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Model State Plan for Vocational Rehabilitation of Deaf Clients

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The Model State Plan for Vocational Rehabilitation of Deaf Clients (MSP, for short) grew from the dedicated efforts of many experts. Dr. Boyce R. Williams, Director of RSA's Office of Deafness and Communicative Disorders, initiated the program leading to the preparation of the MSP. He saw the need for an overall plan which the states could use to direct their thinking in establishing vocational rehabilitation programs for deaf clients. Further impetus to the writing of the MSP was given by the joint collaboration of CSAVR's Committee on Deafness and the NRA Task Force on Deafness. The two groups met together in September, 1972 and agreed on the value of such an instrument.

The actual writing of the MSP fell upon the shoulders of 16 professionals from federal, regional and state rehabilitation agencies. They spent many hours shaping and reshaping the document which finally appeared as the basis for the Congress on Deafness Rehabilitation in the form of a monograph supplement to the *Journal of Rehabilitation of the Deaf* (November, 1973). The authors are:

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The MSP provides an outline for your state plan. The model need not, and probably should not, be copied in detail — only followed in general. Conditions in every state differ. Some states already have provisions for services beyond the minimums suggested in the model, and in those cases we are not recommending that they lower standards or reduce services. These same states may find great deficiencies in services previously overlooked. The entire purpose of providing the model plan is to assist each state to prepare and implement satisfactory rehabilitation programming for their deaf people by providing a list of critical points, the suggested minimum standards and a discussion of each.

Dr. Richard Melia has compiled the history of previous efforts to develop statewide planning (Schein, 1973.) His excellent analysis of meetings beginning in the Sixties points to wide areas of agreement. What has kept us, then, from attaining the objectives we all see as desirable? Dr. Melia suggests that basic assumptions were not made explicit. To that point may be added the observed tendency for some of the past conferences to focus upon a few minor disagreements rather than upon the many major agreements. In what follows, I will avoid detail in an attempt to highlight the basic assumptions and to emphasize the generally accepted ideas.

I. Philosophy

The MSP puts forth three principles: each asserting the rights of deaf people to a full measure of VR services and, in turn, professing confidence in their ability to profit from such services.

II. Population

Essential to rehabilitation planning is careful definition of the population. The MSP has adopted the definition of deafness used by the National Census of the Deaf Population (Schein and Delk, 1974.) A deaf person is considered to be one who *cannot hear and understand speech.* To account for age at onset — a feature often incorporated in definitions of deafness — a modifier can be used. Thus, those deaf at birth can be called *congenitally* deaf. Those deaf before speech develops: *prelingually* deaf. Those deaf before age 19 years: *prevocationally* deaf. These modifiers tend to emphasize the common aspects among all deaf persons, who aggregate about 1.7 million, and all hearing impaired persons, who number about 13.6 million.

The MSP not only attempts to retain deaf people in the broader context of those who are hearing impaired, but also those who have other communication disorders. This perspective reminds planners that hearing impairment — of which deafness is the extreme — is the most frequent chronic physical disability in the United States. Programs for deaf clients will accommodate those with lesser degrees of hearing loss, so expanding these programs can be

justified by the great prevalence of hearing impairments as well as the critical needs of deaf persons.

III. Vocational Rehabilitation Process

At each step in the VR process modifications in procedures are required to meet the problems imposed by deafness. The MSP recognizes these problems and recommends alterations in, and/or additions to, casefinding, intake, diagnosis, evaluation, physical restoration, training, etc. Communication demands special skills which can be provided either by counselors who have acquired the manual communication abilities or by interpreters. The cruciality of effective two-way communication throughout the VR process is stressed by the MSP.

IV. Manpower

The MSP calls for specialists in the state VR program, extending from a statewide coordinator, through counselors, to various paraprofessionals (e.g., counselor aides). The qualifications of these specialists includes a knowledge of deafness and manual communication in addition to the prerequisites commonly expected. Reduced caseloads are also recommended because of the increased time it takes to properly manage the case of an average deaf client.

V. State Advisory Council on Deafness

To assure the participation of deaf leaders in shaping VR plans and to provide greater visibility within the state VR administration, the MSP proposes the establishment of advisory councils on deafness. The composition of these groups and their position within the organizational structures of the agencies will, of course, vary from state to state. What is important is that a mechanism for active two-way communication be established between VR agencies and the deaf communities they serve.

VI. Interagency Cooperation

The MSP visualizes the VR agency as the hub around which all services to deaf clients revolve. Since the VR agency cannot itself provide the full range of services, the MSP recommends that it adopt the role of liaison between deaf consumers and the appropriate community resources.

VII. Special Facilities

Two special service patterns are required to fully meet the needs of deaf clients: (a) coordinating referral-and-counseling centers and (b) adjustment

centers. The former direct deaf persons to the appropriate agencies and assist such agencies in providing the services. The adjustment centers work with those deaf clients requiring extensive efforts to attain even limited objectives. Because of their high cost of operation, such centers may only be feasible on a regional basis, while the coordinating centers should be established in every metropolitan area.

VIII. Deaf Community Development

The MSP recommends that VR agencies strive to increase the sophistication of the deaf community and to encourage the growth of deaf leadership in rehabilitation. Such efforts are justified by the mandate to provide equal opportunity to every eligible disabled person. In the case of deaf clients, this may mean unusual measures of outreach and advocacy.

IX. Communication

The MSP foresees the development of multiple communication linkages — federal, regional, state, local. The key person in the communication network is the state coordinator, acting with the full support of his state director. The only element presently lacking in the system is a national technical-assistance function. Otherwise, the system can be brought into being as the states develop their plans.

Summary

The working group which prepared the MSP did not attempt to write a plan that would suit all of the states. Rather, the authors developed a frame of reference upon which you could build a plan for your state. They listed the elements which should be included, but did not specify their implementation. The MSP discusses the issues underlying each component, offers some recommendations as to their adoption, and in some instances, presents alternatives. In short, the MSP is an outline for use in drafting your MSP.

The MSP is a guide. Your attention now must focus on adoption and implementation. Despite the broad support given the MSP by the national organizations which have reviewed it, the MSP will be of no value to deaf people in your state until you adopt a state plan. The state plan you adopt may not — probably will not — be identical to that of any other state. That is not important. What is important is that your state now adopt and implement a state plan meeting, or better yet, exceed the minimums in the MSP.

REFERENCES

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