

**Accessibility Needs of Deaf, Hard of  
Hearing, and Late-Deafened Persons  
in Florida:  
A Report on Requirements,  
Current Status and  
Recommendations**

A Report Submitted to the Governor,  
Legislature and Supreme Court by  
**The Florida Coordinating Council  
for the Deaf and Hard of Hearing**  
January 1, 2005

**The Florida Coordinating Council for the Deaf and Hard of Hearing  
4052 Esplanade Way, Bin #A06  
Tallahassee, FL 32399-1707  
Voice 850-245-4913 Toll Free 866-602-3275  
TTY 850-245-4914 Toll Free 866-602-3276**

Christopher D. Wagner, Chair  
Spring Hill  
Carol A. Christopherson-Jacksonville  
Juliet R. Church-Dunedin  
Randy M. Ellsworth-Clermont  
Tanya Ward English-Cooper City  
Laurie J. Gaylord-Hobe Sound  
Evan J. Goldman-Coconut Creek  
Stanley J. Gustetic-Ponte Vedra Beach  
Joan M. Haber-Sarasota  
Sarah M. Harris-Pinellas Park  
Richard J. Kottler-Stuart  
Joseph B. Naulty-Wellington  
Lisa M. Schaefermeyer-Land O'Lakes

## *Florida Coordinating Council for Deaf and Hard of Hearing*

*Serving Florida's Deaf, Hard of Hearing,  
Late-Deafened, & Deaf Blind persons*

Joan Haber, Vice Chair  
Sarasota  
Our Mission Statement:  
To serve as an advisory  
and coordinating body  
which recommends policies  
that address the needs of deaf,  
hard of hearing, late deafened  
and deaf-blind persons,  
as well as methods that improve  
the coordination of services  
among public and private entities  
and to provide  
technical assistance,  
advocacy and education

---

December 23, 2004

The Honorable Jeb Bush  
Governor, State of Florida  
The Capitol  
Tallahassee, FL 32399

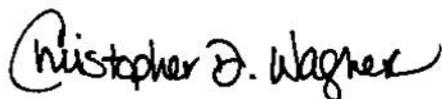
Dear Governor Bush,

On behalf of the Florida Coordinating Council for the Deaf and Hard of Hearing (FCCDHH), it is my pleasure to submit our report "State Agencies in Florida and the Accessibility Needs of Deaf, Hard of Hearing and Late-Deafened Persons: A Report on Requirements, Current Status and Recommendations." This report, which was mandated by the 2004 State Legislature, identifies the current status and needs of this population and provides an action plan for addressing these needs.

The FCCDHH is pleased to inform you that it has reached unanimous consensus on the recommendations contained within the enclosed report. A critical overarching recommendation is to assign oversight and policymaking authority to a single body within state government to address issues relating to persons who are deaf, hard of hearing, late-deafened, and deaf-blind. This body should be delegated authority to set standards and monitor implementation, expand and improve the delivery system and quality of services and supports, and facilitate accessibility to medical and legal services. We believe our recommendations will facilitate the creation of a system of services and supports that is cost-effective, coordinated, comprehensive, and person-centered.

Thank you for the honor and opportunity to be a part of this vibrant group of minds all working toward improving the quality of life for our family members, friends, and neighbors who are deaf, hard of hearing, late-deafened, and deaf-blind. We look forward to further communications with you as we continue the work of the Council to improve the coordination of services among public and private entities.

Best regards,



Christopher D. Wagner  
Chair

## Table of Contents

<b>Executive Summary and Introduction</b> .....	5
<b>Recommendation 1: <i>Assign an Oversight and Policy Body Authority to Address Deaf, Hard of Hearing, Late-Deafened, and Deaf-Blind Issues</i></b> .....	8
<b>Recommendation 2: <i>Set Accessibility Standards and Monitor for Implementation of Standards</i></b> .....	9
Set Minimum Standards.....	11
Monitor for Implementation of Standards.....	11
Provide Technical Assistance and Training, Disseminate Information.....	11
<b>Recommendation 3: <i>Expand and Improve the Delivery System and Quality of Services and Support</i></b> .....	12
Establish a Community-Based Continuum of Services and Service Delivery Network...20	
Follow up Children Identified by Universal Newborn Hearing Screening.....20	
Build Capacity for a Quality Work Force.....20	
Facilitate Uniform Quality and Sufficiency of Supports and Services by Developing Regional Services or Augmenting those Already in Place.....22	
Improve Access to Qualified Interpreters, CART Providers, and Other Accessible Services and Supports.....23	
Improve Availability of and Access to Quality Mental Health Resources.....23	
Improve Vocational Supports and Services.....24	
Expand Accessibility to Visual Media.....24	
<b>Recommendation 4: <i>Facilitate Accessibility to Medical and Legal Services</i></b> .....	25
Expand Funding Sources for Accessibility Accommodations.....26	
Provide Technical Assistance and Information Dissemination of Accessibility Requirements.....26	
<b>Conclusions</b> .....	27
<b>References</b> .....	28

**APPENDICIES**

A. Sections of the Law Implementing the Florida Coordinating Council for the Deaf and Hard of Hearing.....29

B. Glossary of Terms Used in this Report.....31

C. Review of Applicable Laws.....33

D. Service Matrix Table of Florida’s 67 Counties.....40

## **EXECUTIVE SUMMARY AND INTRODUCTION**

Chapter 413.271, Florida Statute (2004) established the Florida Coordinating Council for the Deaf and Hard of Hearing (FCCDHH). This legislation specified that it is the role of the council to serve as an advisory and coordinating body for the state, which recommends policies to address the needs of deaf, hard of hearing, and late-deafened persons and recommends methods to improve the coordination of services among the public and private entities.

It was the expectation of the Legislature that the FCCDHH develop a report to be filed with the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Chief Justice of the Supreme Court by January 1, 2005 on the policies that address the needs of the deaf, hard of hearing and late-deafened persons. (See Appendix A for excerpts of the law regarding FCCDHH duties, including the filing of reports.)

The council shall prepare a report, which must include:

- a) A review of state agencies to determine if they are in compliance with accessibility standards as they relate to services for deaf, hard of hearing, and late-deafened individuals.
- b) A review of federal and state statutes, rules, and regulations that establish requirements those agencies must comply with, including, but not limited to, equipment and communication accessibility standards in the provision of services to deaf, hard-of-hearing, and late-deafened individuals.

Members of the FCCDHH represent many stakeholder groups of this population, specifically: the Florida Association of the Deaf, Florida Association of Self Help for Hard of Hearing People, Florida Alexander Graham Bell Association, Florida Association of Late-Deafened Adults, Deaf Service Center Association, Florida Registry of Interpreters for the Deaf, an individual who is deaf-blind, an individual who is the parent of an individual who is deaf, a Communication Access Realtime Translator, an audiologist, a hearing aid specialist, and a representative of the following agencies: Department of Education, Department of Elder Affairs, Department of Children and Families, and the Department of Health.

The 2004 Legislature established the Florida Coordinating Council for the Deaf and Hard Hearing in response to concerns on the accessibility of and services available for persons who are deaf, hard of hearing, late-deafened, and deaf-blind. Florida is challenged with having the second highest population of people who are deaf or hard of hearing in the nation, and is the state with the highest percentage of the population with hearing impairment (1990 census). There are an estimated 1.8 million persons living in Florida who have diagnosed hearing impairments (October 2004 Florida Demographic Estimating Conference; National Health Interview Survey, National Center for Health Statistics).

Issues resulting from deafness and hearing loss range from birth to death. The ability to communicate with others easily, in all places and situations, is a recognized part of typical child development, attainment of educational goals, relationships with friends and family, accessing medical care and other services, and is an assumed ability in most work settings. We are considered to be living in the "Information Age" which is founded on the ability to access information and communicate freely face-to-face or through technology. Non-disabled persons have easy access through telephones, email, text-messaging, television, radio, and a host of other technologies used in their daily work, awareness of events, or enjoyment. All citizens need to have equal access to communication via technology or other strategies in order to fully participate in society and function as productive citizens.

The lack of effective communication accommodations for persons who are deaf or hard of hearing can potentially result in educational underachievement, underemployment, social isolation, substandard healthcare and poor access to public services, which can lead to further isolation and related health consequences. The educational, social, and health effects secondary to ineffective access to communication due to hearing loss need not occur if appropriate accessibility accommodations, supports, and services are available. Appropriate educational practices lead to the development of employable adults who can only become productive citizens if provided the accessibility accommodations stipulated by law. Of the estimated 1.8 million persons living in Florida who have diagnosed hearing impairment, almost 1 million are of an age to be in the work force. The lack of effective services and communication accommodations has resulted in a national unemployment rate for deaf or hard of hearing adults of over 40%, underemployment of an additional 40% and an unemployment rate of 80% for persons who are deaf-blind. In Florida there is evidence that the unemployment rate for persons who are deaf or hard of hearing may be considerably higher than the national average.

**In response to directives within FS 413.271 (2004), the purpose of this report is to summarize the findings and recommendations of pertinent studies and to explain the scope and nature of changes required to address the challenge of adequately serving the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind in Florida.**

Major findings and recommendations in this report are derived from several sources, including a March 2003 staff analysis by the Florida Department of Children and Families, the 2004 report by the Governor's Working Group on the Americans with Disabilities Act, public hearings, and independent research by the Florida Coordinating Council for the Deaf and Hard of Hearing.

**The major findings derived from these reports and sources are:**

- There is currently no single state program responsible for all deaf and hard of hearing issues and services.
- The communication accessibility needs of people who are deaf and hard of hearing affect every medical practice, school district, government agency, the Governor's Office and the Legislature.
- Minimum standards are not established in all areas of services and accessibility, such as in transportation, emergency response, and the competency of service providers.
- Where standards are well established, there is a lack of compliance by employers, businesses, and government agencies to provide appropriate accessibility accommodations as defined by Federal law and state statute.
- There is a lack of funding for services for persons who are deaf or hard of hearing resulting in substantial variation by geographic region, causing some citizens to have a wide variety of services and supports and others unable to participate in their communities, to learn to their potential, or to access publicly funded services as a result of a lack of readily accessible accommodations.
- When accessing medical care or legal services, persons who are deaf, hard of hearing, late-deafened or deaf-blind commonly are not provided accommodations that allow them to fully understand the issues and recommendations provided by these professionals.

**Based on these findings the major recommendations are:**

- Establish a single line of responsibility within state government with oversight and policymaking power to address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind. At the discretion of the Governor, the functions of this oversight body could be assigned to an existing agency, such as the Agency for Persons with Disabilities, could be included under an expanded version of the FCCDHH, could be provided for under a memorandum of agreement that establishes an ongoing interagency committee to accomplish these functions, or could be established through some other avenue to define responsibilities of the various functions and responsibilities appropriate to this oversight and policy body.

The oversight and policy body will:

- Set standards and monitor for implementation of standards for accessibility accommodations
- Expand and improve the delivery system and quality of services and supports
- Facilitate accessibility to medical and legal services

The Florida Coordinating Council for the Deaf and Hard of Hearing is appreciative of the opportunity to write this report that lays out an action plan for addressing issues of concern. Follow up discussions need to occur on recommendations requiring legislation, policy and funding sources. The FCCDHH can provide guidance on these matters.

## **Recommendation 1: Define an Oversight and Policy Body to Address Deaf, Hard of Hearing, Late-Deafened, and Deaf-Blind Issues**

Findings of the 2004 report by the Governor's Working Group on the Americans with Disabilities Act stated that information on the needs and rights of persons who are deaf, hard of hearing, late-deafened, and deaf-blind has substantially decreased since Florida's Council for the Deaf and Hard of Hearing was sunset in 1995. There remains a lack of a dedicated and knowledgeable resource focused on the needs of this population. This was found to result in decreasing implementation of the standards for accessibility accommodations by state agencies and a lack of public services to adequately serve or even minimally accommodate the needs of persons who are deaf, hard of hearing, late-deafened, or deaf-blind.

FCCDHH review of pertinent information determined that:

- There are 13 Florida Statutes, 10 Federal Laws, one Act, and one National Standard that specifically apply to the accessibility needs of persons who are deaf or hard of hearing (refer to Appendix B).
- There is no one entity responsible for setting necessary standards, monitoring the level of implementation of accessibility standards for persons who are deaf or hard of hearing or reporting the level of compliance of these standards to the Governor or Legislature.
- There is a lack of qualified or high quality personnel to provide support and services to persons who are deaf or hard of hearing in many portions of the state and there is no single entity responsible for the improving and expanding this work force.
- Access to medical and legal services is a substantial problem for persons who are deaf or hard of hearing in Florida, and there is no recognized manner to address the lack of accessibility accommodations from a systemic perspective.
- The general population does not readily understand communication and cultural issues facing this population, resulting in non-compliance with accessibility accommodations and a lack of uniform services statewide that are provided by appropriately qualified personnel, which ultimately leads to underemployment of a substantial proportion of persons with hearing impairment.

**In order to address these issues the FCCDHH recommends:**

- 1) Establish a single line of responsibility within state government with oversight and policymaking power to address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind. At the discretion of the Governor, the functions of this oversight body could be assigned to an existing agency, such as the Agency for Persons with Disabilities, could be included under an expanded version of the FCCDHH, could be provided for under a memorandum of agreement that establishes an ongoing interagency committee to accomplish these functions, or could be through some other avenue which defines responsibilities of the various functions appropriate to this oversight and policy body.
- 2) Implement specific strategies and responsibilities that are being recommended by the Florida Coordinating Council for the Deaf and Hard of Hearing to address these functions. The strategies and responsibilities for the oversight and policy body to address deaf, hard of hearing, late-deafened, and deaf-blind issues are as follows:
  - a) Set standards to establish minimum requirements for accessibility to appropriate services and supports.

- b) Monitor the implementation of standards for accessibility accommodations by state agencies and public services. The results of monitoring efforts would be included in an annual report to the Governor's office and the Legislature. To be effective the oversight entity must have the authority to issue recommendations to applicable state agencies as a respected entity in order for the needs of the target population to be served.
- c) Implement the necessary supports and incentives to build a workforce of appropriate capacity and quality.
- d) Provide technical assistance and training, and disseminate information to government, public services, private businesses, and consumers who are deaf, hard of hearing, late-deafened, and deaf-blind regarding accessibility rights and complaint procedures.

## **Recommendation 2: Set Accessibility Standards and Monitor for Implementation of Standards**

A study reported by the Governor's Working Group on the Americans with Disabilities Act found that most state agencies provide information demonstrating ADA-related policies and procedures. But, it also reported that this information generally did not indicate special procedures or protocols for how to meet the accommodation needs of deaf, hard of hearing, late-deafened, or deaf-blind individuals. The FCCDHH found that there continues to be a lack of understanding among state agencies about their legal responsibility to provide and pay for appropriate accommodations, such as qualified interpreters or CART services. This problem extends to subcontractors who are engaged by state agencies to provide direct services (e.g., parenting classes, driver education classes, anger management classes, legal services, medical services, etc.).

The FCCDHH has identified the following issues:

- Florida has no administrative rules on the enforcement of the provisions of the Americans with Disabilities Act or other legal standards, resulting in enforcing compliance of accessibility standards through consumer complaints to the Federal Department of Justice. Reportedly there are a large number of complaints that have been voiced to the office of the Governor's Working Group on the Americans with Disabilities Act. Although these individuals are directed in how to file complaints, these consumers report that seldom is there action taken or resolution in response to these complaints.
- There is a lack of emergency response and recovery communication accessibility standards as was clearly evident during the hurricanes experienced in the fall of 2004 when most of the deaf and hard of hearing population was unable to access information on their local emergency weather situations.
- There is a lack of standards for effective communication in transportation situations (i.e., airline terminals, train stations, and bus depots). People with hearing loss are often not able to understand crucial instructions regarding track or gate changes, flight cancellations, boarding announcements, and safety and emergency instructions and as a result may experience anxiety, unnecessary delays, uncertainty, and a decreased sense of personal autonomy.
- There is an insufficient and under trained work force to meet the educational and accessibility needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind.
- There is a lack of competency standards specific to defining quality personnel to meet the unique needs of persons who are deaf, hard of hearing, late-deafened, or deaf-blind (e.g., interpreters, Communication Access Realtime Translation providers, Realtime

Captioning Providers, Support Service Providers, Descriptive Video Services, early intervention service providers for infants and toddlers with hearing loss, and a lack of competency of educators in communicating via sign language or in providing services specific to increasing a child's use of listening skills or verbal language)

- There is no regulation over the industry of sign language interpreter services or Communication Access Realtime Translation services. The FCCDHH is tasked by the Legislature to prepare a report regarding interpreter and CART availability, quality, and credentialing by January 1, 2006. It is critical to regulate these services so that persons who are deaf or hard of hearing can receive effective communication access through these services if desired. Regulation of Support Service Providers for persons who are deaf-blind is also a significant issue as there is currently no credentialing requirements.
- There is a lack of compliance by medical and legal professionals in providing effective accessibility accommodations to persons who are deaf, hard of hearing, late-deafened, or deaf-blind as reported by a large number of consumers who have experienced a lack of understanding of medical care or legal advice or proceedings due to inability to communicate.
- There is no state standard that clearly defines appropriate classroom acoustics and hearing technology for students who are deaf, hard of hearing, or deaf-blind based on determination of their individual needs. Children must have equal access to teacher instruction if they are to be held to the same educational standards as children with normal hearing. Although national standards exist for appropriate classroom acoustics, there is no specific decibel standard in rule or in the Florida Building Code to provide for appropriate school listening environments. Likewise, a recommendation exists in School Board Administrative Rules regarding hearing technology, but no clear guidance exists on how schools should determine the appropriate technology to meet a student's individual needs.
- There is typically no indication of special procedures or protocols written into state agency policies regarding ADA accommodations on how to meet the accommodation needs for individuals who are deaf, hard of hearing, late-deafened, or deaf-blind.
- There is no comprehensive listing of qualified interpreters, Communication Access Realtime Translation services, Support Service Providers, or Realtime Captioning providers available to government agencies.
- There is no comprehensive listing of state, county, and local agencies, and private businesses that provide TTY numbers. Such a list would identify an accessible means by which individuals who are deaf or hard of hearing could contact services in the case of emergency or other need.
- There is a lack of knowledge by state and municipal agencies and private businesses regarding the rights of persons who are deaf and hard of hearing to use service animals, which results in a discriminatory denial of services.
- There is no single entity responsible for providing technical assistance to agencies/businesses or training and information dissemination to the public on their rights and on how to file a complaint if they were not appropriately provided accessibility accommodations.

**In order to address these issues the FCCDHH recommends that the oversight and policy body have the following responsibilities:**

- Set minimum standards
- Monitor the level of implementation of standards
- Provide technical assistance, training, and disseminate information

More specifically, these responsibilities are defined as follows:

**A. Set Minimum Standards**

- a) Set specific emergency response and recovery standards for effective communication access before, during and immediately following emergencies, such as hurricanes and other natural disasters, including but not limited to American Sign Language, Communication Access Realtime Translation (CART) and Descriptive Video Services (DVS).
- b) Set standards for effective communication with the target population in transportation (i.e., airline terminals, bus depots, train stations).
- c) Develop competency standards defining quality personnel to meet the unique needs of persons who are deaf or hard of hearing where no appropriate standards currently exist.
- d) Set standards defining appropriate classroom acoustics and determination of appropriate hearing technology for students who are deaf, hard of hearing, or deaf-blind based on qualification of their individual needs.
- e) Create and implement licensing procedures for interpreters under the Department of Business and Professional Regulation.
- f) Create and implement a registry of qualified Communication Access Realtime Translation providers to be maintained by the oversight and policy body for deaf, hard of hearing, late-deafened, and deaf-blind issues.
- g) Set standards for defining the rights of individuals who are deaf or hard of hearing to use service animals. Work to change standards that are currently in place that allow service dogs or service animals only for persons who are blind or visually impaired.
- h) Develop Administrative Rules to define procedures for registering and resolving complaints on acquiring appropriate communication accommodations, which will assist in the enforcement of accessibility for persons who are deaf or hard of hearing to appropriate services and supports.

**B. Monitor the Level of Implementation of Standards**

- a) Regularly monitor each public service and state agency's level of implementation of the appropriate provision of effective accommodations and adherence to pertinent standards.
- b) Utilize Administrative Rules to advocate for adherence to standards where there are patterns of lack of appropriate accessibility provisions.
- c) File a report annually to the Governor, Legislative leadership, and Chief Justice of the Florida Supreme Court.

**C. Provide Technical Assistance, Training, and Information Dissemination**

- a) Provide educational materials and opportunities to increase the awareness of minimum accessibility standards to accommodate persons who are deaf, hard of hearing, late-deafened, and deaf-blind in all state agencies.

- b) Require the Public Service Commission to publicize and maintain a list of state, county, and local agencies, and private businesses that provide TTY numbers.
- c) Develop a database by geographic areas, of all qualified interpreters, Communication Access Realtime Translation providers, and Realtime Captioning providers for use by public broadcast, that state agencies and government-contracted entities.
- d) Provide educational opportunities and materials to inform deaf, hard of hearing, late-deafened, and deaf-blind individuals and their family members of their rights for reasonable accessibility accommodations and the procedures to file a complaint if a lack of accommodation occurs. Complaints would be filed to the state entity with oversight for deaf and hard of hearing issues. Furthermore, educational materials would be disseminated to consumers with the objective of empowering them to acknowledge their own need for accommodations, to take advantage of services and supports that exist and to file complaints if needed to improve accessibility for themselves and other citizens who are deaf, hard of hearing, late-deafened or deaf-blind.

### **Recommendation 3: Expand and Improve the Delivery System and Quality of Services and Supports**

Members of the Florida Coordinating Council for the Deaf and Hard of Hearing were tasked with identifying resources available to the population in the 67 counties. Twenty-one services were researched for availability in each county. Appendix D contains the document "Service Matrix Table for Florida's 67 Counties" and includes the results of this research.

#### General findings about resources available

Of the 21 services researched for availability in each county, the top 10 services were found to be lacking in most of counties were (not in order of priority):

- 1) Lip/Speech Reading Classes
- 2) Communication/Coping Skills Classes
- 3) Assistive Technology Centers
- 4) Deaf/Blind Specific Services
- 5) Hearing Aid Banks
- 6) Infant Hearing Screening/Follow Up Services
- 7) Mental Health & Counseling Services
- 8) After School programs for deaf or hard of hearing children
- 9) Captioned movies or theater
- 10) Captioned local emergency news and weather

Areas of greatest need were the northwest region, the northeast region, and the central region, encompassing the Panhandle, Jacksonville area and the 16 rural counties in the Gainesville area. The majority of persons involved in identifying resources reported much frustration in trying to locate the data. Areas serviced by Deaf Service Centers made access to the information easier however there are large regions of the state not served by any Deaf Service Centers. Services are very fragmented across the state. A centralized one-stop information or services center does not exist. Services in the same counties can overlap and duplicate each other. Some Deaf Service Centers report that they serve people in counties 2-3 hours away from their offices, which makes it unlikely these people are able to access these services in a practical manner.

### **Current service providers**

Services provided for persons who are deaf, hard of hearing, late-deafened, or deaf-blind by state government and local communities and programs are limited, vary in quality and are not consistently or uniformly available across the state.

- There are 13 Deaf Service Centers that are primary service providers for adults who are deaf or hard of hearing in 33 of the 67 counties and provide core services to these geographical areas. Grassroots organizations and Centers for Independent Living provide limited services to some areas not covered by the Deaf Service Centers. There are some areas of the state that have no organizations that provide services for deaf and hard of hearing adults.
- Funding for programs offering deaf and hard of hearing support services in local communities is becoming increasingly more difficult to obtain as is reflected by the number of Deaf Service Centers forced to close due to fiscal constraints. As a result, the availability of support services in some Florida communities is decreasing or nonexistent.
- Florida has no designated entity within state government to fund and facilitate sufficient and uniform quality services to the target population, similar to the Division of Blind Services, Brain and Spinal Cord Injury Program, Mental Health Program, Developmental Disabilities, and Children's Medical Services.
- Services provided within state agencies, such as IDEA Part C early intervention services or IDEA Part B school-age services for children with disabilities, vary in quality and sufficient number of personnel trained to provide educational services to meet the unique needs of children with hearing loss, regardless of their method of communication.
- Vocational rehabilitation services are often provided by persons with little or no specialized training in communicating with the target population or in providing appropriate guidance to meet their unique vocational needs.
- Similarly, few mental health counselors exist in the state with specialized training in communicating with the target population or providing appropriate support to address their unique mental health issues.

### **Population**

A lack of quality support services is a concern across the continuum of educational, vocational, and mental health needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind in the state of Florida. Although the intensity of services required typically decreases as a person becomes older, the number of older persons that have diagnosed hearing loss increases substantially. The following statistics help to describe the extent of hearing loss among the residents of Florida:

- There are an estimated 1,650 Florida children under the age of three with significant hearing impairments.

- Prevalence rates would indicate that there are approximately 400 Florida children between the ages of birth and 22 years that have significant impairments of both vision and hearing.
- In fall 2003, there were approximately 4,000 students with hearing impairment that received specialized instruction from Florida's public schools. It is unknown how many children who are deaf or hard of hearing are receiving specialized accommodations through 504 Accommodation Plans who are not receiving specialized instruction.
- Approximately 684,000 Floridians between 66 and 85 years of age are deaf or hard of hearing.
- An estimated 166,000 Floridians over the age of 85 are deaf or hard of hearing.
- Almost 950,000 Florida citizens who are deaf or hard of hearing are of an age to be in the workforce and may require accessibility accommodations in their work place.
- The national unemployment rate for adults who are deaf or hard of hearing has been estimated to be in excess of 40% with an additional 40% of the population underemployed due to the lack of providing appropriate accommodations in the work place. In Florida the unemployment rate appears to be substantially higher than the national average.
- The national unemployment rate for adults who are deaf-blind is 80%

Each of these populations has unique needs, and in every case there are geographic areas and settings where there is a lack of qualified service providers to meet these needs.

**Early detection of hearing loss:** Universal newborn hearing screening has been mandated in Florida since October 2000 resulting in 100% implementation at birthing facilities in Florida. Early hearing loss detection starts with quality hearing screening programs but must have an effective follow up component to ensure that the infants identified shortly after birth receive the necessary hearing testing to determine their actual hearing ability.

- Procedures will be in place in early 2005 to allow the Newborn Screening Unit at the Department of Health Children's Medical Services to be notified of all newborns who were missed or who failed hearing screening.
- It is estimated that 6,500 newborns will be referred annually following hearing screening and will require follow up to ensure that families have accessed the appropriate audiology services to determine the hearing status of their children.
- There is currently no entity, service provider, or professional at the local level that is responsible for providing follow up with families of infants identified by newborn hearing screening to ensure that audiological evaluation is completed.
- In states that have universal newborn hearing screening but no comprehensive follow up program, the lost-to-follow-up rate is 50% for families not seeking confirmation of hearing ability and subsequent timely receipt of effective early intervention services.
- Follow up is most effective when engaged at a local level where persons from within the community can work with a recognized pool of birthing hospitals, pediatric audiologists, and physicians to assist families in obtaining the necessary follow up audiological evaluations.
- Specialized skills and equipment are necessary to appropriately evaluate the hearing ability of infants referred from universal newborn hearing screening. There are currently

no well-defined audiology centers of pediatric expertise throughout the state that hospitals, physicians, and parents can easily identify as being the appropriate site to perform the required follow up diagnostic procedures.

**Early intervention:** Establishing early interaction and effective communication skills in the first year of life is critical to lifelong outcomes for persons who are deaf, hard of hearing, or deaf-blind.

- Early identification of hearing loss is now possible due to universal hearing screening mandated in 2000. Once hearing loss is confirmed a child is required to be referred to the local Early Steps program so that parents or caregivers have to opportunity to participate in early intervention services.
- Few children under the age of 2 years received intervention prior to implementation of universal newborn hearing screening. Therefore providing appropriate services for infants and their families is not well-developed due to a lack of qualified service providers.
- Parents require information on choices for communication options and professionals who can knowledgeably assist them in learning how to communicate effectively with their young child.
- Early Steps, the IDEA Part C provider of early intervention services in Florida, has a component called SHINE, or Serving Hearing Impaired Newborns Effectively, to provide services to families of children under age 3 years with confirmed hearing loss.
- Although there are an estimated 1,500 children under the age of 3 with significant hearing loss, SHINE services are only provided to approximately 300. This is likely due to lack of follow up and complicated by no recognized audiology centers from which infants with confirmed hearing loss would be diagnosed and then referred to early intervention.
- There is currently no university training program in the state that offers pre-service or in-service coursework for persons interested in providing early intervention services to young children who are deaf or hard of hearing.
- There is no single profession or license holder that is best suited to serve infants and toddlers who are deaf or hard of hearing. Special training and experience in serving infants and toddlers who are deaf or hard of hearing is required.
- In many areas, families are being served by individuals having as few as six days of specialized training with no other form of required systematic continuing education in topics related to serving families of young children with hearing loss.
- In Florida there are many inadequately trained providers, especially those who can provide quality sign language instruction and those who provide instruction in the development of auditory and speech skills in children with hearing aids or cochlear implants.
- Due to a lack of highly qualified personnel, SHINE service providers and others who provide services to young children with hearing loss typically have had little or no coursework and only minimal continuing education in the field of early intervention for children with hearing loss.
- Despite the successful efforts to identify children with hearing loss at birth, too few are realizing their potential due to a lack of quality of service providers and supports.
- Literacy attainment is reliant on exposure to early reading opportunities. There is a lack of effective supports and services available to parents to demonstrate effective reading strategies for young children who are deaf or hard of hearing.

Children born with hearing loss have unique communication needs and a high potential for typical outcomes if appropriate services are provided in a timely manner. Substantial delays in communication development have been shown to occur if appropriate services are not provided

by the time a child is 6 months of age. This has led many states to establish a statewide program specific for children who are hard of hearing or deaf between the ages of birth and 5 years. These services are provided in collaboration with early intervention services provided by IDEA Part C programs in these states.

**School age:** Approximately 4,000 children receive specialized instruction for educational delays secondary to communication barriers that possibly could have been prevented with pre-school intervention. In addition, 1/3 of children who are deaf or hard of hearing are estimated to have additional disability conditions. This issue can be broken down into the following critical components:

- Due to late identification of hearing loss and lack of early intervention services that occurred prior to the implementation of universal newborn hearing screening, educational programs provided services to students who typically entered school with substantial language delays that resulted in them requiring more restrictive settings (i.e., self-contained classrooms, resource rooms), especially at the elementary grades. To meet these language needs, programs for students who are deaf and hard of hearing have traditionally been geared toward students using visual communication through (1) sign language, (2) oral (speechreading) means, or (3) both (total communication).
- Due to early identification of hearing loss and appropriate early intervention occurring increasingly across the U.S. an increasing number of children are entering schools with language skills that are at or near those of their normal-hearing peers, thus requiring less need for intensive special education.
- Therefore, the educational programs that have traditionally met the needs of students who are deaf or hard of hearing may not be designed for children who received appropriate early intervention resulting in near normal language skills. Although fewer of these students will need restrictive educational placements, they need to have equal access to verbal instruction, amplification appropriate to meet their individual needs, and appropriate acoustics in the classroom to allow teacher and peer communication to be perceived as comprehensively as possible. Additionally, the traditional total communication or oral program has been ruled by courts to be inappropriate for some children who have received cochlear implants and require specialized intervention to develop listening and language skills.
- Per reports of consumers at public hearings, there is specific concern about the lack of expertise of persons educating children with cochlear implants. There is also a particular concern by many parents and the Deaf community regarding the adequacy of sign language skills of teachers of the deaf and hard of hearing and the sign language interpreters employed in school settings.
- Pre-service programs for teachers of the deaf and hard of hearing vary in philosophy and methodology, therefore, teachers currently in the field may have expertise in one particular communication mode and limited knowledge in others. Similarly, speech language pathologists may not have substantive training or experience in working with children with hearing impairment. Consequently, additional professional development is needed to support the language, listening, and technology needs of students who are deaf or hard of hearing, especially those with cochlear implants or those who are native American Sign Language users.
- Ongoing professional development to enhance specific skills that are critical to meet the needs of this population of students is not always available at the local level where teachers, interpreters, and other school personnel could readily participate. Specifically, professional development to improve sign language skills and training to improve proficiency in promoting listening skills and verbal language development is a critical need.

- Lack of highly developed skills in the areas of audition, verbal language development and sign language proficiency affects the ability of children with hearing loss to learn to their potential and become productive citizens.

With an increasing number of children receiving cochlear implants between the ages 1-2 years there is a growing emphasis on providing specialized attention and training to the development of listening skills and verbal language. The skills needed to increase listening and verbal language is an area in which most school districts lack highly trained personnel. Several recent court cases (federal and state) have been won by parents who claimed that school personnel were insufficiently trained to meet the unique communication needs of their children. Small and rural school districts that have few students who are deaf, hard of hearing, or deaf-blind, require additional technical assistance and teacher training to meet the needs of this population. Larger districts with established programs have personnel who require updated training and continuing professional development available locally to enable them to appropriately meet the needs of young children with cochlear implants.

**Interpreters, Communication Access Realtime Translation services, Support Service Providers:** Provision of interpreter services, CART and SSP services must be an effective means of communication or it does not meet the reasonable accommodation test under the ADA. The need for regulating the qualifications of persons who provide these accommodations will be studied by the Florida Coordinating Council for the Deaf and Hard of Hearing and reported to the Governor and legislative leaders in January 2006.

- The demand for interpreter services far exceeds the availability of qualified interpreters, due to a shortage of interpreter training programs, the lack of information about sign language interpreting as a career, and limited American Sign Language classes available at universities and community colleges.
- The number of qualified interpreters available across the state varies from area to area resulting in a severe lack of availability in some areas and an occasional lack of interpreter availability in other areas.
- Many interpreters who are not qualified continue to be hired by purchasing entities due to availability, lack of understanding of interpreter qualification standards, or cost considerations.
- Very few persons in Florida are trained to be Support Service Providers (SSP) for the deaf-blind, there is no certification in being a SSP for the deaf-blind, and few people realize that deaf-blind consumers often require personal assistance in performing everyday tasks such as food shopping, basic banking, and reading mail in addition to the same accessibility issues that persons who are deaf or persons who are blind do when participating in employment or receiving public services.
- Although state statutes allow foreign language credit for American Sign Language, not all university or community colleges offer the option, thereby further limiting the pool of persons who may be interested in obtaining quality sign language instruction.
- In addition, there are very few persons qualified to provide Communication Access Realtime Translation (CART) services in Florida. CART providers are needed primarily by deaf and hard of hearing individuals who do not use sign language. CART is an instant (realtime) verbatim translation of the spoken word to text.
- There is a common misunderstanding that non-verbatim alternative note taking and voice-to-print modalities are as accurate as CART services. Incentives for training individuals in sign language interpretation or CART service skills are lacking in Florida.

### **Employment support services**

- At public forums hosted by either Florida Association of the Deaf (FAD) or the Americans with Disabilities Act Working Group (ADAWG), individuals who are deaf expressed concerns that Vocational Rehabilitation (DVR) is not providing essential services that will help them obtain gainful employment. According to DVR reports, during fiscal year 2003-2004, a total of 5,195 individuals with hearing loss have received DVR services and 1,465 of these individuals were successfully employed that year.
- DVR provides interpreting services to assist with job placements; however these services are not equally available throughout the state. Once the individual is placed on the job, DVR will continue to provide interpreting services for 90 days until the case is successfully closed. At that point, it becomes the responsibility of the employers to provide such accommodations.
- Consumers report that many DVR counselors are not knowledgeable about deafness, sign language, or assistive technology for individuals who are deaf, hard of hearing, late-deafened, and deaf-blind. Although DVR tries to hire individuals with such training and new counselors receive basic training in deafness, additional training is warranted for many counselors to serve this population effectively.
- Consumers commonly report that DVR counselors are not sufficiently trained in serving clients who are deaf or hard of hearing, and as such do little to produce meaningful and successful outcomes.
- Public comment reports that DVR counselors tend to steer individuals with hearing-related disabilities into low wage jobs (i.e., a college bound Deaf student who graduated with honors from FSDB wanted to become a veterinarian but was told that it was impossible.)
- National employment rates estimate that 40% of persons who are deaf or hard of hearing are unemployed and an additional 40% are underemployed. There is indication that these rates underestimate those occurring in Florida. Thus, services by DVR may not be accessed as much as possible by persons who are deaf or hard of hearing, possibly due to previous lack of successful outcomes in working with DVR.

**Mental health services:** People who are deaf or hard of hearing are an underserved population within the state's mental health system. Tragically, normal adjustment, cultural, language and communication issues are often mistaken for developmental delays, mental illness or mental retardation. Mental health services should be provided by qualified mental health professionals who have special training and/or experience in communicating effectively with persons who are deaf, hard of hearing, late-deafened or deaf-blind. Public and private mental health services should be available in Florida to serve this population and should be equal in quality and effectiveness to those provided to persons who are fully able to hear.

**Access to hearing technology:** Under the Public Service Commission (Chapter 427, Florida Statutes) the Florida Telecommunications Relay Incorporated (FTRI) is authorized by the Florida Telecommunications Access System Act of 1991 and Title IV of the Americans with Disabilities Act to distribute specialized telecommunications devices for the deaf, hard of hearing, late-deafened, speech impaired and deaf/blind residents and to provide 24 hour dual party telephone relay service. FTRI currently contracts with 16 not-for-profit agencies located throughout the state to provide equipment distribution, training, and maintenance services mostly with existing Deaf Service Centers or Centers for Independent Living.

Persons who are hard of hearing who rely on speech perception for understanding typically require appropriate hearing technology if they are to communicate effectively or reach their vocational potential. In January 2003, Medicaid reimbursement for hearing aids was discontinued for adults. It is critical for individuals and communities to identify viable sources of financial support for amplification devices. It can be assumed that the majority of the 40% or more of

persons who are deaf or hard of hearing and under employed (approximately 400,000) are Medicaid eligible and have an additional barrier to gainful employment by not having hearing technology. In addition, most people are unaware of assistive technology available for persons with hearing impairment, how to use it, where to purchase it or how to educate consumers and providers on the myriad of ways it can augment personal hearing aids or cochlear implants. Hearing technology is a gateway to society and employment for many citizens with hearing loss.

**Access to visual media:** The Federal Communications Commission (FCC) has mandated that virtually 100% of new broadcast programming and 75% of old programming must be captioned by 2006. It is encouraged that the state entity charged with oversight for deaf and hard of hearing issues monitor the level of implementation of captioning standards and report to FCC any discrepancies. Currently, there is an insufficient work force to provide the captioning that will be required in less than one year, which is a substantial issue in compliance to the FCC requirement. Quality of captioning must be maintained for it to be an effective accessibility accommodation.

Persons who are deaf, hard of hearing, late-deafened, or deaf-blind should have equal access to be able to enjoy social activities in which the majority of the population can participate. There have been at least three lawsuits in the nation regarding the lack of captioning in neighborhood movie theaters. There are currently three types of technology that movie theaters can use to caption films, and captioning is being used increasingly in many settings and situations. The lack of captioning in movie theaters discriminates against persons who are deaf and hard of hearing and prevents them from enjoying social activities equal to other citizens. Similarly, web media should be accessible to persons with hearing or visual impairments. As an increasing number of multimedia presentations become available on the web, it is important that this information be fully accessible.

**In order to address these issues the FCCDHH recommends that the oversight and policy body establish community-based services that have the following responsibilities:**

- Provide a follow up system for children identified by universal newborn hearing screening
- Build capacity for a quality work force providing services for persons who are deaf, hard of hearing, late deafened or deaf-blind
- Facilitate uniform quality and sufficiency of supports and services by developing regional services or augmenting those already in place
- Improve access to qualified interpreters, CART providers, Support Service Providers, and other accessible services and supports, including hearing technology
- Improve accessibility to and quality of mental health resources
- Improve vocational supports and services
- Expand accessibility to visual media

More specifically, community-based entities would be awarded detailed contracts that would define deliverables and responsibilities for which they would be monitored by the oversight and policy body for quality assurance and accountability purposes. These community-based entities would be called Resource Centers for the Deaf and the Hard of Hearing and would be responsible for the following activities and deliverables:

**1) Establish a Continuum of Services and a Service Delivery Network that is Community Based**

- a) Resource Centers for the Deaf and Hard of Hearing would be established at the community level via detailed contracts. These contracts could be awarded by the oversight and policy body to existing Deaf Service Centers or to new entities in communities that are currently lacking support services for persons who are deaf, hard of hearing, late-deafened, or deaf-blind. It is intended that these Centers would expand, and not supplant, the services already provided by Deaf Service Centers so that greater sufficiency, consistency, and quality of services would be available to the population, regardless of where in Florida they reside. The aim would be to establish Resource Centers for the Deaf and Hard of Hearing available in 16 areas throughout the state.
- b) Require contracted Resource Centers for the Deaf and Hard of Hearing to provide technical assistance and training to local consumers and community service providers and to provide other services as described throughout Recommendation 3.
  - 1) Offer consumer information and education sessions regarding accessibility rights and procedures to file a complaint if accessibility problems occur
  - 2) Maintain a database of all qualified interpreters, Support Service Providers, Communication Access Realtime Translation services, and Real Time Captioning providers
  - 3) Maintain a list of counties, local agencies, and private businesses that provide TTY numbers
  - 4) Provide technical assistance to public services, businesses, and employers regarding development of policies and/or procedures needed to provide appropriate accessibility

## **2) Follow up Children Identified by Universal Newborn Hearing Screening**

- a) Resource Centers for Deaf and Hard of Hearing will collaborate with the Department of Health Children's Medical Services Newborn Screening Unit for training in appropriate procedures to follow up the newborns identified during universal hearing screening to facilitate their timely receipt of audiological evaluation and to ensure that outcomes of these evaluations are reported to the Newborn Screening Unit for health surveillance purposes.
- b) Resource Centers for Deaf and Hard of Hearing will provide personnel to contact the families and/or physicians of these infants and work with local audiology centers of pediatric expertise and any other community resources as needed to facilitate the child's receiving follow up audiology testing to confirm hearing loss.
- c) Resource Centers for Deaf and Hard of Hearing will promote and facilitate the development of Audiology Centers for Expertise for evaluating infants referred from universal newborn hearing screening, and collaborating with agencies and community resources as necessary to establish these centers throughout the state.
- d) Resource Centers for Deaf and Hard of Hearing will be responsible for ensuring that children who have confirmed hearing losses have been referred to the local Early Steps office and that the SHINE service provider is aware of the family so that appropriate early intervention services can be initiated.

## **3) Build Capacity for a Quality Work Force**

- a) The oversight and policy body in conjunction with the Resource Centers for Deaf and Hard of Hearing will coordinate and/or facilitate training opportunities in their local areas to improve the competency of personnel as necessary to provide appropriate educational, vocational, or mental health services to persons who are deaf, hard of hearing, late-deafened, or deaf blind, including but not limited to:

- 1) Individuals providing family-centered early intervention services needing training to meet the needs of families of infants and toddlers with confirmed hearing loss, regardless of the communication method chosen by the parents
  - 2) Persons who are deaf or hard of hearing who use sign language needing training in how to work with families of young children to provide sign language instruction to caregivers and demonstrate signed communication during every day activities.
  - 3) Educational personnel needing additional training to meet the needs of children who are primarily auditory learners through the use of assistive technology
  - 4) Educational personnel needing additional training to meet the needs of children who are primarily visual learners (e.g., American Sign Language) or auditory and visual learners (e.g., Total Communication)
  - 5) Educational personnel needing training to meet the needs of children who are deaf-blind
  - 6) Mental health counselors needing training to meet the needs of persons who are deaf, hard of hearing, late-deafened, or deaf-blind
  - 7) Vocational rehabilitation counselors needing training to meet the needs of persons who are deaf, hard of hearing, late-deafened, or deaf-blind
- b) The oversight and policy body in conjunction with Resource Centers for the Deaf and Hard of Hearing will promote and/or facilitate training opportunities at a state and local level to improve the competency of personnel necessary for appropriate accessibility services to persons who are deaf, hard of hearing, late-deafened, or deaf blind, including but not limited to:
- 1) Interpreters (American Sign Language, manual communication systems, oral, tactile sign, etc.)
  - 2) Support Service Providers for the deaf-blind
  - 3) Teachers of American Sign Language as a foreign language
  - 4) Communication Access Realtime Translation providers
  - 5) Realtime Captioning providers
- c) The oversight and policy body in conjunction with Resource Centers for the Deaf and Hard of Hearing will work to establish incentives at a state and/or local level to develop opportunities to train quality personnel necessary for appropriate early intervention, educational, mental health, and vocational services and supports to persons who are deaf, hard of hearing, late-deafened, or deaf-blind. Examples of possible incentives are below:
- 1) Provide grant funding for one or more universities to develop online coursework to include some face-to-face training requirements for persons providing services, including but not limited to early intervention, educational, mental health, and vocational rehabilitation
  - 2) Provide tuition waivers, especially to target underserved areas and assist with recruitment and retention of quality personnel
  - 3) Provide stipends to personnel for travel to training sites,
  - 4) Provide consultation fees to highly skilled professionals to provide mentoring at a local level to support informal continuing education opportunities available to personnel serving children and/or adults who are deaf, hard of hearing, late-deafened, or deaf-blind.

- 5) Collaborate with Comprehensive System of Personnel Development (CSPD), the Professional Development Alternatives for Exceptional Student Educators project (PDA-ESE), universities, Florida School for the Deaf and Blind Training Program for SKI\*HI Curriculums, Florida Outreach Project for Deaf-Blind, and other resources as appropriate to produce, support, and deliver quality training to persons who provide services to children ages birth to 22 years who are deaf, hard of hearing, late-deafened, or deaf-blind.
- d) Establish incentives to increase opportunities to train interpreters, Support Service Providers, Communication Access Realtime Translation providers, and Realtime Caption providers. Examples of possible incentives are below:
  - 1) Award grants to community colleges to establish training programs for interpreters and for Support Service Providers for the deaf-blind
  - 2) Award grants to community colleges and public vocational schools to establish Communication Access Realtime Translation training programs
  - 3) Provide tuition waivers, especially to enhance recruitment and retention of quality interpreters, SSP, or CART personnel

**4) Facilitate Uniform Quality and Sufficiency of Educational Supports and Services by Developing Regional Services or Augmenting those Already in Place**

- 1) Collaborate with the Florida School for the Deaf and the Blind Parent Infant Program and local Early Steps offices, Florida Outreach Project for Children and Young Adults who are Deaf-Blind, and local education agencies to develop regional services to:
  - a) Establish a source for early intervention services by qualified and competent professionals specializing in hearing impairment within each region, or to augment, or support the expansion of quality services already in place
  - b) Collect communication development data on an individual and regional basis so that data driven decisions can be made by families regarding their success in breaking down communication barriers to effectively prevent language delays from occurring and to provide a means for evaluation of the quality of services provided regionally
  - c) Establish Deaf Role Model services to provide sign language instruction and demonstration to interested families by trained persons who are deaf
  - d) Establish a shared reading program for interested families of young children who are deaf, hard of hearing, or deaf-blind. Shared reading programs are an extension of services provided by Laurent Clerc National Deaf Education Center at Gallaudet University and provide materials at a minimum cost and support to states and communities to develop a shared reading program involving persons who are deaf to demonstrate effective reading techniques to family members of young children who are deaf or hard of hearing.
  - e) Facilitate educational and support group meetings for parents of young children who are deaf, hard of hearing, or deaf-blind and provide social opportunities for these young children
- 2) Collaborate with local education agencies, the Florida School for the Deaf and Blind Educational Outreach Program, and the Florida Outreach Project for Children and Young Adults who are Deaf-Blind to provide or augment educational outreach services for the purpose of advocacy in educational planning
  - a) Provide technical assistance in providing appropriate accommodations, technology, services, and post-high school transition
  - b) Provide consultation as appropriate to parents and school staff

- c) Provide onsite or group in-service training to educational personnel providing services to children in public schools
- d) Facilitate after school care and/or activities to benefit social or educational development in children who are deaf, hard of hearing, or deaf-blind

**5) Improve Access to Qualified Interpreters, CART Providers, Support Service Providers, and Other Accessible Services and Supports**

- a) Use the Resource Centers for the Deaf and Hard of Hearing database of all qualified interpreters, Support Service Providers, Communication Access Realtime Translation services, and Realtime Captioning providers to recommend, arrange for, or broker services to consumers in the region as requested.
- b) Use the Resource Centers for the Deaf and Hard of Hearing list of contacts for accessibility services in counties, local agencies, and private businesses that provide TTY numbers in order to recommend or support consumer access to these services.
- c) Guide referrals to specially trained providers and/or appropriate support services per consumer choice as much as possible. Support services include sign language interpreters, CART providers, Special Service Providers, captioned videotapes, telecommunication devices for the deaf, tele-mental health capability, and closed captioning.
- d) Promote the creation of a tax break or incentives for businesses that establish and advertise a TTY number.
- e) Require the Resource Centers for the Deaf and Hard of Hearing to be familiar with the equipment distribution program administered by the Florida Telecommunications Incorporated (FTRI) and assist consumers who are deaf and hard of hearing in obtaining equipment from FTRI or one of its designated distribution centers.
- f) Participate in statewide efforts led by the state entity responsible for oversight in collaboration with pertinent professional associations and service organizations to develop a means by which individuals who are deaf, hard of hearing, late-deafened, or deaf-blind could obtain appropriate hearing technology.
  - 1) Work at a state level with state agencies, professional associations, and service organizations to determine a means by which hearing technology could be funded for adults who are deaf, hard of hearing, late-deafened, or deaf-blind.
  - 2) Work with local service organizations and/or audiologists to develop a hearing aid bank that can be accessed while individuals are identifying means of purchasing personal hearing aids or other hearing technology.
  - 3) Advocate with Department of Vocational Rehabilitation, private insurance companies, and other possible payers to provide hearing technology to eligible consumers.

**6) Improve Accessibility to and Quality of Mental Health Resources**

- a) Establish an advisory council to the State's department of mental health services including consumers with hearing loss and their family members.
- b) State entity responsible for oversight of deaf, hard of hearing, late-deafened, and deaf-blind services will coordinate and provide technical assistance on appropriate mental health service delivery solely for this population.
- c) Seek out persons in the local areas who are qualified as mental health specialists and experienced in communicating with persons who are deaf, hard of hearing, late-deafened, or deaf-blind. The Resource Centers will recommend, arrange for, or otherwise

provide some means of support for interested consumers to access mental health services by a qualified and experienced provider.

- d) Assess need and establish a statewide and/or regional continuum of public and/or private mental health services and programs (including professional training) for adults, adolescents and children who are deaf or hard of hearing. This continuum of services should be integrated and coordinated with the existing service delivery system. This continuum should include separate, specialized services and programs, where needed.
- e) Report the efforts and results of building this continuum of cultural and cross-cultural services in the annual plan of care to the Federal government through state mental health planning councils.
- f) Recognize, acknowledge, and integrate the cultural, cross-cultural, and linguistic needs of this population in state mental health policy. The access needs of this population should be strongly considered and included in the creation and revision of strategic plans, the submission of block grant applications, and response to legislative mandates, such as limited English proficiency and human rights.
- g) Encourage the involvement of consumers who are deaf, hard of hearing, late-deafened, or deaf-blind and their family members through public and private offices of consumer affairs and other community-based organizations in the state.
- h) Develop a registry of public and privately employed practitioners who are cognizant of the specific mental health needs of people who are deaf or hard of hearing to be made available for referral on consumer request.
- i) Require referral to specialized providers, as appropriate, and coverage (by public, private, managed care, and self-insured health plans) for interpreting services for subscribers and family members who are deaf and hard of hearing.
- j) Create and/or utilize existing tele-mental health network resources to improve statewide access to services and provide needed technical assistance and consultation.
- k) Develop and provide professional training resources, such as classes, workshops, conferences and community events to improve the skills and knowledge of cultural and cross cultural professional providers who deliver services to this population. Coordinate these efforts with academic institutions that educate and train human service workers throughout the country.

## **7) Improve Vocational Supports and Services**

- a) Rehabilitation services for adults will be provided, recommended, or supported, specifically:
  - 1) Speechreading/Lipreading instruction
  - 2) Communication Repair/Coping Skills classes
- b) Contracted services could be provided by the Resource Centers for the Deaf and Hard of Hearing under the Department of Vocational Rehabilitation to provide job coaching and training as appropriate to persons who are deaf, hard of hearing, late-deafened, and deaf-blind to assist in obtaining employment (e.g., GED classes, computer literacy classes, short-term job coaching in the community to develop skills under supervision).

## **8) Expand Accessibility to Visual Media**

- a) Provide information to the media on the different types of captioning available and the benefits of real time caption to individuals who are deaf or hard of hearing.

- b) Advocate as needed with public agencies and private businesses for quality captioning to be available on all visual media to assure that persons who are deaf, hard of hearing, late-deafened, or deaf-blind have access equal to persons with full hearing ability.
- c) Establish a state tax credit for television stations and movie theatres as an incentive to their providing captioning.

#### **Recommendation 4: Facilitate Accessibility to Medical and Legal Services**

Without question, communication access in medical and legal settings is a critical accessibility issue facing deaf, hard of hearing, late-deafened and deaf-blind individuals. This is due either to ignorance in how "effective communication" is to be provided or a conscious decision by the service provider to ignore the provisions of the law, typically due to cost factors. "Effective communication" as prescribed by Americans with Disabilities Act (ADA) can include but is not limited to sign language interpreters, Support Service Providers, CART services, lip reading, assistive technology devices, Realtime captioning and in some cases note writing.

Examples of inaccessibility issues in medical and legal situations that have affected the lives of persons who are deaf, hard of hearing, late-deafened, or deaf-blind abound, such as:

- While giving his 3 month old daughter a bath in a bassinette over a bathtub, a deaf father inadvertently dropped her. The child hit her head and was taken by helicopter to a local hospital. The father was not given an interpreter at the hospital and his hysterical wife (hearing) was made to interpret. She erroneously interpreted what he said had happened. The child was having trouble with one leg and the mother repeatedly asked the doctor about it. At that point the doctor felt that any problems stemmed from the head trauma and stated that all the injuries were consistent with the accident. Ten days after the incident the child's leg was Xrayed and a hair line fracture was identified. At this point the hospital called Department of Children and Families (DCF) and said that they suspected child abuse. DCF interviewed the father twice without an interpreter present. The police also interviewed the father without an interpreter. The father was arrested but was not able to tell his side of what happened until he was brought before a judge. It was at this time that it was found out that the mother had misinterpreted what he said. The lack of providing an interpreter at the hospital and the subsequent interviews resulted in the father being removed from the home for 2 years before it was proven that he never committed any act of violence against the child.
- A 150 pound case broke loose from its restraints during unloading in receiving, falling on the big toe of an employee that was deaf. Instead of calling an ambulance or following normal procedures for an accident the business called the employee's mother because they could not communicate with him. Upon arriving at the hospital they were told an interpreter was not available. The doctor and nurse proceeded to tend the wound and tried to explain the care and follow up visits needed all without an interpreter. After the incident a call was made to the local interpreting agency that had a contract with the hospital. When asked if they received a call for interpreting services in the emergency room, they stated they were not contacted for the day in question. The agency had interpreters available to take the assignment. The employee scheduled an appointment for follow-up with his physician and requested an interpreter be contacted, including providing contact information on how to obtain an interpreter. After arriving for appointment employee was told no interpreter was available. Again, the interpreter agency was contacted and again, interpreter agency stated they never received a call and would have sent an interpreter if they did.
- A young oral deaf man ("oral" meaning he was raised to speak and read lips but does not use sign language) hired an attorney and filed a wrongful termination lawsuit that

involved sexual harassment against his employer. Although communication with his attorney was difficult because the attorney would not provide an oral interpreter or CART provider for their attorney-client meetings, they got by in one-on-one situations. The young man requested CART services at his deposition. A court reporter who uses realtime translation attempted to serve as the court reporter and the CART provider (which is not appropriate according to CART guidelines), and the young man could not fully understand the questions that were posed to him. There were many mistranslated or untranslated words on the computer screen, and after many requests for repeats, he became frustrated and answered the questions that he did not understand with "I don't know." His case was sent to mediation and he was again denied CART services. This bright young man was unable to effectively communicate because he was not provided with appropriate accommodations. His attorney was not informed enough to know whose obligation it was (in any of the three settings) to provide the accommodation. His case was dropped.

Consumer comment at public hearings has provided a description of many situations like the ones above in which a person who is deaf or hard of hearing was not provided access to their own medical care or legal proceedings, thus affecting their lives and welfare.

**In order to address these issues the FCCDHH recommends:**

- Expand possible funding sources for accessibility accommodations
- Provide technical assistance and information dissemination on accessibility requirements

More specifically, the activities of the oversight and policy body to address these issues are defined as follows:

**1) Expand Possible Funding Sources for Accessibility Accommodations**

- a) Include reimbursement of interpreter and CART services as an allowable expense for insurance providers by using a designated local code that could be added to a medical service CPT code allowing a maximum per event reimbursement rate for interpreter and CART services.
- b) Strengthen the contractual language of insurance providers to increase awareness of the physician's responsibility to provide accommodations to the target population.
- c) Establish a state corporate tax credit for accessibility that expands the Federal Accessibility tax credit for small businesses. This could be a "cents on the dollar" credit that is equal to a percentage of the credit allowed on the Federal level.
- d) Ensure that proceedings of mediation and arbitration satisfy required accessibility standards of persons.

**2) Provide Technical Assistance and Information Dissemination of Accessibility Requirements**

- a) Provide educational materials and opportunities to medical and legal (including arbitration and mediation) providers to increase the awareness of minimum accessibility standards for accommodations and how they can locate qualified interpreters or Communication Access Realtime Translation providers.
- b) Provide materials to medical providers that are enrolled Medicaid providers reminding them of their ability to be reimbursed for reasonable interpreter and CART expenses under Medicaid, assuming this reimbursement ability becomes established (see 1a).
- c) Provide materials to medical and legal service providers informing them of the Federal Disabled Access Credit (IRS Form 8826) that allows tax credit for expenses related to

providing accessibility accommodations and the Florida tax credit that expands this tax credit to Florida small businesses.

- d) Provide educational materials to medical and legal practitioners and the public on the procedures for filing complaints if medical, legal, or other services available to the public do not provide appropriate accessibility accommodations.
- e) The oversight and policy body will collaborate with the Florida Bar to improve knowledge of communication accessibility for deaf and hard of hearing people, resulting in improved services to the target population.
  - 1) Partner with The Florida Bar to establish a series of statewide Continuing Legal Education courses to educate attorneys about their responsibility to adhere to standards set forth in the Americans with Disabilities Act in legal settings;
  - 2) Partner with The Florida Bar to establish a series of statewide Continuing Legal Education courses geared towards educating attorneys who represent children in dependency on relevant statutes and case law governing the provision of accommodations in both educational and foster care settings;
  - 3) Collaborate with The Florida Bar to support the Disabilities Law Panel, which provides free initial consultation for persons with special needs;
  - 4) Collaborate with the Florida Bar to increase the number of attorneys statewide who will take ADA cases or civil rights cases filed under Federal and state law.
- f) Work with the Office of the State Courts Administrator to ensure that judges and court personnel are familiar with the Americans with Disabilities Act and other relevant statutes that govern accommodations for deaf, hard of hearing, late deafened and deaf/blind individuals.
- g) Collaborate with the Florida Supreme Court's Dispute Resolution Center to ensure that all certified mediators, arbitrators and their personnel are familiar with the Americans with Disabilities Act, other applicable statutes and standards to meet their obligations and responsibilities to the deaf, hard of hearing, late-deafened, and deaf-blind.

## **CONCLUSION**

The Florida Coordinating Council for the Deaf and Hard of Hearing appreciates the opportunity to write this report in response to Legislative concern regarding the accessibility and service issues of persons who are deaf, hard of hearing, late-deafened, and deaf-blind. This report provides an action plan that addresses continuing concerns highlighted in reports since 2000. A single line of responsibility within state government with oversight and policymaking power would address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind. The responsibilities of the oversight agency should include setting minimum standards, monitoring the implementation of pertinent standards, expanding the quantity and quality of professionals serving this population, and facilitating increased access to medical care and legal services. The Florida Coordinating Council is available to provide additional guidance regarding its recommendations, particularly those recommendations that may require statutory or regulatory changes, and additional funding.

## REFERENCES

- American National Standards Institute. "Acoustical performance criteria, design requirements, and guidelines for classrooms" (ANSI s3.5-1997, R 2002). New York:Author. (2002).
- Deaf and Hard of Hearing Access Program (DHHAP)-Technical Assistance Center. "Demographic aspects of hearing impairment." Retrieved on November 4, 2004 from <http://www.odc.state.or.us/tadoc/dmisc1.htm>
- Demographic Estimating Conference Database. Office of Economic and Demographic Research, The Florida Legislature, Tallahassee, FL, (updated 9/2003). <http://www.state.fl.us/edr/population.htm>
- Department of Management Services, 2004 Substantive Bill Analysis, SB 206, "The Florida Council on Deafness" (October 22, 2003).
- Florida Association of the Deaf, "Service Matrix, Services for the Deaf and Hard of Hearing" (August, 2003).
- Florida Association of the Deaf, Silent Florida Speaks Out. Report to the Governor's Working Group on Americans with Disabilities Act (June 2003 to November 2003).
- Florida Coordinating Council for the Deaf and Hard of Hearing. "Matrix of services and supports available in Florida counties" (December, 2004).
- Florida Department of Education, Division of Vocational Rehabilitation, "State of Florida, Estimated Prevalence of Hearing Impairment – 2003 (3), (Ages 3 and Older)" (October, 2004).
- Florida Senate Staff Analysis and Economic Impact Statement, CS/CS/SB 2244, "Florida Council on Deafness and the Florida Commission for the Blind" (April 23, 2003).
- Governor's Working Group on the Americans with Disabilities Act. "Recommendations regarding policies addressing the needs of deaf, hard of hearing, and late-deafened persons" (January 1, 2004).
- Holt, J. & Hotto, S. (1994). "Demographic aspects of hearing impairment: Questions and answers." (3<sup>rd</sup> Ed.) Center for Assessment and Demographic Studies. Washington, DC: Gallaudet University.
- League for the Hard of Hearing, "Deaf or Hard of Hearing Population Statistics." Health Interview Survey (1994).
- Lincoln, Diana. "Florida should establish a Deaf and Hard of Hearing Commission." Staff Analysis. Florida Department of Children and Families (March, 2000).
- National Court Reporters Association. "Comparison of CART to Alternative Notetaking Methodologies." <http://cart.ncraonline.org/providers/CARTBackgroundPaperfinal.pdf>. (April, 2004).
- Office of Program Policy Analysis and Governmental Accountability, Exceptional Student Education Population Grows Dramatically; More Accountability and Better Training Needed to Implement Funding Matrix. Report No. 03-04 (July, 2003).
- Petroff, J. G. (August, 2001). "National Transition Follow-Up Study of Youth Identified as Deafblind: Parent Perspectives." National Technical Assistance Consortium for Children and Young Adults Who are Deaf-Blind. Monmouth, OR: Western Oregon University: Retrieved on November 4, 2004 from <http://www.tr.wou.edu/ntac/transition2.htm>.

## **Legislation Establishing the Florida Coordinating Council for the Deaf and Hard of Hearing**

### ***Sections Relevant to this Report***

The law that established the Florida Coordinating Council for the Deaf and Hard of Hearing (413.271, Fla.Stat. (2004) required that it is to develop a report and recommend policies that address the needs of the deaf, hard of hearing, and late-deafened persons. Specifically:

It is the role of the council to serve as an advisory and coordinating body in the state which recommends policies that address the needs of deaf, hard-of-hearing, and late-deafened persons and which recommends methods that improve the coordination of services among the public and private entities that provide services pertaining to interpreter services, Communication Access Realtime Translation services, and assistive listening devices, excluding hearing aids.

The council is authorized to provide technical assistance, advocacy, and education. To that end, the council shall:

- a) Provide information and assistance to the Legislature;
- b) Provide technical assistance to other state agencies;
- c) Provide information and referral services;
- d) Promote public and individual advocacy for deaf, hard-of-hearing, and late-deafened citizens; and
- e) Conduct public hearings as needed.

The council shall prepare a report, which shall be filed with the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Chief Justice of the Supreme Court by January 1, 2005, which must include:

- a) A review of state agencies to determine if they are in compliance with accessibility standards as they relate to services for deaf, hard-of-hearing, and late-deafened individuals.
- b) A review of federal and state statutes, rules, and regulations that establish requirements that agencies must comply with, including, but not limited to, equipment and communication accessibility standards in the provision of services to deaf, hard-of-hearing, and late-deafened individuals.
- c) A review of the feasibility of and necessity for regulation of interpreters and, if found to be feasible and advantageous, a recommendation of standards for licensure. The council shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2006, describing its findings and recommendations.
- d) Recommendations for standards for and licensure of sign-language interpreters and
- e) providers of Communication Access Realtime Translation services (CART) and other accreditation standards for service providers that are not subject to regulation by the state.

The council may:

- a) Secure assistance from all state departments and agencies in order to avail itself of expertise at minimal cost.
- b) Obtain information and assistance from the state or any political subdivision, municipal corporation, public officer, or governmental department or agency thereof.

All executive branch state agencies are instructed, and all other state agencies are requested, to assist the council in accomplishing its purposes.

## GLOSSARY OF TERMS USED IN THIS REPORT

- a) **"Captioning"** means
- 1) "Communication Access Realtime Translation" (**CART**) means the verbatim instant translation of the spoken word into English text by a specially-trained machine stenographer using computer assisted translation software which is displayed on a monitor, screen or laptop computer.
  - 2) "Realtime Captioning" is similar to CART service, but the text is always displayed with a video picture, such as on television.
- b) **"Deaf"** means having a hearing impairment of such severity that an individual must depend on visual or tactile methods, or both, to communicate. Note: There is a distinction between Deaf and deaf, with "Deaf" referring to those individuals who use American Sign Language and "deaf" referring to individuals who are deaf, but who do not use American Sign Language. Although this distinction is not reflected in this report, it is frequently reflected in the materials of grassroots organizations.
- c) **"Deaf-blind"** means having hearing impairment in conjunction with vision impairment. Persons who are deaf-blind typically do not have total deafness or total blindness, but rather have their functionality significantly affected due to an impairment of both hearing and vision. This impairment can occur in a wide range.
- d) **"D/HH"** is an abbreviation used to mean "deaf and/or hard of hearing." Individuals with any level of loss of hearing are included in references to deaf or hard of hearing individuals.
- e) **"Deaf role model"** means a person who is deaf or hard of hearing and is skilled in American Sign Language or other manual communication systems who, after training, is available within a geographic location to meet upon request with families of young children who are deaf or hard of hearing to demonstrate natural teaching of visual communication in daily routines and activities and to provide information on Deaf culture.
- f) **"Descriptive video services"** means descriptions of television programs, feature films, and other visual media that make them accessible to people who are blind or visually impaired by providing descriptive narration of key visual elements in a program that a viewer who is visually impaired would ordinarily miss are described. Actions, costumes, gestures and scene changes are just a few of the elements that, when described, engage the blind or visually impaired viewer with the story. A carefully written script is prepared by a trained describer, read by a professional narrator, and mixed in a professional audio production suite for broadcast-quality results. A full DVS® mix consists of the main program audio combined with these narrated descriptions.
- g) **"FCCDHH"** means the Florida Coordinating Council for the Deaf and the Hard of Hearing.
- h) **"Hard of hearing"** means having a hearing impairment that results in a loss of hearing functions to an individual and in which the individual: relies on residual hearing that may be sufficient to process linguistic information through audition with or without hearing technology under favorable listening conditions; who may depend on visual methods to communicate; who may depend on assistive listening devices; or has an impairment with other auditory disabling conditions. Individuals who are hard of hearing typically do not use American Sign Language (ASL).
- i) **"Hearing technology"** means any device that is used to improve the perception of speech by persons who are deaf or hard of hearing. Hearing technology is a broad term that applies to hearing aids, cochlear implants, FM systems, captioning, assistive listening devices, amplified telephones, etc.

- j) **“Interpreter”** means a provider of effective communication in culturally linguistically diverse situations between and among individuals who are deaf, hard of hearing, deaf blind and other persons. This process includes, but is not limited to, communication through American Sign Language and spoken English. It may also involve various other modalities that involve visual, gestural, tactile methods such as signing for deaf/blind.
- k) **“Late-deafened adult”** (LDA) describes deafness which occurred any time after the development of speech and language, often it means after the age of adolescence. Usually a late-deafened adult has identified with hearing society through schooling, social connections, etc. They are usually unable to understand speech without hearing technology and/or visual aids such as speech-reading, sign language, and/or Computer Aided Realtime Transcription (CART). Late-deafened adult is frequently cited as LDA.
- l) **“Qualified interpreter”** means an interpreter who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. (Americans with Disabilities Act, Title III)
- m) **“Shared reading program”** means services designed to teach parents and caregivers how to read to their deaf and hard of hearing children using American Sign Language, and to use strategies to make book sharing most effective. This program uses videotapes of culturally diverse Deaf readers using American Sign Language to read fun, predictable children’s books. Deaf tutors visit the home to demonstrate how to sign the stories, and provide instant feedback to family members. The family uses the videotapes of deaf readers signing the story to reinforce the new signs after the tutor has left.
- n) **“Support Service Provider (SSP)”** means persons who are trained as sighted guides and providers of visual information to people who are deaf-blind. SSPs assist persons who are deaf-blind in employment settings, accessing medical and other public services, and in performing everyday tasks such as shopping for food, simple banking, and reading mail. There are currently no requirements in Florida to become an SSP. In some states SSPs are required to be trained in Deaf-Blind Culture, Causes of Deaf-Blindness, Communication Modes, Guiding Techniques, and roles and duties of the SSP.

## REVIEW OF APPLICABLE LAWS

The Americans with Disabilities Act (ADA) of 1990 provides the cornerstone of federal disability law and prohibits discrimination against individuals with disabilities in employment, housing, education, and access to public services. In October, 2004, the U.S. District Court for the Northern District of California issued a landmark ruling in *Bates v. United Parcel Service* that signaled a victory for deaf, hard of hearing and late-deafened persons nationwide. The court held that “deaf individuals who meet United Parcel Service’s threshold requirements cannot be categorically excluded and must instead be permitted to proceed through the company’s regular processes for becoming a package-car driver, with reasonable accommodations provided to them as needed.” The suit was brought under ADA, which among many other federal and state laws, provide protection in many areas of accessibility. The laws reflected on the following pages serve to protect the rights of the deaf, hard-of-hearing, late-deafened and deaf-blind persons and ensure that this population is afforded equality of opportunity and full participation under federal and state laws.

The following Federal acts provide the foundation for ensuring access for persons with disabilities, including persons who are deaf, hard of hearing, and late-deafened.

### FEDERAL LAWS PERTAINING TO DISABILITY RIGHTS

Refer to Table 1 for information on the intent of these Federal laws.

- 1) **Air Carrier Access Act of 1986:** 49 U.S.C. § 41705; Implementing Regulation: 14 CFR Part 382.  
Prohibits discrimination in air transportation by domestic and foreign air carriers against qualified individuals with physical or mental impairments. It applies only to air carriers that provide regularly scheduled services for hire to the public. Requirements address a wide range of issues, including boarding assistance and certain accessibility features in newly built aircraft and new or altered airport facilities.
- 2) **Americans with Disabilities Act of 1990:** 42 U.S.C. §§ 12101 et seq.; Implementing Regulations: 29 CFR Parts 1630, 1602 (Title I, EEOC); 28 CFR Part 35 (Title II, Department of Justice); 49 CFR Parts 27, 37, 38 (Title II, III, Department of Transportation); 28 CFR Part 36 (Title III, Department of Justice); 47 CFR §§ 64.601 et seq. (Title IV, FCC)  
Prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress. To be protected by the ADA, one must have a disability, or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.  
**ADA Title I: Employment** Requires employers with 15+ employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others, e.g., it prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant’s disability before a job offer is made, and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship. Religious entities with 15+ employees are covered under Title I.

**ADA Title II: Public Transportation** The transportation provisions of Title II cover public transportation services, such as city buses and public rail transit (e.g. subways, commuter rails, Amtrak). Public transportation authorities may not discriminate against people with disabilities in the provision of their services. They must comply with requirements for accessibility in newly purchased vehicles, make good faith efforts to purchase or lease accessible used buses, remanufacture buses in an accessible manner, and, unless it would result in an undue burden, provide paratransit where they operate fixed-route bus or rail systems.

**ADA Title II: State & Local Government Activities** Title II covers all activities of state and local governments, regardless of the government entity's size or receipt of Federal funding. Title II requires that state and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities (e.g. public education, employment, transportation, recreation, health care, social services, courts, voting, and town hall meetings). State and local governments are required to follow specific architectural standards in the new construction and alteration of their buildings. They also must relocate programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities. Public entities are not required to take actions that would result in undue financial and administrative burdens. They are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

**ADA Title III: Public Accommodations** Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease, lease to, or operate facilities such as restaurants, retail stores, hotels, movie theaters, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities, including sports stadiums and fitness clubs. Transportation services provided by private entities are also covered by Title III. Public accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; reasonable modifications to policies, practices, and procedures; effective communication with people with hearing, vision, or speech disabilities; and other access requirements. Additionally, public accommodations must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources. Courses and examinations related to professional, educational, or trade-related applications, licensing, certifications, or credentialing must be provided in a place and manner accessible to people with disabilities, or alternative accessible arrangements must be offered. Commercial facilities, such as factories and warehouses, must comply with the ADA's architectural standards for new construction and alterations.

**ADA Title IV: Telecommunications Relay Services** Title IV addresses telephone and television access for people with hearing and speech disabilities. It requires common carriers (telephone companies) to establish interstate and intrastate telecommunications relay services (TRS) 24 hours a day, 7 days a week. TRS enables callers with hearing and speech disabilities who use telecommunications devices for the deaf (TDDs), also known as teletypewriters (TTYs), and callers who use voice telephones to communicate with each other through a third party communications assistant. The Federal Communications Commission (FCC) has set minimum standards for TRS services. Title IV also requires closed captioning of federally funded public service announcements.

- 3) Architectural Barriers Act of 1968:** 42 U.S.C. §§ 4151 et seq.; Implementing Regulations: 41 CFR Subpart 101-19.6  
The Architectural Barriers Act (ABA) requires that buildings and facilities that are designed, constructed, or altered with federal funds, or leased by a federal agency, comply with federal standards for physical accessibility. ABA requirements are limited to architectural standards in new and altered buildings and in newly leased facilities. They do not address the activities conducted in those buildings and facilities. Facilities of the U.S. Postal Service are covered by the ABA.
- 4) Civil Rights of Institutionalized Persons Act of 1980:** 42 U.S.C. §§ 1997 et seq.  
The Civil Rights of Institutionalized Persons Act (CRIPA) authorizes the U.S. Attorney General to investigate conditions of confinement at state and local government institutions, such as prisons, jails, pretrial detention centers, juvenile correctional facilities, publicly operated nursing homes, and institutions for people with psychiatric or developmental disabilities. Its purpose is to allow the Attorney General to uncover and correct widespread deficiencies that seriously jeopardize the health and safety of residents of institutions. The Attorney General does not have authority under CRIPA to investigate isolated incidents or to represent individual institutionalized persons. The Attorney General may initiate civil law suits where there is reasonable cause to believe that conditions are “egregious or flagrant,” that they are subjecting residents to “grievous harm,” and that they are part of a “pattern or practice” of resistance to residents’ full enjoyment of constitutional or federal rights, including title II of the ADA and section 504 of the Rehabilitation Act.
- 5) Fair Housing Amendments Act of 1988:** 42 U.S.C. §§ 3601 et seq.; Implementing Regulation: 24 CFR Parts 100 et seq.  
The Fair Housing Act, as amended in 1988, prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. Its coverage includes private housing, housing that receives federal financial assistance, and state and local government housing. It is unlawful to discriminate in any aspect of selling or renting housing or to deny a dwelling to a buyer or renter because of the disability of that individual, an individual associated with the buyer or renter, or an individual who intends to live in the residence. Other covered activities include, for example, financing, zoning practices, new construction design, and advertising. The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities. For example, a landlord with a “no pets” policy may be required to grant an exception to this rule and allow an individual who is blind to keep a guide dog in the residence. The Fair Housing Act also requires landlords to allow tenants with disabilities to make reasonable access-related modifications to their private living space, as well as to common use spaces. (The landlord is not required to pay for the changes.) The Act further requires that new multifamily housing with four or more units be designed and built to allow access for persons with disabilities. This includes accessible common use areas, doors that are wide enough for wheelchairs, kitchens and bathrooms that allow a person using a wheelchair to maneuver, and other adaptable features within the units.
- 6) Individuals with Disabilities Education Act:** 20 U.S.C. §§ 1400 et seq.; Implementing Regulation: 34 CFR Part 300  
The Individuals with Disabilities Education Act (IDEA) (formerly called P.L. 94-142 or the Education for all Handicapped Children Act of 1975) requires public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA requires public school systems to develop appropriate Individualized Education Programs (IEP’s) for each child. The specific special education and related services outlined in each IEP reflect the individualized needs of each student. IDEA also mandates that particular procedures be followed in the development of the IEP. Each student’s IEP must be developed by a team of knowledgeable persons and must be at least reviewed annually. The team includes the child’s teacher; the parents, subject to certain limited exceptions; the child, if determined appropriate; an agency

representative who is qualified to provide or supervise the provision of special education; and other individuals at the parents' or agency's discretion.

- 7) **National Voter Registration Act of 1993:** 42 U.S.C. §§ 1973gg et seq.  
The National Voter Registration Act of 1993, also known as the "Motor Voter Act," makes it easier for all Americans to exercise their fundamental right to vote. One of the basic purposes of the Act is to increase the historically low registration rates of minorities and persons with disabilities that have resulted from discrimination. The Motor Voter Act requires all offices of State-funded programs that are primarily engaged in providing services to persons with disabilities to provide all program applicants with voter registration forms, to assist them in completing the forms, and to transmit completed forms to the appropriate state official.
- 8) **The Rehabilitation Act of 1973, as Amended** The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment, and in the employment practices of federal contractors. The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in Title I of the Americans with Disabilities Act.
- Section 501 of the Rehabilitation Act of 1973**, as amended: 29 U.S.C. § 791; Implementing Regulation: 29 CFR § 1614.203  
**Section 501** requires affirmative action and nondiscrimination in employment by federal agencies of the executive branch.
- Section 503 of the Rehabilitation Act of 1973**, as amended: 29 U.S.C. § 793; Implementing Regulation: 41 CFR Part 60-741  
**Section 503** requires affirmative action and prohibits employment discrimination by federal government contractors and subcontractors with contracts of more than \$10,000.
- Section 504 of the Rehabilitation Act of 1973**, as amended: 29 U.S.C. § 794; Over 20 Implementing Regulations for federally assisted programs, including: 34 CFR Part 104 (Department of Education); 45 CFR Part 84 (Department of Health and Human Services); 28 CFR §§ 42.501 et seq.; Over 95 Implementing Regulations for federally conducted programs, including: 28 CFR Part 39 (Department of Justice)  
**Section 504** states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service. Each Federal agency has its own set of section 504 regulations that apply to its own programs. Agencies that provide Federal financial assistance also have section 504 regulations covering entities that receive federal aid. Requirements common to these regulations include reasonable accommodation for employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations. Each agency is responsible for enforcing its own regulations.
- Section 508 of the Rehabilitation Act of 1973**, as amended: 29 U.S.C. § 794d  
**Section 508** establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government; requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public. An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides output only in visual format may not be accessible to people with visual impairments, and a system that provides output only in audio format may not be accessible to people who are deaf or hard of hearing. Some individuals with disabilities may need accessibility-related software or peripheral devices in order to use systems that comply with Section 508.

**9) Telecommunications Act of 1996:** 47 U.S.C. §§ 255, 251(a)(2)

Section 255 and Section 251(a)(2) of the Communications Act of 1934, as amended by the Telecommunications Act of 1996, require manufacturers of telecommunications equipment and providers of telecommunications services to ensure that such equipment and services are accessible to and usable by persons with disabilities, if readily achievable. These amendments ensure that people with disabilities will have access to a broad range of products and services, such as telephones, cell phones, pagers, call-waiting, and operator services that were often inaccessible to many users with disabilities.

**10) Voting Accessibility for the Elderly and Handicapped Act of 1984:** 42 U.S.C. §§ 1973ee et seq.

The Voting Accessibility for the Elderly and Handicapped Act of 1984 generally requires polling places across the United States to be physically accessible to people with disabilities for Federal elections. Where no accessible location is available to serve as a polling place, a political subdivision must provide an alternate means of casting a ballot on the day of the election. This law also requires states to make available registration and voting aids for disabled and elderly voters, including information by telecommunications devices for the deaf (TDDs), also known as teletypewriters (TTYs).

From: A Guide to Disability Rights Laws, May 2002; U.S. Department of Justice, Civil Rights Division, *Disability Rights Section*

## **Additional Citations**

**1) Assistive Technology Act of 1998**

Although not included in the Department of Justice's list of laws presented above, the Assistive Technology Act of 1998 is an important law in that it places the responsibility of "assuring" Section 508 compliance with any state that accepts federal monies (see #8 in the above list). Any outsourced information technology project must incorporate Section 508 standards built into its requirement

**2) Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools of 2002:** ANSI/ASA S12.60-2002 Standard

Although not included specifically in the Architectural Barriers Act of 1968, the Acoustical Guidelines for Schools is an important clarification of what an appropriate learning environment is for persons who have hearing or some other disabilities. The development of this ANSI standard was in conjunction with the ADA Architectural and Transportation Board in response to parent complaints about the educational barriers that inappropriate acoustic conditions posed to classroom function and academic achievement of children accessing verbal instruction, with or without use of amplification devices.

## FLORIDA STATUTES

The Florida Statutes were researched to identify those provisions that uniquely address issues of importance to this population. The table that follows lists the Florida statutes identified and their related subject areas. The most significant statutes identified are those pertaining to interpreters in courtroom settings and telecommunications access. There are no provisions for overall coordination of services or adherence to ADA compliance issues for this population. Attorney General Charlie Crist initiated landmark legislation that was signed into law on June 18, 2003. The new law, entitled the Dr. Marvin Davies Florida Civil Rights Act, is a significant historical breakthrough in the Florida Civil Rights movement. The law amends the Florida Civil Rights Act of 1991 enabling the Attorney General to bring civil rights action against those who engage in a pattern or practice of discrimination, or for the issues of great public interest. The law provides the Attorney General with authority similar to that of the United States Attorney General in order to protect the rights of all Floridians.

### FLORIDA LAWS PERTAINING TO DEAF, HARD OF HEARING, & LATE-DEAFENED RIGHTS

- 1) **American Sign Language: Section 1007.2615** Provides for foreign-language credits for American Sign Language and teacher licensing.
- 2) **Education, K-12: Sections 1003.01 – 1003.63** Addresses educational services and provisions for children with disabilities.
- 3) **Education, Instructional Programs: Section 1003.55** Provides for instructional programs for blind or visually impaired students and deaf or hard-of-hearing students.
- 4) **Fire Safety: Section 509.215** Mandates specialized smoke detectors for the deaf and hearing impaired to be available upon request by guests in public lodging establishments.
- 5) **Hearing Aids: Sections 484.0401 – 484.059** Provides specifications for dispensing and fitting of hearing aids, licensure requirements, testing and equipment; provides for a 30-day return policy on hearing aids.
- 6) **Hearing Screening & Hearing Aids (Fla. Kidcare): Sections 409.016-409.953** Describes Medicaid coverage for hearing screening and, if medically indicated, for the treatment of a medical condition, hearing aids (eligible enrollees/Fla.Kidcare).
- 7) **Interpreter Services – Arrest/Custody Situations: Section 901.245** Provides that in the event that a person who is deaf is arrested and taken into custody, the services of a qualified interpreter must be sought prior to interrogation.
- 8) **Interpreter Services – Courtroom Settings: Section 90.6063** Outlines requirements for the provision of qualified interpreters in court; defines “qualified interpreters.”
- 9) **Jury Services of Persons Who are Deaf: Section 40.013** Provides that no one shall be excused from jury duty solely on the basis of being deaf or hearing impaired, if that person wishes to serve, unless the presiding judge makes a finding that consideration of the evidence to be presented requires auditory discrimination or that the timely progression of the trial will be considerably affected.

- 10) **Newborn Infant Hearing Screening: Sections 383.011 – 383.51** Provides a statewide comprehensive and coordinated interdisciplinary program of early hearing impairment screening, identification, and follow-up care for newborns, with a goal of screening all newborns for hearing impairment with referral of children with diagnosed hearing loss to early intervention services in order to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development.
- 11) **Service Dogs: Section 413.08 and 413.081** Provides for the rights of physically disabled persons; use of dog guides or services dogs; discrimination in public employment or housing accommodations; penalties. Provides protections for service animals and users of service animals when the animal is harassed or injured in training or during the use of the services animals; penalties.
- 12) **Telecommunications Access System: Sections 427.701 – 427.708** Provides for telecommunications relay services and the distribution of specialized telecommunication devices to persons who are hearing impaired or speech impaired, at no cost. The public service commission is responsible for overseeing the distribution program.
- 13) **Vocational Rehabilitation Services: Sections 413.011 – 413.74** This chapter pertains to the services provided by vocational rehabilitation, which includes services to deaf/hard of hearing persons. VR services are any services that help an individual, or group of individuals, to achieve an employment outcome, including interpreter services.

## Service Matrix Table of Florida's 67 Counties

COUNTY	1. Information & Referral	2. Advocacy & Support Groups	3. Community Educ & Awareness	4. Sign Language Classes	5. Lip/Speech Reading Classes	6. Communication/Coping Skills Classes
<b>North West Region</b>						
Escambia	yes	yes	yes	yes	yes	no
Santa Rosa	yes	no	yes	yes	no	no
Okaloosa	yes	no	yes	no	no	no
Walton	yes	no	yes	no	no	no
Holmes	yes	no	yes	no	no	no
Washington	no	no	no	no	no	no
Bay	yes	no	yes	no	no	no
Jackson	no	no	no	no	no	no
Calhoun	no	no	no	no	no	no
Liberty	no	no	no	no	no	no
Gulf	no	no	no	no	no	no
Franklin	no	no	no	no	no	no
<b>North Central Region</b>						
Gadsden	yes	yes	yes	no	no	no
Leon	yes	yes	yes	yes	yes	yes
Wakulla	yes	yes	yes	no	no	no
Jefferson	yes	yes	yes	yes	no	no
Madison	yes	yes	yes	yes	no	no
Taylor	yes	yes	yes	yes	no	no
Hamilton	yes	yes	yes	yes	no	no
Suwannee	yes	yes	yes	yes	no	no
Lafayette	yes	yes	yes	yes	no	no
Dixie	yes	yes	no	no	no	no
Columbia	yes	yes	yes	yes	no	no
Union	yes	yes	yes	yes	no	no
Bradford	yes	yes	yes	yes	no	no
Gilchrist	yes	yes	yes	yes	no	no
Alachua	yes	yes	yes	yes	no	no
Levy	yes	no	yes	no	no	no

## Service Matrix Table of Florida's 67 Counties

COUNTY	7. Qualified Interpreting Services	8. FTRI Distribution Centers	9. Deaf and HOH Service Centers	10. Assistive Technology Centers	11. Transition & Employment Services	12. Case Mgmt/Client Assistance Services	13. Deaf/Blind-Specific Services
<b>North West Region</b>							
Escambia	yes	yes	yes	yes	yes	yes	yes
Santa Rosa	yes	yes*	no	no	no	yes	no
Okaloosa	yes	yes*	no	no	no	yes	no
Walton	yes	yes*	no	no	no	yes	no
Holmes	yes	yes*	no	no	no	yes	no
Washington	yes	yes*	yes	no	no	yes	no
Bay	yes	yes*	no	no	yes	yes	no
Jackson	yes	yes*	yes	no	no	yes	no
Calhoun	yes	yes*	yes	no	no	yes	no
Liberty	yes	yes*	yes	no	no	yes	no
Gulf	yes	yes*	yes	no	no	yes	no
Franklin	yes	yes*	yes	no	no	yes	no
<b>North Central Region</b>							
Gadsden	yes	yes*	no	yes	yes	no	no
Leon	yes	yes	no	yes	yes	no	yes
Wakulla	yes	yes*	no	yes	yes	no	no
Jefferson	no	yes*	yes	yes	yes	yes	yes
Madison	no	yes*	yes	yes	yes	yes	yes
Taylor	no	yes*	yes	yes	yes	yes	yes
Hamilton	no	yes*	yes	yes	yes	yes	yes
Suwannee	no	yes*	yes	yes	yes	yes	yes
Lafayette	no	yes*	yes	yes	yes	yes	yes
Dixie	no	yes*	no	yes	no	yes	no
Columbia	no	yes*	yes	yes	yes	yes	yes
Union	no	yes*	yes	yes	yes	yes	yes
Bradford	no	yes*	yes	yes	yes	yes	yes
Gilchrist	no	yes*	yes	yes	yes	yes	yes
Alachua	no	yes*	yes	yes	yes	yes	yes
Levy	no	yes*	no	no	no	no	no

## Service Matrix Table of Florida's 67 Counties

COUNTY	14. Audiology Services	15. Hearing Aid Banks	16. Hearing Screening/Adult	17. Infant Hearing Screening/Follow Up Services	18. Mental Health & Counseling Services	19. After School programs for D/HOH/DB children	20. Captioned movies or theater	21. Captioned local TV news and weather
<b>North West Region</b>								
Escambia	yes	yes	yes	yes	yes	yes	no	yes
Santa Rosa	yes	no	yes	yes	yes	yes	no	yes
Okaloosa	yes	no	yes	yes	yes	no	no	yes
Walton	yes	no	yes	no	yes	no	no	yes
Holmes	yes	no	yes	no	no	no	no	yes
Washington	no	no	no	yes	no	no	no	yes
Bay	yes	no	yes	yes	yes	no	no	yes
Jackson	no	no	no	yes	yes	no	no	yes
Calhoun	no	no	no	yes	yes	no	no	yes
Liberty	no	no	no	yes	yes	no	no	yes
Gulf	no	no	no	yes	yes	no	no	yes
Franklin	no	no	no	yes	yes	no	no	yes
<b>North Central Region</b>								
Gadsden	no	no	no	no	no	yes	no	yes
Leon	yes	no	yes	yes	yes	yes	yes	yes
Wakulla	no	no	no	no	yes	yes	no	yes
Jefferson	no	no	no	no	yes	no	no	no
Madison	no	no	yes	no	no	no	no	no
Taylor	yes	no	yes	no	no	no	no	no
Hamilton	no	no	no	no	no	no	no	no
Suwannee	no	yes	yes	no	yes	no	no	no
Lafayette	yes	yes	yes	no	yes	no	no	no
Dixie	yes	yes	yes	no	no	no	no	no
Columbia	yes	no	yes	no	yes	no	no	no
Union	no	yes	yes	no	no	no	no	no
Bradford	yes	yes	yes	no	no	no	no	no
Gilchrist	yes	yes	yes	no	no	no	no	no
Alachua	yes	yes	yes	yes	no	no	no	no
Levy	yes	yes	yes	yes	no	no	no	no

## Service Matrix Table of Florida's 67 Counties

COUNTY	1. Information & Referral	2. Advocacy & Support Groups	3. Community Educ & Awareness	4. Sign Language Classes	5. Lip/Speech Reading Classes	6. Communication/Coping Skills Classes
<b>North East Region</b>						
Baker	yes	yes	no	no	no	no
Nassau	yes	yes	yes	yes	no	no
Duval	yes	yes	no	yes	yes	yes
Clay	yes	yes	no	yes	no	no
St. Johns	yes	yes	yes	no	no	no
Putnam	yes	yes	yes	no	no	no
Flagler	yes	yes	yes	yes	yes	yes
<b>Central West Region</b>						
Citrus	yes	yes	yes	yes	no	yes
Hernando	yes	no	no	no	no	no
Pasco	yes	no	no	no	no	no
Pinellas	yes	yes	yes	yes	no	yes
Hillsborough	yes	yes	yes	no	yes	no
Manatee	yes	yes	yes	yes	no	no
Sarasota	yes	yes	no	yes	no	no
De Soto	yes	yes	yes	yes	yes	yes
<b>Central Region</b>						
Marion	yes	yes	yes	yes	yes	yes
Sumter	yes	yes	yes	yes	yes	yes
Lake	yes	yes	yes	yes	yes	yes
Seminole	yes	yes	yes	yes	yes	yes
Orange	yes	yes	yes	yes	yes	yes
Osceola	yes	yes	yes	yes	yes	yes
Polk	yes	yes	yes	yes	no	no
Hardee	no	no	no	no	no	no
Highlands	no	no	no	no	no	no
<b>Central East Region</b>						
Volusia	yes	no	no	yes	no	no
Brevard	yes	yes	yes	yes	no	no
Indian River	yes	yes	yes	yes	no	no
Okeechobee	yes	yes	yes	no	no	no
St. Lucie	yes	yes	yes	yes	no	no

## Service Matrix Table of Florida's 67 Counties

COUNTY	7. Qualified Interpreting Services	8. FTRI Distribution Center	9. Deaf and HOH Service Centers	10. Assistive Technology Centers	11. Transition & Employment Services	12. Case Mgmt/Client Assistance Services	13. Deaf/Blind-Specific Services
<b>North East Region</b>							
Baker	yes	yes*	no	yes	yes	no	no
Nassau	yes	yes*	no	yes	yes	yes	yes
Duval	yes	yes	yes	yes	yes	yes	yes
Clay	yes	yes*	no	yes	yes	yes	yes
St. Johns	yes	yes*	no	yes	yes	yes	yes
Putnam	yes	yes*	no	no	no	no	no
Flagler	yes	yes*	yes	yes	yes	yes	yes
<b>Central West Region</b>							
Citrus	yes	yes	yes	no	no	yes	no
Hernando	yes	yes*	yes	no	no	no	no
Pasco	yes	yes	yes	no	no	no	no
Pinellas	yes	yes	yes	yes	yes	yes	no
Hillsborough	no	yes*	no	no	yes	yes	no
Manatee	yes	yes	yes	no	yes	yes	yes
Sarasota	yes	yes*	yes	yes	yes	yes	yes
De Soto	yes	yes*	yes	no	no	yes	no
<b>Central Region</b>							
Marion	yes	yes*	yes	yes	yes	yes	no
Sumter	yes	yes*	yes	no	no	yes	no
Lake	yes	yes	yes	no	no	yes	no
Seminole	yes	yes*	no	no	no	no	no
Orange	yes	yes	yes	yes	yes	yes	no
Osceola	yes	yes*	yes	no	no	yes	no
Polk	yes	yes	yes	no	yes	yes	no
Hardee	no	yes*	no	no	no	no	no
Highlands	no	yes*	no	no	no	no	no
<b>Central East Region</b>							
Volusia	yes	yes	yes	no	no	no	no
Brevard	yes	yes	no	no	no	yes	no
Indian River	yes	yes*	yes	yes	yes	yes	no
Okeechobee	yes	yes*	yes	yes	yes	yes	no
St. Lucie	yes	yes	yes	yes	yes	yes	no

## Service Matrix Table of Florida's 67 Counties

COUNTY	14. Audiology Services	15. Hearing Aid Banks	16. Hearing Screening/Adult	17. Infant Hearing Screening/Follow Up Services	18. Mental Health & Counseling Services	19. After School programs for D/HOH/DB children	20. Captioned movies or theater	21. Captioned local TV news and weather
<b>North East Region</b>								
Baker	no	no	no	no	no	no	no	no
Nassau	yes	no	yes	no	no	no	no	no
Duval	yes	no	yes	yes	yes	yes	yes	no
Clay	yes	no	yes	yes	no	yes	yes	no
St. Johns	yes	no	yes	yes	yes	no	yes	no
Putnam	yes	no	yes	no	yes	no	yes	no
Flagler	yes	no	yes	no	no	yes	yes	yes
<b>Central West Region</b>								
Citrus	yes	yes	yes	yes	no	no	no	no
Hernando	yes	yes	yes	no	no	no	no	no
Pasco	yes	yes	yes	no	no	no	no	no
Pinellas	yes	no	yes	yes	yes	yes	no	yes
Hillsborough	yes	no	yes	yes	no	no	yes	yes
Manatee	yes	no	yes	yes	yes	no	no	yes
Sarasota	yes	yes	yes	yes	yes	no	yes	no
De Soto	yes	yes	no	no	no	no	no	no
<b>Central Region</b>								
Marion	yes	no	yes	yes	no	no	no	yes
Sumter	yes	yes	yes	yes	no	no	no	no
Lake	yes	yes	yes	yes	yes	no	no	no
Seminole	yes	no	yes	no	no	no	no	yes
Orange	yes	no	yes	yes	no	no	yes	yes
Osceola	no	no	yes	yes	no	no	yes	yes
Polk	yes	yes	yes	yes	no	no	yes	no
Hardee	yes	no	no	no	no	no	no	no
Highlands	yes	no	no	no	no	no	no	no
<b>Central East Region</b>								
Volusia	yes	no	yes	yes	no	no	no	no
Brevard	yes	no	yes	yes	no	no	no	no
Indian River	yes	yes	yes	yes	yes	no	yes	yes
Okeechobee	yes	yes	yes	yes	yes	no	no	yes
St. Lucie	yes	yes	yes	yes	yes	no	no	yes

## Service Matrix Table of Florida's 67 Counties

COUNTY	1. Information & Referral	2. Advocacy & Support Groups	3. Community Educ & Awareness	4. Sign Language Classes	5. Lip/Speech Reading Classes	6. Communication/Coping Skills Classes
<b>South West Region</b>						
Charlotte	yes	yes	yes	yes	yes	yes
Glades	no	no	no	no	no	no
Lee	yes	yes	yes	yes	no	no
Hendry	yes	yes	yes	yes	no	no
Collier	yes	yes	yes	yes	yes	yes
<b>South East Region</b>						
Martin	yes	yes	yes	yes	no	no
Palm Beach	yes	yes	yes	yes	yes	yes
Broward	yes	yes	yes	yes	yes	yes
Dade	yes	yes	yes	yes	no	no
Monroe	yes	no	no	no	no	no

### Service Matrix Table of Florida's 67 Counties

COUNTY	7. Qualified Interpreting Services	8. FTRI Distribution Center	9. Deaf and HOH Service Centers	10. Assistive Technology Centers	11. Transition & Employment Services	12. Case Mgmt/Client Assistance Services	13. Deaf/Blind-Specific Services
<b>South West Region</b>							
Charlotte	yes	yes	yes	no	no	yes	no
Glades	yes	yes*	yes	no	yes	no	no
Lee	yes	yes	yes	yes	yes	yes	no
Hendry	yes	yes*	yes	no	no	no	no
Collier	yes	yes*	yes	yes	yes	yes	yes
<b>South East Region</b>							
Martin	yes	yes*	yes	yes	yes	yes	no
Palm Beach	yes	yes	yes	yes	yes	yes	yes
Broward	yes	yes	yes	yes	yes	yes	yes
Dade	yes	yes	yes	no	yes	yes	yes
Monroe	no	yes*	no	yes	yes	no	yes
* Distribution of FTRI telephone equipment and services handled for this county through a regional							
	distribution center located in a nearby county.						

## Service Matrix Table of Florida's 67 Counties

COUNTY	14. Audiology Services	15. Hearing Aid Banks	16. Hearing Screening/Adult	17. Infant Hearing Screening/Follow Up Services	18. Mental Health & Counseling Services	19. After School programs for D/HOH/DB children	20. Captioned movies or theater	21. Captioned local TV news and weather
<b>South West Region</b>								
Charlotte	yes	yes	no	yes	no	no	no	yes
Glades	yes	no	no	yes	no	no	no	no
Lee	yes	no	no	no	no	no	yes	no
Hendry	no	no	no	no	no	no	no	no
Collier	yes	yes	no	no	no	no	no	no
<b>South East Region</b>								
Martin	yes	yes	yes	yes	yes	no	no	yes
Palm Beach	yes	yes	yes	yes	yes	yes	yes	yes
Broward	yes	yes	yes	yes	yes	yes	yes	yes
Dade	yes	no	yes	yes	yes	no	yes	yes
Monroe	no	no	no	no	yes	no	no	no