hi there, Trudy, I really enjoyed your portion of the presentation. In terms of the voc rehab procedure and what that looks like, exactly, when a consumer does make contact with voc rehab, we'll begin by asking them questions about what their interests are and what they would like to achieve. We'll gather their medical information, their educational information, and psychological assessments, any number of other documents. And -- when they come to the VR office. If they have none of those documents to present to us, then VR can reach out and gather that information that's necessary. In terms of an audiogram or any number of documents we can assist in gathering those.

Next slide.

>> Schafer: Yes, next slide.

One more slide, please.

Thank you. That's the correct slide.

So consumers, providers, or VR counselors will gather the necessary information, their medical,

psychological, educational documents, have those available to then peruse and determine if that consumer has sufficient barriers to employment. It focuses on the work environment; is that correct?

>> Clanton: Correct, yes.

And it has to be determined based on criteria and the application whether a person is eligible or not. We have a number of items that go towards verifying that person's physical or mental impairment, as well as understanding what the person may benefit from receiving VR services. And how that person may benefit. We gather medical information, educational information, psychological information, and all of that is very helpful in making that determination. Also, you know, you mentioned Social Security, obviously that's another complicated system that comes into play, whether it's SSI or SSDI and a person relying on that, voc rehab will, however, provide assistance in providing benefits counseling to consumers, giving them more information on how those systems can work together. We believe in teamwork and working to help each other.

>> Schafer: Next slide, please. We've spoken about the application process and the requirements for eligibility. I want to wait just a moment on speaking about order of selection. And we will speak about that and how that influences the determination of who can receive services from voc rehab.

Dee, can you let us know a little bit about VR funding? Does it come from the federal government and the states, they both participate in that; is that right?

>> Clanton: Yes. Yes indeed.

But that's not the case across the board. Generally speaking, it's a joint -- joints funded through federal and state funding. In New Hampshire, however, we don't have state funding; only federal funding. But in most settings, yes, it's a joint-funded program, between federal and state funds. And when it comes to order of selection, I notice that term come up, OOS. It's how it's referred to often. And in Washington, there's a federal law that establishes SRCs or State Rehab Councils, maybe different -- it may be called something different in

different states. But it requires all voc rehab systems to have a council of external individuals in place. It may be deaf individuals, blind individuals, consumers, legislators. Former clients of voc rehab, independent living representatives. Any number of representatives on the council. For example, we had a meeting with our SRC this afternoon. It was very rich and the purpose of the SRC is to monitor the VR services in terms of budget, as well as policies.

Programmatic issues. And I know it can vary state to state how that takes place.

But since VR is funded by both states and the federal government, like I said some states differ in how it's funded. Some states have a richer funding from the state; others less so. But oftentimes that funding can be very limited. In which case we can't serve all of the individuals that would seek out services. So we create a list, a waiting list essentially. It may not be a best practice, necessarily. But the order of selection is what it's referred to as and it allows voc rehab to stretch the



funding that's made available and to focus on those with "The more severe disabilities". And in some states that's defined, you know, as a deaf person may be considered severely disabled. In some states it wouldn't be.

To me it would be because oftentimes it comes down to a communication barrier to employment. Depends on -- sometimes a person has additional disabilities and each state has a different view on what's considered severe disabilities. But the federal government wants the budget to be monitored by SRCs and it can become very complicated from state to state.

Some states will have a waiting list, an order of selection. I know that isn't always beneficial. It might be one month to six months to a year that a person or even two years would wait on a waiting list. But if a person is stuck with different disabilities, they would oftentimes rise to the top of that list. It varies very much by individuals. Was that a clear answer?

>> Schafer: Oh, very clear, yes. I just wanted to

have a few follow-up questions to clarify, but your signing in your presentation is extremely clear so that's great.

First, most by not all states do contribute moneys to the voc rehab budget. All of the states do receive federal funds. Is that correct?

>> Clanton: Correct.

>> Schafer: And each state goes through an SRC and the SRC looks at the budget and the number of people who are applying for services and make determinations whether there's sufficient funding to serve all of the people who have requested service. If there is not enough funding, then OOS, order of selection, will come into play which then emphasizes the most disabled people to receive services. And not all states have an OOS. I mean, New Hampshire does not presently, but other states do. So it depends on -- for our audience, you need to find out what's happening in your state. The policy, regarding order of selection, so that you will be familiar with that.

And some states call a person who is deaf truly disabled. And doesn't have to be concerned with the

order of selection. Other states do not see a person who is only deaf with no other disabilities as being that severely disabled and then would be placed on the order of selection list. So it's a complex issue. There are a lot of variables from state to state.

>> Clanton: And, Trudy, I would add, when it comes to order of selection, that's voted on not only by the SRCs, oftentimes the SRC will make the determination as we did this afternoon, we voted to not have an order of selection put in place. And we sent that to the rehab services in Washington, D.C. so that we could continue to monitor the services in our state.

I've heard that there are a few states who have just removed their order of selection and it will allow them to provide better and more efficient services to their consumers. It very much depends. But, yes, Trudy, how you described that is correct.

>> Schafer: Okay. Thank you, Dee. Next slide, please.

So we're going back to the rehabilitation process, the procedures, a person applies, then a voc rehab counselor will see if they are eligible and if they

become approved, the VR counselor then will sit and work with that particular individual to determine what their work interests are. Say a person coming -- already knows that they want to work in this specific area. Do we still require a full evaluation if the consumer already knows what they want? As compared to someone who comes in not knowing what it is that they would like to do as far as employment. So maybe you could explain more about that whole evaluation process.

>> Clanton: Sure. And to step back, Trudy, you mentioned about deaf residential schools and students who have been mainstreamed oftentimes receive -- participate very differently. When it comes to evaluation, like you mentioned, Trudy, people from deaf residential schools may know what their interests are and mainstream students may not know what they want to be as much. So we will provide different evaluations based upon those populations. But not only that, if a person were to have graduated high school and approached -- made contact with VR, very much ready to know what they would like to do;

another person may not. So we have to evaluate them according to what their interests are. Perhaps they have applied to Gallaudet or another university, it can -- maybe they've already been accepted, in which case we can just talk about what evaluations are needed then.

If they come to voc rehab not knowing what they would like to do, then we oftentimes provide on-the-job training. And find that to be very helpful. Assisting them in understanding their strengths and weaknesses, what their interests are, what they are not interested in.

And maybe they are interested in working outside rather than inside an office or vice versa. It can vary based on individuals and those evaluations are very helpful in determining that.

It also is helpful to assess what their interests are so we can meet their needs as we move forward in the process.

>> Schafer: Thank you, next slide please.

This slide speaks to planning. It's my impression that that's really the true meat, the content of the

whole voc rehab process. The consumers and the counselors get-together and develop the individual plan for employment, the IPE. Perhaps you can go into more depth about the IPE itself. What all is included? Yeah, go ahead, Dee.

>> Clanton: Well, Trudy, the individual plan for employment or IPE is helpful in that it allows VR counselors and consumers to meet together, keep them on track with this plan, with the IPE and every time they do meet, they'll have based their discussions upon that IPE making certain that they are in agreement of what it includes. From time to time, they will make sure that it's making the person's various needs before going back again to meet as counselor and consumer to determine whether those needs have been met or not that are included in the IPE.

The IPE just helps keep the process on track. Not having a person wait too long or be uncertain about what services are being provided, but it keeps the process on track and that isn't always easy. But this, you know, can be a helpful tool.

>> Schafer: why not?

>> Clanton: well, sometimes, occasionally a consumer, may be responsible or less responsible and maybe a voc rehab counselor will say have you done this or that, the voc rehab counselor will have to get on them and prove that they are abiding by the plan, have it in black and white. Have something observable to track and sometimes push the consumers. Not only deaf and hard of hearing consumers but consumers in general. So that's one element in which that's helpful. When it comes to college students, if a person goes into has college financial aid for instance, oftentimes in many states there are similar, you know, funding systems but they vary from state to state and voc rehab typically will check and see if there is financial aid or scholarships available for students, grant funding, be it federal or state, you know, parent funding, perhaps there's family resources to provide and voc rehab will be the provider of last resort when it comes to financing college education. And that's been the case for some time.

In some states, I don't know of any state that voc rehab entirely funds college education. I think it's similar in most states. For example --

>> Schafer: Dee, I'm sorry, I wanted to ask, I think some time ago, many deaf people thought that voc rehab will pay for all of their college expenses, because I wonder is that true that that used to be the case? And in our they are paying less of that, is that what happened?

>> Clanton: Yeah, there have been significant changes through time. When I was a voc rehab client, I didn't have any financial aid at the time. My family helped in some ways, but other students, a roommate of mine, all of them were fully funded by voc rehab. One was from Alabama, I recall, a number of them were from different -- a number of them were from different states. I thought why couldn't my parents have saved that money, but it varied from state to state. You're right in the past that was more so the case that voc rehab would fund college educations more so. But that's changed. Typically, nowadays, there are priorities that a state -- they will try to go the



school and state first, first option, Gallaudet second option. In New Hampshire, oftentimes we will have them speak to Gallaudet first and the state school second. We have some other state schools in New Hampshire that are second and third options. So we are somewhat different from the other states so it really depends on how that state operates. Uh-huh.

>> Schafer: Okay. I am aware that colleges do look at the financial needs before awarding any funds. VR services do not have entitlement. But the majority of voc rehab services will be covered, right? Like for training or --

>> Clanton: Oh, yeah.

>> Schafer: Needing interpreters and things like that. So does that requiring funding, do you have to have assessments before you go to college?

>> Clanton: When it comes to funding college, that's the case. But other than that, other needs when it comes to training or provider interpreters, no, that's paid for in full. Without a financial assessment of need. It's just training or certification program, those are very different than

colleges or universities. Will pay for those services until a person becomes employed.

>> Schafer: So what about hearing aids, will those be covered?

>> Clanton: It varies state to state when it comes to hearing aids. For example, consumers will come and say "I need a hearing aid." We will say "All right." We look at their financial needs to see what they can afford and in the state of New Hampshire, we go in half and half or 50/50 for a hearing aid. And they will be approved to receive half of the funding from voc rehab. If they can't afford any, going towards the hearing aid, then we have a waiver that's put in place for their portion of it and we'll pay the difference or what's left. But we do end up paying some amount for hearing aids. I know that there are some states who are working on changes to hearing aid policies.

Setting up business contracts for a reduced charge for hearing aids. I don't know if any of them have gone through or not, but I have heard in my network that some states are working on reducing the costs of

hearing aids to allow for better services to hard of hearing individuals.

>> Schafer: Okay. Let me just double check my notes here. I wanted you to clarify something. You had said in New Hampshire your approach was that if a deaf person were to come to your office wanting to go to college, you would emphasize their going to say Gallaudet or NTID or some other university that has services focused on deaf students as opposed to any other regular university. But in other states, they may emphasize that the students need to consider going to their State University first and things like Gallaudet, places like Gallaudet and NTID would be a second choice but it varies by state, is that right?

>> Clanton: That's right, that's right. We refer to that as a best practice, what we do here in New Hampshire. In New Hampshire we're very sensitive to the needs of deaf students here. And when it comes to, you know, oftentimes they're isolated in mainstream settings and they have potential, they have interests when it comes to their education and we know that those will be met at Gallaudet or at NTID,

but oftentimes based on, you know, what's around their home there may be something close, a community college that may serve their needs and some of the communities here. In some states, though, that's not the case. Gallaudet and NTID do fall low on the priority list and nearby community or state schools will be on the list. California State University at North Ridge, in Texas.

>> SWCID.

>> That's right. SWCID.

>> Schafer: Next slide, please. So -- so we've gone through the application process, the training and planning and now we finally come near to the completion where we place a client in an employment. So now we've gone through the entire process, they're ready. Voc rehab will provide a variety of support once the person is placed in the job. We help them through the resume and interview process.

Can you expand somewhat on when a deaf person is wanting to go into a place of employment but the employer is very hesitant to hire a deaf person, they have no experience in working with deaf consumers.

How is it that you go about convincing those employers to hire a deaf person?

>> Clanton: Oh, I could talk about that all afternoon!

>> Schafer: We only have 20 minutes left.

[Laughter].

>> Clanton: That's right, I know.

That's oftentimes that companies are resistant and are resistant to hiring a deaf person and I have a story for you. There was a deaf person who came for VR services who wanted to work at a casket company. And I knew that it might be a noisy environment. And I knew it was a large company. A large place of employment. We went with an interpreter one day to meet the employer. And the employer said, "Oh, I don't think that I would like to hire a deaf person for safety reasons."

So I asked, you know, "Well, what safety concerns do you have?"

>> He said, "It's so noisy in this environment."

>> I replied, "What does noise look like?"

He was a little taken aback by that. He thought what

do you mean what does noise look like? I don't know.

And being deaf, eventually we went into the -- on to the floor into the place of employment and the interpreter had to wear protective hearing wear and did tell us that it was very, very loud environment and asked me do you need protective gear. I said no I think I'll be all right and we went around the work floor and went into the office area and the employer realized now that in fact it would be a benefit to hire deaf individuals and they ended up hiring another three deaf employees.

And I know that's true oftentimes that companies are resistant to hiring deaf employees but we go and make presentations to deaf -- or to employers and we help them. That often resist that temptation to not hire deaf employees.

>> Schafer: That's an amazing story. I want to clarify that if you have VR consumers who have graduated -- when they go for interviews at their prospective places of employment, you will provide an interpreter for them and give them assistance in learning how to go through interviews as well?

>> Clanton: We do pay for those needs for voc rehab clients when they are looking for interviews, when they are scheduling those voc rehab will provide assistance for that.

And we make the company aware, when it comes to hiring a deaf employee that we -- if there's a need of training, or job coach, that can be provided until the person has met the satisfactory expectations within 90 to 120 days. And that's -- that's what the voc rehab policy is.

We will pay for those services throughout that time period. And we do so all the time.

>> Schafer: Wonderful. Next slide, please.

So ... we've gotten past the 90 to 100 days, they've had a successful placement. So voc rehab will close their case. The person is working and then, say, they get laid off. Since 2008 that has been something that's happened a great deal. Many people getting laid out and they're coming to vocational rehabilitation. So I wonder if you can share with us what post-employment services look like, what can VR do once somebody's case has been closed and then other

like circumstances happen to arise, especially as what's happening in today's environment.

>> Clanton: That's a good question. It's always a challenge as well. It depends upon a number of factors. With any given company or employer. If there's a revamping that's taking place, new employment, perhaps a new inventory system, they may come to VR and reopen a case with those needs, depending upon the company's needs. And then VR will pay for some of that work training.

To learn a new system, let's say.

A company is going to keep that employee on.

If another company, might be closing down entirely and that's a different story, that's a different approach. We encourage the client to make contact with the voc rehab again and look at the different possibilities. If a company is closing, if their case is closed, then we have to begin a new case and start anew. So it depends based upon what's happening with that person's employment. Whether the case had been closed or has not been closed.

And really varies from state to state as well. But



we do help with post-employment services. If the company is shutting down, then we have to open up perhaps a different case. Maybe there's another company close by that we can help refer them to. It really varies on an individual basis.

>> Schafer: Next slide, please.

Now, for the participants, I know this is a slide that's difficult to see. But when you print it, and have the PowerPoint in front of you, it will be easier to discern. But I thought it was important to include this particular slide because the majority of the VR counselors will use these codes for a variety of different VR processes.

So if the applicant code is 00, if someone gets a job and their case is closed, that's a 26. I know we have a variety of different codes, also. I was just wondering, do all states use these same codes?

>> Clanton: Yes. In fact all of the states use these -- similar concept, to these case codes. Except for a few states that may have some variation on those status codes. But, for example, there might be a status 19. Let's say in my state. Where a

person is receiving services, that's their status. I don't know whether that is standard from state to state. Some may have codes listed on the right side of your graph here, but they vary from state to state what they refer to. So those case codes should be shared with consumers and often times interpreters, when working with rehab counselors can be made aware of those and get a better understanding of what those case codes are so that the clients can understand them.

Our philosophy, our policy, is that we do try to make those case codes clear to people.

Those case codes can be described in more detail because they are oftentimes based upon the federal legislation that passed through the -- then passed on through the state.

>> Schafer: So they are generally the same in the states, but they may each have something unique to their state with like in your situation that status code of 19. But in general, most of those codes would be consistent across the states. So that way interpreters can have an understanding of what those

codes mean, they can envision that and help them in their interpretation.

>> Clanton: Right.

>> Schafer: Dee, there was some freezing in your video, maybe it's just the way of the downloading is happening. Could you repeat that again?

>> Clanton: when it comes to case codes, there are a number of different meanings for each code. There are numbers of clients, we oftentimes will have a limit of say three months or four months or a year that they can rest in any given status.

Like if they are in that status for four months, there's a maximum, let's say, time period. Perhaps it may be two years, if it's four years for college, perhaps it's five years depending on that status if they are making good progress. We make sure that all clients understand that.

But interpreters understand these case codes more clearly, then they can interpret them more effectively.

>> Schafer: So to clarify, the expectations are that if a person comes to voc rehab, and they are not

college-bound, then they would be anticipated to complete the VR process within two years. And go through the various codes that are in this graph. If then services are needed beyond that, the -- then questions will be asked as to why they need to continue in the process? Am I correct?

>> Clanton: That's right. And the reason being is that sometimes it will depend on the student's major. If they decide to major in psychology, let's say, but then they change their major at some point during college, that often takes the place. A few students at NTID will go seven years sometimes before they graduate. Why that's the case, why it varies, sometimes based on their mainstream experience, their family, I can't always answer for each individual but that does take place.

>> Schafer: But if we have a variety of management tools by using these codes, so the voc rehab supervisors will look at what's being used and see that a client has been in a code for a lengthy amount of time and they may question as to why that's happening, right?

>> Clanton: Uh-huh, that's right.

>> Schafer: Okay. All right. Next slide, please. I also wanted to let you know that the chart that we just showed you and this one will also be shared with you once the webinar has concluded.

This is the model state plan. Abbreviated as MSP.

This document speaks to the services that all deaf people of diverse background going -- working with voc rehab. And every once in a while, that MSP will be modified -- and the MSP will then be looked at and then that is published -- I think the last time it was publicized was 2008 and it was over 100 pages going through descriptions of how services to deaf consumers were provided. Maybe, Dee, you could expound a little bit on what is incorporated into that MSP?

>> Clanton: Well, first of all, the Model State Plan is not new. I have a very old one that's been used since 1977. You can see here on the screen.

Here's one that I found that was rather old. So until 2008 we've had a variety of those. Now we're up to 100 pages and now we're focusing not only on deaf

individuals but hard of hearing, late deafened individuals, Deaf-Blind individuals as well as deaf. And so all of the rehab counselors are learning from these various trainings for these different groups. As you mentioned the different modes of communication, via ASL, via oral dominated communication, foreign born deaf person who moves, we're seeing that on the increase as well. And the purpose of this plan is for voc rehab to train counselors to meet the needs of those various individuals, be they late deafened, Deaf-Blind, communicating in different ways and their various needs. Needs aren't uniform throughout these groups. The rehab counselors need to understand that. In my Model State Plan, we have several schedules or charts that rehab counselors have -- can go through to train themselves in --

>> Schafer: I'm sorry, Dee, your picture froze for us just a moment. If you go back just a little bit, not from the beginning. We got most of what your comment was just then, but there towards the end if you could repeat that piece.

>> Clanton: In terms of -- VR professionals understanding the differences between these groups, those with hearing aids, those without, those who don't sign, those who do and how to -- the technology needs of those various groups because technology of course has changed drastically since 2008. In 2014 we have different technology available when it comes to using iPads. In 2008 nobody was talking about iPads and now that's all anybody is using any longer. When it comes to technology, communication needs, all of that is documented in the MSP, currently this edition is 120 pages, but we continue operating according to it.

The RSA requires these state plans to be looked at and be updated each year. Or I believe perhaps it's every three years, what services are being provided to the gen ...

>> Schafer: I'm sorry. That froze there, just there.

You were speaking about the state plans, your -- your picture did freeze on us just a bit. But you said something about them being updated every

three years and then given to the RSA and then what else did you say after that?

>> Clanton: As you can see here, goal 1 for example is providing supportive education and rehabilitation to deaf and hard of hearing individuals. Throughout the area of New England. So we have a scheduled training for that purpose to learn about how to help individuals develop skills. It's a new rehab client, how to help train them for job readiness. Awareness. Working with an employee and giving them more and better information about hiring or working with individuals.

When it comes to job development training, community rehab professionals, if their company is resistant to hiring a deaf person, how do we overcome that resistance. Better partnering for outcomes when it comes to any number of services.

It also addresses legislative needs. So these are different examples of what's incorporated in this plan. And this Model State Plan has a great deal of information included and based upon how that state's VR system operates. The state is responsible for



perhaps -- and an interpreter should look at each state's plan to determine what their state plan includes because it could oftentimes have implications for how they work as an interpreter.

>> Schafer: I would like to clarify one point. You were saying that the state coordinators have the responsibility to be familiar with the MSP and then share the plan to other counselors as to what services that deaf consumers require. And that's what the SCDs do themselves, is that right? Is that your point?

>> Clanton: Yes. And this is the documentation that I have forwarded and it was happening each year, but now I believe it's happening every three years. So in 2014 through 2017, this is what I believe should be incorporated. The VR counselors sign then and then the SRA will send that on to the federal level and make changes to operations accordingly. I wish that there were a more standard format, but unfortunately it varies state to state.

>> Schafer: Okay. Next slide.

Okay. We have some other training opportunities

we want you all to be aware of. The first one on the right, PepNet, I apologize, that's already closed. That is no longer an opportunity. It's full.

But the opportunities listed on the left, for different courses available for interpreters. And deaf professionals. The course work is offered through the MARIE Center. Which is incorporated into the University of Northern Colorado. The registration is still open until June the 18th. So I encourage you all to go to the MARIE Center website, look there to get further information.

The next webinar, as part of this 10 webinars presented will be held on May the 19th, at 7:00 in the evening, the topic will be expertise, knowledge and characteristics of voc rehab interpreters.

The presenter will be Dr. Glenn Anderson. Next slide.

All right. Now is our opportunity to give this to the participants to any questions that you might have. Please type them in. I see that there have been a number already posed. Carrie is going to look through those questions and choose some, she will then

read them and the interpreters will be signing them and then both Dee and I will answer those. We have about 10 minutes for this question and answer period. So -- Carrie?

>> White: Okay. I had a couple of people asking about what education that VR will pay for? They wanted to know if VR will pay for master's programs as well as doctoral programs?

>> Schafer: I'll hand that over to Dee.

>> Clanton: [Laughter]. Boy, I wish that were easy to answer. I love -- I would love to see voc rehab pay for master's and Ph.D. programs. But most of the times they work on just the completion of a BA degree first. It depends upon if a person requires a person to have a master's level degree. Otherwise they can't go further along in terms of being promoted, so they with work with voc rehab and I have seen some deaf individuals receive their master's and Ph.D. supported by voc rehab services if a company has required that. I know it varies state to state. I know of one person who has gone all the way through law school with voc rehab support, which I think is

great, I'm thrilled to see that happen. Because that becomes a model of a person who is very, very serious in getting all the way through their bachelor's degree, master's degree and then their law school as well for their juris doctorate. So it oftentimes can depend upon the major that a person chooses, so it's not an easy question to answer across the board. You would need to dig into your state's VR policies and see what they include.

>> Schafer: Okay. Carrie.

>> White: Does each state determine the 90 or 120 days for the case closure?

>> Clanton: Well -- shall I go?

>> Schafer: Absolutely. That's you, not me.

>> Clanton: Generally speaking, it tends to be 90 days, but they can add 30 days, totaling 120, depending upon a person's needs and in general it's a 90 day limit. In most cases, if there are special circumstances that warrant an extension of 30 days, the person is a solid worker let's say or if a person has become employed, but then change their -- changes their mind for some reason or is not,

say -- just -- has family or life circumstances or perhaps mental issues, cognitive issues, extending that out to 120 days is warranted. It doesn't mean that that's a hard and fast, you know, you're on your own at 120 days. They can return for voc rehab services and you can open the case again for a brief time. But typically the limitation is 90 days from state to state. But 30 days can be extended depending on circumstances.

>> White: would states who do not have a state tax such as New Hampshire be more likely not to have OOS?

>> Clanton: No. Not necessarily. When it comes to OOS. For example, we've been talking about an OOS with our staff rehab -- our staff of rehab counselors and oftentimes if there's a dearth of positions that need to be filled, it becomes very difficult and common that will have an effect on us needing to declare an OOS.

But we have survived through some of this economic turmoil without having to declare OOS. It continued to operate our system without needing to have that in the state of New Hampshire. I know in other states,

typically, like in the April or May time frame, they have no moneys in the budget and the RSA doesn't like that. They like the operation to continue through the end of the fiscal year. Some of those are based on a June 1st or July 1st fiscal year start and close, and they end up having to run according to an OOS just to remain in operation. I don't know if your fiscal year starts July 1st or October 1st. Perhaps not June, I'm sorry, rather July 1st and October 1st, interpreter correction.

>> Do they test and inform consumers of their -- [Sound cut off].

>> Schafer: We can't hear you any longer Carrie.

>> White: When VR does the testing? Can you hear me now?

>> Schafer: Yes.

>> White: When VR does the testing, do they test and inform consumers of their personal learning styles?

>> Clanton: Can you repeat that question? I'm sorry, what style?

>> White: Their learning styles.

>> Clanton: Oh, their learning style. What about that?

>> White: When VR does their evaluation and testing, will they test for the learning styles and inform the VR clients of their learning styles?

>> Clanton: There are different formats for different evaluations. Some of them are read, some of them are written. It's very interesting. Some of them are just interest assessments. We will show the results of those often and share those with consumers and oftentimes they'll say oh, well I have a strength in that area, they'll take that into consideration and realize that they have an interest based upon those evaluations, but we do share the results of those. For example, a deaf person may say, I want to go to college, that's what I really, really want but their reading skills aren't necessarily where they need to be to go to college. We never say that you can't go to college, but we will talk about what they may need to do to achieve that perhaps through an evaluation and show them the results of that. And then the person will realize that in fact they aren't ready yet

to go to college, which will mean they have to do something else, perhaps some training to meet the expectations to get into college for admission to college. We see that take place often.

Was that clear?

That answer?

>> white: Yes. What are the qualifications required to become a VR interpreter?

>> Schafer: Well, I would like to talk about this, but I know our time is very brief. I would encourage you to come to our next webinar where we'll talk more in-depth about the qualifications needed by a VR interpreter. And you can look at the NCIEC website, and that's where we have the ASL glossary, a variety of terms I mentioned. We are also planning to have -- the competencies and domains of voc rehab interpreters, that's already been published on that site. You can look there in-depth to see what types of skills voc rehab interpreters need to have.

And each state does have different requirements for the hiring of interpreters. Some require interpreters to be certified, some require just the



state certification, so it varies from state to state. But generally speaking, the skills and qualifications necessary for voc rehab interpreters can be found in the domains and competencies document. Dee, did you want to add anything to that?

>> Clanton: One thing, when you mentioned interpreters and state requirements or interpreter qualification, the state of New Hampshire and often most states generally require certification, but in addition some states require licensure.

Not only certification, but an additional licensure to work in that setting. So those are two guarantees of qualifications and we -- and we in the state of New Hampshire are responsible for monitoring and administering that licensure. That requires both certification but not only that and some other states as well, Rhode Island, Vermont, each state varies on their qualification. Some are requiring licensure, I believe there are 30 states, it could be more or less that are requiring both certification and licensure.

>> Schafer: Okay.

>> white: I think we're out of time. But thank you very much, Dee and Trudy. And thank you Kirk and Darlene for your interpreting services and to our captionist, Terry. And especially to the NCIEC for helping fund this webinar. To earn CEUs, Lenaye put a link in the chat box. If you missed that I will send out the link tomorrow in an email and in that satisfaction survey will find the link to submit for CEUs or a certificate of participation if you would like.

If you are watching this webinar in a group, I sent out an email with an attached sheet, sign-in sheet, that is for groups of people. Because I had -- the software registers everybody who logs in and I have that, but if you are watching as a group, I need you to use the sign-in sheet. Everyone is encouraged, though, to fill out the scenario say. As I send out the survey, if you had a group of people, please forward the survey on. It will take about 60 days for the CEUs to show up on your transcript, so please be patient. Especially with the new system, there have been some glitches that may take a little bit longer.

I hope you guys all join us for the next webinar next month. The registration will be open. Tomorrow or the day after. And that will be on -- listed on the MARIE website as well as I will send out an email. If you want, if you are not signed up for the NCIEC mailing list, please do so or send me an email and ask me to send you the link for that. And then you can get on the webinar interest list. And I think that is all, thank you very much for joining us, we couldn't do this without you!

>> Schafer: Thank you.

Thank you, Carrie.

>> Clanton: Thank you as well, Carrie and thank you Trudy and both interpreters. Appreciate this great team.

Thanks again, Carrie. This was a great discussion. Everybody have a good night.

[End of webinar].