

# Services to Low Functioning Deaf and Hard of Hearing Persons

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### *Prelude*

This paper represents one of the products of the ongoing collaboration between the directors of three service centers for persons who are labeled as "low functioning" Deaf or Hard of Hearing persons, Community Outreach Program for the Deaf/Valley Center of the Deaf, Lexington Center and the Southwest Center for the Hearing Impaired. This is intended expand the ongoing discussion between service programs, educational programs, schools, advocates, research centers and federal program representatives regarding the challenges that persons who are labeled as "low functioning" present to the education and rehabilitation system.



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### **Introduction and Background**

The effective transition from school to postsecondary programs or permanent employment for Deaf and Hard of Hearing students is a process which poses significant challenges to staff of Vocational Rehabilitation, Special Education, teachers of Deaf students, secondary school programs, families and the students themselves. These challenges include the diversity within the group of persons with hearing loss, the presence of secondary disability, cultural issues associated with Deaf and minority cultural membership, economic status of the family and how these factors affect academic, social and vocational competence.

Within the general population of persons who are Deaf or Hard of Hearing are a group of individuals whose skills and competencies are considered to be significantly below average. These persons have a variety of labels such as under-achieving, multiply handicapped, severely disabled, minimal language skilled, traditionally underserved in addition to "low functioning" Deaf. This group of individuals are Deaf and Hard of Hearing persons who are presumed to experience a number of risk factors: low socioeconomic status, inappropriate diagnosis, foreign born, or from an environment where the spoken language in the home is other than English, lack of access to services, lack of family support, substance abuse, secondary disabilities, minority status, discrimination, residence in very rural or in low income urban settings. As a

consequence of these risk factors, "low functioning" Deaf persons are individuals who, as adults, have limited communication abilities, have difficulty in maintaining employment, demonstrate poor social and emotional skills, and cannot live independently without transitional assistance or support.

Young adults who experience one or a combination of these risk factors are individuals for whom the transition planning and initiation of adult services is most critical. These young people as students function significantly below average because of a medical or psychological diagnosis and can be identified earlier in their academic career as "low functioning." Students who experience the risk factors and for whom no specific diagnosis can be obtained are the group for whom transition planning is less likely but more critical and for whom the label of "low functioning" is less objective. Although no precise epidemiological description of this group yet exists, there is demographic information from a history of research which spans to the early 1970's.

### **Demographic Description of the Population**

Because of inconsistent identification criteria and diagnostic methods, the demographic description of this "low functioning" group and the estimates of the size of the population are primarily derivative. However, a pattern of school based and adult life experience outcomes does emerge from the literature.

The outcome and educational participation status of Deaf and Hard of Hearing students has been monitored on an annual basis by Gallaudet University Center for Assessment and Demographic Studies. In 1996 schools reported 12,963 students enrolled in secondary programs who were of transition age (14-22). Using this as an estimated basis the number of young adults who are in transition from school programs to adult life is in the range of 22,000 individuals. This data is only for those schools reporting, and schools only report those students the school has identified for whom they provide special education support services. The identification of which of these individuals are at risk or are "low functioning" is derived from a review of the historical data.

Issues in transition of Deaf students have been identified as early as 1972 when a study conducted by the University of Arizona surveyed students in 18 states (5,879) indicated that 69% of those students (3,150) were not able to participate in postsecondary programs due to poor academic achievement, poor communication skills and behavior problems and that 55% of the students in this group were inadequately served in postsecondary programs due to lack of program resources. Subsequent studies (1973) indicated that 60% of all students recently leaving high school were not employed. A later study conducted in 1996 indicated that 48% of students left school without a diploma and 40%, the number of Deaf students who receive a high school diploma, is expected to decline as public education follows the lead of the Department of Education and establish exit exams for core subjects. If the individual has a secondary disability or blindness the non-participation rate (no employment or postsecondary program) climbs to 72% of students exiting (Wagner). The students included in this group are clearly meet the definition or are at risk for acquiring "low functioning" status.

The effort to identify a non-college bound, "low functioning" group of transition age students began in the early 1970's. In 1971 Schein identified that 400 of every 1000 students had a secondary disability. That same year the Research and Training Center at the University of Arkansas estimated that 30% of all Deaf persons younger than 16 are functionally illiterate and that 50% of all Deaf persons read below the 4th grade level. The total estimated population of potential "low functioning" persons was given at 100,000. In 1987 Meyers indicated that 20-30% of all Deaf students of transition age were "low functioning" Deaf.

## **Limitations of PEPNet and Postsecondary Programs**

Postsecondary programs, including non-traditional postsecondary programs, are unable to serve persons who are not college bound or who are "low functioning" Deaf because most programs lack trained staff and do not provide dormitories or independent living training. Students who are at the lower end of academic achievement are unlikely to have regular high school diplomas and are unable to participate in the regular programs at these colleges. These individuals participate in developmental or remedial programs within the community college. Community college remedial programs are often used by Vocational Rehabilitation counselors as an inexpensive "holding pattern" for this population because no other options are available. Some states have begun to use a voucher approach to the payment for college with no criteria other than hearing loss being applied. Students can register for multiple years without demonstration of progress. Because many of the students who participate in remedial and developmental are not appropriate for a college setting, these programs are being reduced or eliminated by the colleges who provide them. Postsecondary programs and community colleges have become more outcome-oriented in terms of program completion and the award of degrees or certificates. "Low functioning" persons in developmental programs who never complete a course of study make it appear that the core mission of the college is not being met. The community colleges in the states of Arkansas and New York have already established a maximum for student semester hours in remedial programs. A statement prepared by the PEPNet directors with respect to this population is included in *Appendix A*.

## **Issues For LFD/Non College-Bound Deaf Students**

The current status of these students is much the same as the status of individuals when the Hot Springs Arkansas program for "low functioning" Deaf persons was developed in 1973. At that time transition planning was identified as limited and the outcomes for these students were poor. Resources and programs were unavailable in most parts of the country, a circumstance which continues to be accurate to this day. One of the challenges to transition planning and services is the lack of a single program or funding source and the limitations on program funding eligibility. Services and programs provided are based upon funding eligibility rather than the choice or the need of the consumer. Individuals are served if they are fortunate enough to live in an area of the country where services are available, in a state where VR funding is supplemented, or in a state where VR allows for out of state placements. Finally, as indicated by the PEPNet statement, there is general agreement that existing postsecondary programs are not able to address the needs of this group.

A task force convened in 1989 by the Council of Directors to address the recommendation in the report of the Commission on Education of the Deaf, Toward Equality, Education of the Deaf. Item 20 referenced the non-college bound Deaf, "low functioning" individuals. This task force identified that the few federal funding efforts to address this need were not successful in creating long-term change because there was no subsidy for ongoing services. The task force found that there is no parallel system of financing such as community colleges and postsecondary programs have from federal, state and local governments. Fees paid for services were not sufficient to provide the training programs needed. Private funds and local support cannot address these issues alone, and using VR as the only funding source for such services was not adequate. This continues to be true today where the average cost assigned to a high school student per year is between \$30,000 and \$40,000, the cost for participation in a postsecondary program is in the range of \$15,000 for tuition alone per year. The average resource allocation for a person labeled as "low functioning" in a rehabilitative program is in the range \$2,500 to \$6,000 for the education/training portion of their service program.

This task force made recommendations which were implemented. These included the funding of a Rehabilitation Research and Training Center on Low Functioning Deaf as a single focus center. This center was funded for a five-year

period and the charge for research for this population has become one of the several populations addressed by the Rehabilitation Research and Training Center at the University of Arkansas with no additional funding.

The task force also recommended competitive funding for up to six direct service centers. In fact funding was made available for supporting two centers simultaneously and four different centers were funded, two for one year, one for three years and one for six years. Funding for these centers was discontinued in 1996 and the priority for "low functioning" Deaf was deleted from the priorities in the Rehabilitation Services Administration grant priorities. Additional funds were allocated for supported employment projects for "low functioning" Deaf persons for two projects to be funded for a three-year period. These projects were deleted from the grant priorities.

This task force further recommended that long-term federal support be developed for a model for "low functioning" Deaf persons similar to the Helen Keller National Center or Gallaudet University Regional Centers models. This model would consist of a national network of programs which would link to a postsecondary consortium to provide the full range of services to Deaf and Hard of Hearing students as they exit school programs.

### **Current Issues for "Low Functioning" Deaf and Hard of Hearing Persons**

The paper "Concepts and Premises in Transition Planning and Programming, Empowerment Through Partnership" by Danek and Busby (available through Gallaudet University) identifies four areas of critical concern for the successful transition of Deaf and Hard of Hearing students. These areas include education, rehabilitation, environmental factors, and the family. These are expanded upon in this document to address the needs of "low functioning" Deaf and Hard of Hearing youth in transition and as they are supported through their adult life.

#### **Education**

"Low functioning" Deaf and Hard of Hearing persons are served in the full range of secondary education programs. Schools face significant challenges in reconciling the needs of these students with the individual state education standards to fulfill academic requirements in school programs and the lack of resources or expertise to serve these students in career preparation programs. Because many of these students do not fit specific diagnostic categories, they are often identified as students with "non-specific" learning disabilities or as students with behavioral or social adjustment problems. Once completing high school, the provision of remedial studies programs to prepare these students for postsecondary participation are often lengthy, not career-oriented, and do not lead to training or employment in a specific field. These students experience failure in community college programs, even those designed as "preparatory." These individuals are unable to use interpreter services as the means to access training or academic programs designed for hearing persons because they require direct instruction in the language or communication method in which they are fluent.

#### **Rehabilitation**

The vocational rehabilitation program, although a federal program, is in fact a program which is implemented as 53 different programs by the states and the trust territories. States implement a variety of policies which are not supportive of effective programs and services to "low functioning" Deaf persons from transition through adulthood. These policies include payment policies which limit fees for employment support services to fees paid only upon placement irrespective of the needs of the consumer, a bias against comprehensive services which limits independent living training and other support services and the emphasis on short term solutions of placement without long term support. The type of services and

supports received by a "low functioning" Deaf or Hard of Hearing person is correlated with eligibility for funding sources and the state of residence rather than a function of the need for services or the choice of the individual. These issues in combination with a school, societal, and state agency bias toward postsecondary participation as "college" programs rather than community rehabilitation programs create a barrier to "low functioning" Deaf and Hard of Hearing persons being served by the state vocational rehabilitation agency.

### **Environment**

Students who are in high school who have additional disabilities or who are "low functioning" have been labeled as the "failures" for the education system. And in fact they are more likely to have little academic success, have behavior problems, and create the greatest challenge in transition planning to due the need for comprehensive services over extended periods of time. If "low functioning" persons are sent to developmental programs in secondary institutions, they are again labeled as individuals who cannot achieve, are not appropriate for an academic setting, and are individuals who the college administrations want to reduce on their campuses. Because the services are not appropriate, these individuals do not succeed and do not complete college programs. These unsuccessful students skew the evaluation data for the overall success rate for appropriately placed Deaf and Hard of Hearing students in postsecondary programs. These negative experiences lead to the perception that "low functioning" persons are not capable of successful participation in rehabilitation programs. This belief further extends to the areas of employment and independent living. The "failure" syndrome is further reinforced by the lack of skilled professionals and programs capable of providing the training, services, and supports required for success. This environment perpetuates the cycle of dependence on government income support programs such as SSI.

Persons who are "low functioning" have low social status within the Deaf community due to their often idiosyncratic communication styles. These individuals may require communication intermediaries who are capable of eliciting information and interacting in social as well as programmatic settings.

Finally, there is a general misunderstanding in programs not providing services to Deaf persons, such as Centers for Independent Living, that full access to services and supports can be provided by the use of interpreters. Although interpreters are a critical means of access for Deaf persons, persons who are "low functioning" often are unable to use interpreters and require direct communication with service personnel for all services and supports. Although many of the services within the mandate of the Centers for Independent Living are included in the range of the services and supports that are needed, one key component is supervised living arrangements (a requirement of a Title VII ILC is that it be non-residential) and the other is employment-related training and supported employment.

### **Family**

There are several critical issues for families of transition age and adult "low functioning" Deaf persons. Less than 2% of parents of Deaf children will learn sign language. For families of "low functioning" persons this language issue is further compounded by the fact that 40% of "low functioning" persons are from families whose first language is not English. Even though the overall number of Deaf students in school programs decreased by 12%, the number of children of Hispanic families increased by 28%. These families are often overwhelmed by the multiple needs of their child or adult family member. The Rehabilitation Research and Training Center on Traditionally Underserved Deaf and Hard of Hearing Persons at Northern Illinois University identified that the majority of persons labeled as "low functioning" are from families at or below the poverty level so that purchasing services is not an option for these families at the secondary or postsecondary level.

The history of failure within school settings for these families with their children leads them to have very low expectations of competence in most life activities. Families are often unaware of the options for employment or training their child could have if resources were made available. These reduced expectations often lead to overprotection of the adult persons with little opportunity for the individual to gain new skills or make decisions.

Finally, for services and resources to be effective they must be provided in the context of the primary culture of the family so that services are relevant and understandable for them.

## **Issues for Community Rehabilitation Programs**

### **Funding**

Funding for postsecondary options for persons who are LFD has been inconsistent. "Musical" grants for programs has lead to inconsistent eligibility, program services, and model development. As has been stated, fees for services from the state VR agency are not sufficient to address the long-term comprehensive needs of this population. These individuals are in the category of the most severely disabled, yet fees for service are set at the same rate as programs for persons with less significant disabilities. Services provided by community rehabilitation programs are not valued by the vocational rehabilitation system and negative cost benefit and cost value comparisons are made with college and technical training programs.

Some individuals who are labeled as "low functioning" are eligible for federal programs such under the long-term care provisions of the Social Security Act, Medicaid Title XIX. Because of the entitlement nature of this program, those individuals qualify for financial support for comprehensive programs of home and community-based supported living, day treatment, and long-term support for supported employment. Individuals eligible for this program or other categorical state funding are served in community rehabilitation programs. At the same time there are no funds available for any services for persons without a specific eligibility diagnosis. This feast or famine dichotomy in the funding system creates serious inequities for individuals, families, and the community rehabilitation programs attempting to meet the needs of this population.

### **Personnel Preparation**

There continues to be a chronic shortage of persons who possess professional competencies in education, rehabilitation, social work, interpreting, psychology, and mental health in combination with the language expertise necessary to serve persons who do not use standard American Sign Language or other standard forms of communication. This shortage of trained personnel has lead to misdiagnosis, inappropriate educational placement, incorrect eligibility determination, poor rehabilitation planning, inadequate postsecondary program services and, ultimately, poor outcomes for Deaf and Hard of Hearing persons with a "low functioning" label. Because of the lack of individuals with dual competencies, programs rely on the services of interpreters (also in short supply) as the means to provide education and rehabilitation services. The use of interpreters is not the optimum solution for access for this population and should not continue to be the standard of access for services. University programs, short term training, pre-service, and in-service training for all levels of staff must be targeted as part of a comprehensive approach.

### **Research and Model Development**

There is a 20-year history of sporadic funding for direct service programs for "low functioning" Deaf persons. In

contrast, there is a longer and stable history of funding for colleges and other postsecondary programs for Deaf and Hard of Hearing persons. Unlike postsecondary programs for Deaf persons, funding for direct services for "low functioning" persons has been uncertain, without consistent intent, without continuity, and without a clearly defined expectation. The research efforts have been limited to a single five-year project and the resources have not been made available for a coordinated study of population characteristics, effectiveness of assessment, and service delivery methods and outcomes. The lack of funding continuity has also prevented the development of a national model of services for this population. Consequently, service programs for this population have not had the advantages of the postsecondary programs in analysis of the effectiveness of alternate models and the development of the level of sophistication needed to create the national network of training and technical assistance which is characterized in the PEPNet consortium.

### **Outcomes of Three Service Center Programs**

Three of the programs which were funded as Low Functioning Deaf Service Center Projects – Lexington Vocational Center in New York and New Jersey; Southwest Center for the Hearing Impaired in Texas; and Community Outreach Program for the Deaf/Valley Center of the Deaf in Arizona, New Mexico and the Native American nations within those states – continue to operate. With federal support these programs achieved significant outcomes for "low functioning" Deaf and Hard of Hearing persons in employment and independent living. The contrast of these outcomes with the success and stability of the traditional college and technical training programs, the statement made by the PEPNet consortium which is contained in this paper has resulted in the identification of a specific problem, the proposal of a development of a model of services, and specific recommendations which will create a framework to achieve this goal.

### **Problem Statement**

Transition planning and post high school services for "low functioning" Deaf and Hard of Hearing persons are inadequate because of the limited employment related training, supported living alternatives and independent living skills training options available in communities at a national level. Persons labeled as "low functioning" are not served in the postsecondary programs within PEPNet due to the lack of resources to address the comprehensive, specialized needs of this population of persons. As a consequence an alternative model of services is required.

## **National Model for Services to Low Functioning Deaf and Hard of Hearing Persons**

### **Description of the Current Collaboration**

Lexington Vocational Center, Southwest Center for the Hearing Impaired, and Community Outreach Program for the Deaf/Valley Center of the Deaf have entered into a letter of agreement to create a national network of services for persons who are "low functioning" Deaf or Hard of Hearing. This LFD Service Program Network will add a fourth program so that the regional representation will be the same geographic distribution as PEPNet. The goals of this agreement to collaborate are:

- Create a referral network for direct services to "low functioning" Deaf and Hard of Hearing persons.
- Provide cross-training for staff of the organizations within the network and provide outreach services to assist in direct services to "low functioning" Deaf and Hard of Hearing persons.
- Provide training to other programs and individuals interested in services to "low functioning" Deaf and Hard of Hearing persons through participation at workshops, conferences, and training at the local and national level.
- Create a single national level advisory board for the development of a national focus for "low functioning" Deaf and

Hard of Hearing persons.

- Collaborate to develop a national model of services for "low functioning" Deaf and Hard of Hearing services through advocacy and resource development.

### **Limitations of the Current Collaboration**

This collaboration that is identified in a letter of agreement is seriously limited in the scope of activities for several reasons:

- All three service centers have reduced their operations in the past year.
- All three service centers function in a fee for service environment. Funds are seriously limited for travel, research, training and planning activities. Persons are referred for services with program decisions being controlled by the third-party payer much like in a managed care environment.
- The inconsistency of eligibility of "low functioning" persons for funding for direct services places serious limitations on services provided within programs as well as inter-program referrals.
- Funds are seriously limited for the development and maintenance of a common database to support the need for research into population descriptors, programs, and outcomes.

## **Description of Model Development**

### ***Phase 1: Development of a Direct Service Network***

***Years 1-5***

#### **Key Objective**

Secure funding for the planning, design, and implementation of a direct service network which is modeled on the Helen Keller National Center. This network would include a national campus-based program which would be accessible to citizens of any state. This central campus-based program would be linked to three or more regional sites to assist with population identification, services in home communities, referral the national campus, and support with reintegration into home communities when campus-based training and services are completed.

#### **Critical Objective**

Develop a consensus for system change among key stakeholders as part of the planning process. Implement the systems change agenda, to assure long term stability for programs for "low functioning" Deaf and Hard of Hearing persons.

#### **Key Participants**

Phase I of the model development will require the participation of different groups for in the key activities of the model.

Direct service model development. The key participants include the LFD Service Program Network, representatives from OSEP and RSA at the federal level, Vocational Rehabilitation at the state level, representative consumer organizations, consumers and consultants from Helen Keller National Center, parents, and schools.

Creation of a systems change agenda. The key participants include the LFD Service Program Network, the Rehabilitation Research and Training Centers at the University of Arkansas, the California School of Professional Psychology, San Diego State University, Virginia Commonwealth University, the PEPNet consortium, OSEP, RSA,

NIDRR, consumers, representative consumer organizations, the Council of Organizations, and CAN.

Develop a research agenda for "low functioning" Deaf and Hard of Hearing persons. The key participants include the LFD Service Program Network, representatives from NIDRR, the Research and Training Center at the University of Arkansas, consumers, representative consumer organizations, the Research and Training Center at the California School of Professional Psychology, and other consultants in demographics and epidemiological studies.

### ***Phase II: Development of a Technical Assistance Network***

***Years 4-8***

#### **Key Objective**

Expand the geographic range of services for "low functioning" Deaf and Hard of Hearing persons through the development of local community capacity in the form of community rehabilitation programs, Centers for Independent Living, and Deaf-operated organizations and agencies. This capacity building activity will combine training and technical assistance in the provision of direct services, model development, staff development, and identification of resources for direct services.

#### **Critical Objective**

The implementation of funding of sufficient scope and stability to assure model development, the creation of a research focus, the provision of direct services, and access to these services on a nationwide basis through the collaboration of all key participants.

#### **Key Participants**

Defining the technical assistance network. The key participants to this activity are the members of the PEPNet Consortium, the LFD Service Network, Centers for Independent Living, Deaf service organizations, Rehabilitation Research and Training Center at the University of Arkansas.

Implementation of the technical assistance network. The key participants in this activity are the members of the PEPNet consortium, the LFD Service Network, representatives from OSEP and RSA, and the Rehabilitation Research and Training Center at the University of Arkansas.

Evaluation of the Development and Implementation of the Network. Key participants in this activity are the LFD Service Network, NIDRR, the Rehabilitation Research and Training Center at the University of Arkansas, consumers and consumer representative organizations.

### ***Phase III: Full Implementation, Research and Evaluation***

***Years 6-10***

#### **Key Objective**

Create a longitudinal basis for the evaluation of the program model for direct services, training and technical assistance on the access to services, outcomes and costs for persons who are "low functioning" Deaf and Hard of Hearing.

#### **Critical Objective**

Assure that financial support for the development of the model achieves stability through the full participation of

key participants at each phase of the process.

### **Key Participants**

The key participants for this phase must include all of the stakeholders identified in each phase of the process. The long term commitment of these individuals and organizations is essential to permanent systems change.

## **Specific Recommendations for Implementation**

### **Short Term Actions**

Action 1: It is recommended that RSA, NIDRR, and OSEP coordinate efforts to identify the financial resources in the current fiscal year to fund the Rehabilitation Research and Training Center at the University of Arkansas to implement the planning activities for "low functioning" Deaf and Hard of Hearing persons identified in the model presented.

Action 2: It is recommended that RSA, NIDRR and OSEP coordinate efforts to identify financial resources in the current fiscal year for the computer hardware and software necessary to create a common database for the identification of the population of "low functioning" Deaf persons currently receiving services.

Action 3: It is recommended that the members of the PEPNet Consortium provide financial support, technical assistance, and consultation in the application of the inter-program evaluation model used currently in the assessment of college and technical training programs offered for Deaf and Hard of Hearing persons in the current fiscal year.

### **Long Term Actions**

Action 1: It is recommended that OSERS require that states include the needs of the most severely disabled, "low functioning" Deaf and Hard of Hearing persons in their Comprehensive System of Personnel Development (CPSD) plan.

Action 2: It is recommended that beginning in fiscal year 1998-1999 or 1999-2000 that NIDRR, OSEP and RSA identify funds for the first five years for the development and implementation of a direct service, education, rehabilitation and outreach program that includes a campus-based and regional program affiliation for improving and maintaining services to "low functioning" Deaf and Hard of Hearing persons.

Action 3: It is recommended that policy level discussions be initiated beginning with program year 1998-1999 between RSA and Social Security to identify creative solutions to the over-dependence of persons who are labeled "low functioning" on the income support programs rather than employment options offered through the demonstration grants available from Social Security.

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## *Appendix A*

### **PEPNet Position on LFD Services**

(February 6, 1998)

#### **The Charge**

"Encourage the use of consortia of postsecondary education institutions and other cooperative arrangements to provide services and assistance to students who are Deaf and Hard of Hearing, including coordination of postsecondary education options with existing public and private community services that may address the education, remedial, support service, and transitional, independent living, and employment needs of individuals who are Deaf and Hard of Hearing". (Goal g, Federal Register, Vol. 61, No. 127, Monday, July 1, 1996/Notices).

#### **Background**

The Postsecondary Education Programs Network (PEPNet - comprised of the Midwest Center for Post Secondary Outreach at St. Paul Technical College, St. Paul, MN; Northeast Technical Assistance Center at the National Technical Institute for the Deaf, Rochester Institute of Technology, Rochester, NY; Postsecondary Education Consortium at The University of Tennessee, Knoxville, TN; and Western Region Outreach Center and Consortia at California State University Northridge in Northridge, CA) is funded by a grant from the U.S. Department of Education, Office of Special Education and Rehabilitative Services, for a duration of five years, 1996-2001. Each of the four regional centers is to receive a grant in the amount of at least \$1 million per year. These funds are to "provide technical assistance to a range of postsecondary institutions, including academic, vocational, technical, continuing, and adult education programs, to expand the array of educational opportunities within the region that are available to students who are Deaf and Hard of Hearing. The centers must provide technical assistance to institutions currently not serving students who are Deaf and Hard of Hearing to assist them to develop services. The centers must also provide technical assistance to institutions currently serving students who are Deaf and Hard of Hearing to assist them to improve existing programs.

Given the charge that the U.S. Department of Education has decreed to the four regional centers, it is our understanding that the regional centers must use the funds to provide only technical assistance, not direct services. In addition, given the current direction of the United States' welfare system towards "workfare", it strikes us as unusual that the funding was cut for services for low functioning individuals who are Deaf and Hard of Hearing. These were the services that provided comprehensive services and training, work evaluations, job coaches, job placement, and follow-up, which resulted in the employment of "low functioning" Deaf individuals, thus reducing, if not eradicating, their dependence on the social welfare system.

#### **PEPNet Position and Summary**

It is the position of the PEPNet that funding should be provided for both direct services and technical assistance to the programs which have demonstrated knowledge and skill in working with "low functioning" Deaf individuals. The limited funding provided to PEPNet now is not sufficient to provide technical assistance to agencies and programs serving "low functioning" Deaf. We recognize this is a significant and important part of the spectrum of educational opportunities within the nation that are available to students who are Deaf and Hard of Hearing.

Succinctly, PEPNet encourages OSERS to reconsider its elimination of funding for direct services to this population. Granted, the funding has already been eliminated, however, we encourage OSERS to re-evaluate its decision

and consider refunding services to this population, for both direct services and technical assistance.