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Sue E. Ouellette

Deafness Research and Training Center, University of Arkansas

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COORDINATION OF SERVICES TO SERVE THE SEVERELY DISABLED RUBELLA CLIENT

Sue E. Ouellette, Ph.D.
Deafness Research and Training Center
University of Arkansas
Little Rock, Arkansas

Rehabilitative intervention for the rubella disabled population needs to be provided in the most effective and comprehensive manner possible. The influx of such a large population with severe disabilities comes at a time when economic decline has brought about an actual reduction in resources available. The central issue becomes how to maximize the resources available and utilize all of the services to provide quality rehabilitative programs. Suggestions were developed and presented in three areas: coordination of services, advocacy, and modification of existing rehabilitative facilities.

I. Coordination of Services

1. Introduction

The most visible active attempt to provide coordinated services to this population has come from the Rehabilitative Services Administration (RSA) and the Regional offices.

2. Activity

Designate one field representative from the Regional RSA Staff to coordinate with each state the development of a statewide committee. The committee would be designated to coordinate habilitative and rehabilitative services to the rubella disabled.

3. Committee Structure and Objectives

- a. Committee representatives
 1. State Directors or Supervisors of Agency Services such as:
Coordinator of Deaf Services
Coordinator of Developmentally Disabled
Coordinator of Retarded Persons
Coordinator of Advisory Services
Coordinator of Deaf-Blind Services
 2. Representatives of Major Consumer Organizations
 3. Director of Major Private and Public Rehabilitation Facilities
 4. Superintendents of Major Education Programs and Supervisors of Special Education Districts
- b. Committee Objectives
 1. Regular meetings to coordinate services
 2. Develop appropriate service agreements

3. Promote advocacy
4. Development of a registry
5. Promotion of inservice training across disciplines
6. Serves as a clearing center of information to other social services

II. Advocacy

1. Introduction

Public and professional awareness are essential in understanding the impact of rubella and need for intervention

2. Publicity

- a. Awareness Day/Week to inform the public
- b. Radio and television announcements
- c. Professional awareness such as pediatricians, audiologists, ophthalmologists

3. Legislative Action

- a. Encourage legislative awareness through parents and consumers involvement
- b. Provide information on needs to school boards, facility administrators and legislators

III. Facility Modification

1. Introduction

The existing facilities have varied levels of capability in being able to serve rubella disabled clients. This is in part due to location, existing areas of program development, and staff.

2. Activity

- a. Enhance the existing rehabilitation facility program to include the multiple disabled rubella client. Those programs identified and successfully providing service be expanded.
- b. Increase the effectiveness of evaluators so that they can more effectively evaluate a broad range of disabilities commonly associated with rubella clients.
- c. Improve evaluation techniques so that accurate assessments can be developed outside of the present standardized tests.
- d. Provide a higher quality of rehabilitation services. This can in part be achieved by increased in-service training opportunities for existing staff.