



N.C. Division of Services
for the Deaf and the Hard of Hearing

Three Year Strategic Plan

2011 - 2014

**Enabling Equal Access,
Effective Communication and
Full Participation in Society**

www.ncdhrs.gov/dsdhh



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Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

January 3, 2012

Dear Fellow North Carolinians:

The North Carolina Department of Health and Human Services is pleased to present the Division of Services for the Deaf and the Hard of Hearing's 2011-2014 Strategic Plan. The Division sought input from a range of individuals and groups to address the needs of the current and growing population of North Carolinians with hearing loss. Using existing financial and staff resources, the Plan focuses on building capacity, developing partnerships and targeting outreach to expand the current level of service and individuals served.

This Plan is the result of consultation with consumer organizations, the North Carolina Council for the Deaf and the Hard of Hearing, and Division staff to identify gaps in service delivery and opportunities for improving how services are delivered. The Plan describes new strategies and/or resources to improve communication access and independent functioning for Deaf, Hard of Hearing, and Deaf-Blind consumers in specific and measureable ways.

The Plan is available on the Division of Services for the Deaf and the Hard of Hearing's website with links to additional information on hearing loss and available services.

The Division is proud of its accomplishments and looks forward to continuing to seek and improve opportunities for citizens with hearing loss.

Thank you for your interest in increasing communication access opportunities for the Deaf, Hard of Hearing, and Deaf-Blind citizens in North Carolina.

A handwritten signature in black ink that reads "Lanier M. Cansler". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Lanier M. Cansler



Introduction

Overview

The vision of the North Carolina Department of Health and Human Services (DHHS) is that all North Carolinians will enjoy optimal health and well-being. To that end, the mission of the N.C. DHHS is, in collaboration with our partners, to protect the health and safety of all North Carolinians and provide essential human services.



The Division of Services for the Deaf and the Hard of Hearing (DSDHH) in collaboration with other state and local agencies and organizations works to provide Deaf, Hard of Hearing and Deaf-Blind North Carolinians and their families the information, skills and tools they need to achieve effective communication and access to resources in their communities, resulting in independence and full participation in society.

DHHS values a customer-focused and collaborative management model, known as DHHS Excels that considers the whole person/family needs rather than parts of the family or individual and measures success in meeting goals (see www.ncdhhs.gov/excel). Accountability,

through measureable results, is a key component of DHHS Excels.

In keeping with the values of DHHS Excels, DSDHH engaged pertinent consumer organizations, the North Carolina Council for the Deaf and the Hard of Hearing, and staff at both the state and local levels in identifying gaps in service delivery and opportunities for improving both what and how services are provided.

The customer-focused collaborative process resulted in the DSDHH Three-Year Strategic Plan of action for service improvement in specific and measureable terms.

Legislative Mandates

The DSDHH is charged with providing a range of services to enhance the capacity of Deaf, Deaf-Blind, and Hard of Hearing North Carolinians to achieve independence and full participation in their communities. Therefore, the DSDHH must be responsive to communication needs in many broad areas such as emergency preparedness, alerting and response; housing; transportation; law enforcement; health

care; judicial systems; educational institutions; and so forth.

There are a number of state and federal laws that impact the DSDHH's role. (See Appendix A for a list of selected citations and website links.)

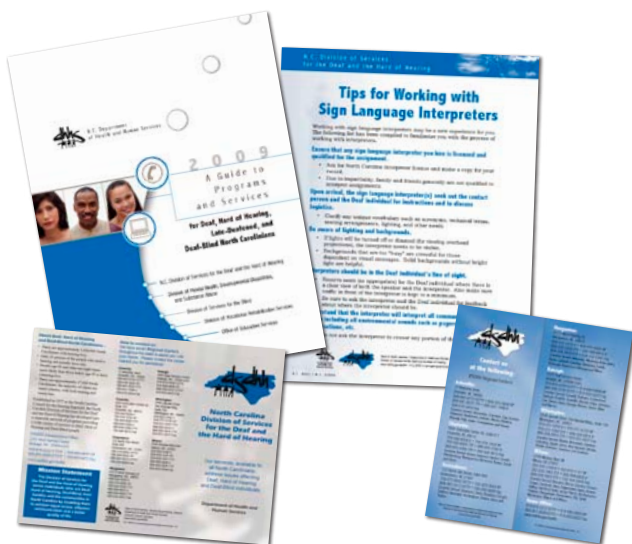
NCGS 143B-216.33 gives the DSDHH responsibility for:

- providing a network of resource centers for local access to services;
- promoting public awareness of the needs of, resources for, and support available to deaf and hard of hearing individuals;
- providing technical assistance to agencies and organizations in the development of services for the deaf and hard of hearing;
- training and skill development programming to enhance the competence of individuals seeking license or are currently licensed as sign language interpreters or transliterators;

- reviewing existing programs for persons who are deaf or hard of hearing and making recommendations to the Secretary of the DHHS and the Superintendent of the Department of Public Instruction for improvements to programs operated by those agencies; and
- collecting, studying, maintaining, publishing, and disseminating information on all aspects of deafness.

The General Assembly, through NCGS 62-157, recognizes the importance of communication access by allowing the Utilities Commission to impose a surcharge on telephone bills to provide communication access for individuals who are deaf and those with various stages of hearing loss. As part of its ongoing duties, the DSDHH is responsible for promoting and ensuring communication access through RelayNC and the Equipment Distribution Service.

According to the North Carolina Aging Services Plan, North Carolina ranks 9th in the size of the population age 60 and older. By 2030, it is anticipated that the number of senior citizens in North Carolina will almost double. As the Aging Services Plan notes, communities must be prepared to address the needs of vulnerable older citizens as well as leverage the experience and abilities older citizens can offer. In recognition of the changing demographics,



Governor Beverly Perdue issued Executive Order 54 which requires state agencies to assess their readiness to serve the aging population and develop strategies and plans to address the needs of the aging population. Data shows that a significant portion of older adults have hearing loss and, as the aging population increases, so will the incidence of hearing loss. The DSDHH supports Executive Order 54 by providing information on transportation, emergency preparedness and support for senior citizens with hearing loss.

Federal laws such as the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 contain requirements for full communication access. Despite the fact that these laws have been on the books for over 20 years, Deaf and Hard of Hearing individuals still face communication barriers when seeking or receiving services.

Consider these examples:

- Deaf and Hard of Hearing individuals cannot receive notification of emergencies in the same way that hearing individuals do. TV notices are not always captioned or signed. While weather radios with texted alerts are available, they are limited in the information that can be conveyed. Smart phones are useful in addressing this issue but they may be financially prohibitive to many.



- Emergency shelters do not routinely provide sign language interpreters. Deaf and Hard of Hearing individuals may not have the needed information.
- Airports and flights generally provide only voice notices of gate changes, flight status, weather, and so forth.
- Even where assistive devices are available, staff at many service agencies such as hospitals and social services may not have the knowledge to effectively use the devices with their clients with hearing loss.
- A doctor needs to explain the benefits and risks of a particular treatment. It is especially crucial that the Deaf individual understand the doctor so that he or she can make an informed decision about treatment. However, this usually is not possible without the service of a sign language interpreter.

- First responders and law enforcement officers need to understand how to communicate during an emergency or a traffic stop/arrest; miscommunication has been known to lead to adverse, even dire, consequences.

Many service providers and businesses do not understand their responsibility for ensuring effective communication. It is the role of the DSDHH to provide agencies, organizations and individual providers with the technical assistance and knowledge about how to comply with applicable laws.



DSDHH Customers and Prevalence of Hearing Loss



The inability to hear language has a profound effect on an individual's full participation in society (e.g., employment, education, health care). A common language is the most singularly unifying factor within any given culture. It is the primary vehicle by which our thoughts, ideas, feelings, and information are communicated to others. When hearing and/or speaking "normally" is not possible for an individual, that person is automatically excluded from full participation within his/her society, regardless of intellectual and/or creative ability. Often even deaf individuals with superior intellectual ability and sophisticated language proficiency are unable to develop speech to the point that it can be used for effective communication. Therefore, in order for a deaf individual to participate and advance in society, it is necessary to intervene throughout the individual's life with effective "vehicles" of communication (e.g., interpreters, transliterators, communication devices, individualized education and training). If problems encountered because of deafness are further complicated by blindness, mental retardation, learning disabilities, and/or other handicapping conditions, the individual encounters exponentially greater barriers to success within his/her society.

The DSDHH serves three distinct populations: Deaf, Hard of Hearing, and Deaf-Blind individuals. Each faces different challenges and approaches to communication. Because of the uniqueness of each population, the DSDHH has specialized positions to address their needs. Due to its limited resources, the DSDHH reaches only a small proportion (one percent) of the approximately one million adult Deaf and Hard of Hearing individuals ages 18 and older in North Carolina.

Hearing loss crosses all ages, genders, races, national origin, socioeconomic status, and geographical location. As a result, the DSDHH serves a very diverse population. Hearing loss also indirectly touches the lives of many other North Carolinians, including family members, employers, businesses, emergency services personnel, and other service providers. The DSDHH's customers include all North Carolinians who have questions, concerns or needs affecting Deaf, Hard of Hearing and Deaf-Blind individuals. Customers served include but are not limited to the following:

Individuals:

Deaf, Hard of Hearing, Deaf-Blind, Visually-Impaired Hard of Hearing, family members, Children of Deaf Adults, Speech-Impaired

Private and Public Agencies:

Federal, state and local government agencies, law enforcement agencies, judicial systems, human service agencies, emergency service agencies

Medical and Health Care Facilities:

Public and private hospitals, medical and dental offices, counseling centers, nursing facilities

Community Organizations:

Self-help and support groups, Chambers of Commerce, United Way, public libraries, museums, faith-based organizations, consumer-based organizations, Parks and Recreation

Education Services:

Public and private schools, colleges and universities, vocational schools

Businesses:

Retail stores and chains, hotels, realtors, restaurants, corporations

Over one million adult North Carolinians have hearing loss. That is one out of seven adults, ages 18 and older, in North Carolina, including 28% of those ages 65 to 74 and 43% of those aged 75 and up. Tables 1 and Graph 1 provide a summary of projected hearing loss in North Carolina. (Refer to Appendix B for projected hearing loss by county and regional office.) Approximately 95% of the one million adults with hearing loss could benefit from the use of hearing aids and other assistive listening devices. However, only 23% of adults with hearing loss currently use assistive aids (see Table 2). Due to the explosive growth of the overall and aging population in North Carolina, hearing loss is expected to become even more prevalent (see Table 3).



National studies have found a correlation between untreated hearing loss and lost income. In other words, those with untreated hearing loss make less money, on average, than their hearing counterparts. Untreated hearing loss in North Carolina is estimated to result in lost income of \$3.2 billion per year. This equates to lost annual tax revenue of \$477.5 million.

Table 1: Percentage of Hearing Loss by Age Group in North Carolina, 2008			
Age Group	Total	No. Hearing Loss	Percent Hearing Loss
18 and older	7,009,996	1,072,929	15.3%
18-64	5,870,528	681,568	11.6%
65-74	631,744	174,867	27.7%
75 and older	507,724	216,494	42.6%

Source: The Impact of Hearing Loss in Older Adults in North Carolina, Report to the N.C. General Assembly and the N.C. Study Commission on Aging, DSDHH, November 1, 2010, from Table 3, p 9.

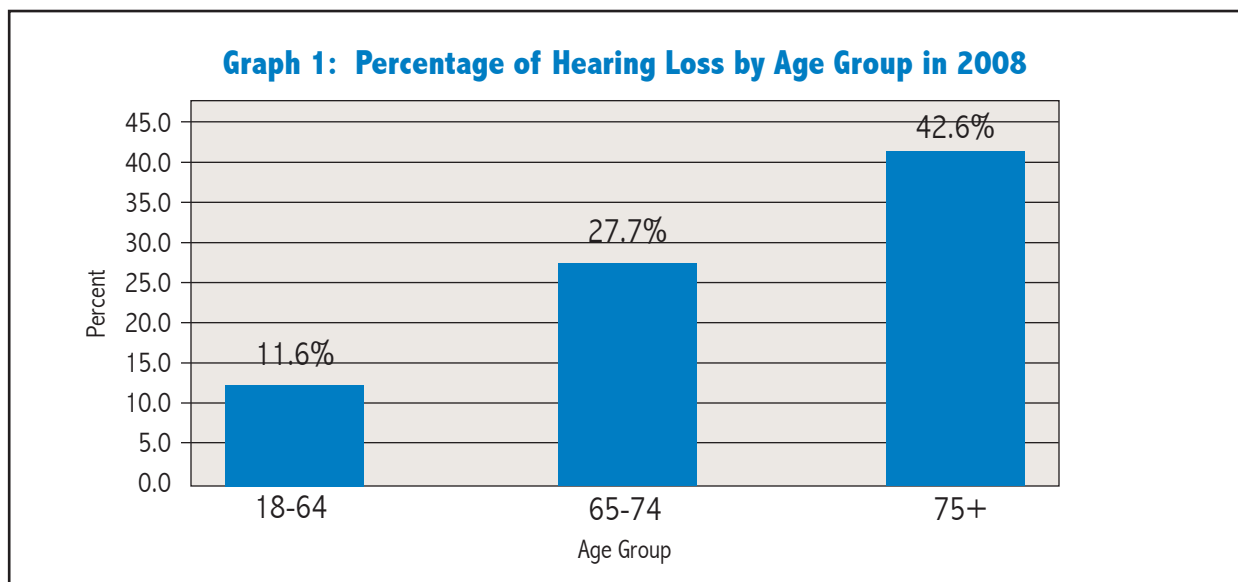


Table 2: 2008 Estimated Hearing Loss, Ages 18 & Up	
Total NC Population, Ages 18 & Up	7,009,996
NC Population with Hearing Loss, Ages 18 & Up	1,072,929
Percent of NC Population with Hearing Loss	15.30%
No. Who May Benefit from Assistive Aids	1,019,282
No. Using Assistive Aids	234,435
Percent Currently Using Assistive Aids	23.0%
No. Not Using Assistive Aids	784,847

Source: The Impact of Hearing Loss in Older Adults in North Carolina, Report to the N.C. General Assembly and the N.C. Study Commission on Aging, DSDHH, November 1, 2010, pp. 8, 9 and 11.

Table 3: North Carolina Population with Hearing Loss, Ages 18 & Up, 2008 & 2029						
Age Group	2008 NC Popn w/ Hear Loss	Percent of Hear Loss Popn	Projected 2029 NC Popn w/ Hear Loss	Percent of Hear Loss Popn	Increase in Hear Loss Popn	Percent Increase in Hear Loss Popn
18-64	681,568	63.52%	892,906	52.27%	211,338	31.01%
65-74	174,867	16.30%	386,371	22.62%	211,504	120.95%
75+	216,494	20.18%	428,867	25.11%	212,373	98.10%
Total	1,072,929	100.00%	1,708,144	100.00%	635,215	59.20%

Source: [The Impact of Hearing Loss in Older Adults in North Carolina](#), Report to the N.C. General Assembly and the N.C. Study Commission on Aging, DSDHH, November 1, 2010, p 9, Tables 3 and 4.

Approximately two-thirds of the individuals receiving client services or equipment are senior citizens.

Table 4: Comparison of Hearing Loss Population to Program Participation by Age Group						
Age Group	2008 NC Popn w/ Hear Loss	% of Hear Loss Popn	SFY 2010 Regional Center Clients	% of Regional Center Clients	SFY 2010 Equipment Distribution Service Clients	% of Equipment Distribution Service
18-64	681,568	63.52%	2,265	35.99%	1,300	27.15%
65-74	174,867	16.30%	1,130	17.95%	947	19.78%
75+	216,494	20.18%	2,899	46.06%	2,541	53.07%
Total	1,072,929	100.00%	6,294	100.00%	4,788	100.00%

Source: [The Impact of Hearing Loss in Older Adults in North Carolina](#), Report to the NC General Assembly and Study Commission on Aging, DSDHH, November 1, 2010. Client Services by Age and EDS by Age, queries dated 8/27/10.

Employees and Service Providers

The DSDHH relies on both staff and a range of providers to ensure communication access for the Deaf, Deaf-Blind and Hard of Hearing. Specialization is necessary to ensure effective delivery of services. The DSDHH has 70.75 employees that provide communications services statewide. Included in the number of full-time employees are administrative office staff that provide services to state agencies and organizations, determine eligibility for the Equipment Distribution Service, establish and coordinate services policy, and oversee the Relay contract. (See Appendix A for website links to more information on the services for businesses, families and individuals.)

The DSDHH's major areas of focus are Deaf, Hard of Hearing, and Deaf-Blind communication access, emergency preparedness and technology. A variety of programs and services are provided by seven regional centers to meet clients' needs: Advocacy and Consultation, Communication Support, Information and Referral, Workshops and Training, and Outreach (see Appendix A for additional information). These regional centers provide services to clients in all one hundred counties in the state of North Carolina. Regional Centers are located in Asheville, Charlotte, Morganton, Greensboro, Raleigh, Wilson and Wilmington. Regional centers are a vital link to community resources for the clients and agencies that DSDHH serves.



DSDHH Services

The DSDHH offers assistance through five categories of services. A detailed description of the core activities and target audience and how these fit within the DHHS goals and objectives are described in Appendix C.

1. Services to Agencies and Organizations – State Level

DSDHH central office professional staff provide consultation, training, and technical assistance to federal and state level agencies in North Carolina on a wide range of communication access issues.

2. Services to Agencies and Organizations – Local/Regional Level

Regional Center staff provide consultation, training, workshops and other types of technical assistance to local and regional public and private agencies, non-profit entities and businesses to help in breaking down barriers to communication and ensure access to services for Deaf, Hard of Hearing, and Deaf-Blind persons.

3. Outreach and Education

The DSDHH conducts outreach and education activities (e.g., website, exhibit booths, presentations) to promote available services and resources to help people with hearing loss, link people with hearing loss to needed services, make agencies aware of services, and provide resources to assist in serving those with hearing loss, and provide those with hearing loss the information and skills needed to function independently.

4. RelayNC

The ADA mandates a telecommunications relay service that provides communication access to and from Deaf, Hard of Hearing, Deaf-Blind and Speech Impaired individuals through the use of the telephone. RelayNC is the telecommunications relay program in North Carolina. The DSDHH administers and monitors with the contract with the RelayNC vendor.

5. Client Services

The regional centers provide the following support activities to all deaf, hard of hearing, deaf-blind North Carolinians and their families across the state: advocacy, counseling, consultation, technology training, information and referral, consumer skills development, and telecommunications and emergency alerting equipment distribution.

Major Challenges and Trends

In 2010 and 2011, the DSDHH undertook a “bottoms up” approach to identifying gaps and opportunities to address the communication and service needs of the various hearing loss populations served by the Division. As a result of input from pertinent consumer organizations, the North Carolina Council for the Deaf and the Hard of Hearing, and DSDHH staff, gaps in service delivery were identified and desired outcomes developed to address those gaps.

Several themes emerged as a result of the DSDHH’s needs assessment process and data analysis.

1. Service Delivery Demands

The projected growth in the state’s population, especially senior citizens, coupled with inadequate staff resources will continue to limit the DSDHH’s capacity to reach all adults who need services. The number of clients the DSDHH’s regional centers served has doubled since the 2006-2007 state fiscal year; at the same time, there has been no increase in the number of staff at the regional centers.



Another challenge is the substantial differences among Deaf, Hard of Hearing and Deaf-Blind people. These differences necessitate specialization in service delivery that is

specific to each group. Often these services are time and labor intensive.

The DSDHH is investigating the development of a case management model for service delivery. Once in place, this would ensure better coordination with service providers, delivery of appropriate services, and follow up on service outcomes. Again, one of the major challenges is having adequate staff resources capable of providing the continual, skilled and labor-intensive support.



2. Expand Technology

Rapidly changing telecommunications and wireless technology has far ranging implications for the nation’s telecommunications infrastructure and how individuals and organizations and companies conduct their business. This in turn impacts how Deaf, Deaf-Blind, and Hard of Hearing people communicate. While technology offers great potential for enhancing communication, policies and operations must be sufficiently nimble and adequately funded to ensure that individuals have access to current technology. The DSDHH monitors advances in technology and technical infrastructure to ensure full participation in society.

3. Capacity Building

Those with hearing loss, whether Deaf, Hard of Hearing or Deaf-Blind, often experience tremendous barriers to accessing basic resources in their communities, including education, employment, housing, transportation, health care, emergency services, telecommunications, recreation and even their own families and social networks. The most common barriers are lack of access to communication, lack of understanding of the indicators and consequences of hearing loss, insufficient resources to effectively advocate for themselves in obtaining basic community services, and lack of knowledge of existing resources available.

The DSDHH role is to remove barriers to ensure access to services and community infrastructure. To this end, the DSDHH provides training and consultation to public and private service agencies to ensure the hearing loss populations have the same access as hearing people to the services and resources provided by those agencies.



Three Year Plan



A significant number of adults in North Carolina (over one million) have a hearing loss and that number is expected to increase more than 50% within the next 20 years. Despite changes in laws and improvements in technology and communication access, much remains to be done to ensure that individuals and organizations understand how to provide access to services to those who are Deaf, Hard of Hearing and Deaf-Blind. At the same time, state and federal budgets are constrained. The challenge is to find ways to extend and/or develop new offerings with available resources.

The DSDHH Three-Year Strategic Plan (see Table 5) is designed to complement and enhance both the DHHS Strategic Plan and ongoing service provision by the DSDHH. The DSDHH Three-Year Strategic Plan mirrors the goals and vision of DHHS Excels, the Department's business model that considers the whole person/family needs rather than parts of the family or individual and measures success in meeting goals.

The DSDHH Three-Year Strategic Plan focuses on building capacity, developing partnerships, and targeting outreach to expand the current level of services and individuals served using existing resources. The DSDHH's Three-Year Strategic Plan proposes new offerings and/or resources to improve communication and independent functioning for Deaf, Hard of Hearing, and Deaf-Blind consumers. Anticipated outcomes are specific and measureable.

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

1

Goal: Manage resources to provide effective and efficient delivery of services to North Carolinians

Objective: Assure the capacity to deliver health and safety services to children and/or adults through collaboration, networks, partnerships and workforce development.

Outcome	Strategies	Measures	Target Date
1. The policies, procedures and practices of state-level agencies and organizations enable Deaf, Hard of Hearing, and Deaf-Blind consumers to access their services and resources through effective communication.	a) Establish ongoing system to provide consultation, training and technical assistance to key agencies at State level designed to remove communication barriers.	a) A system to provide consultation, training and technical assistance on removing communication access was barriers developed: Yes/No.	June 30, 2014
	b) Develop and disseminate fact sheets describing issues frequently encountered by Deaf, Hard of Hearing and Deaf-Blind individuals including but not limited to the following areas: employment, health care, long-term care, housing, transportation and recreation.	b) Fact sheets were developed and disseminated: Yes/No.	June 30, 2013

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
2. DSDHH's capacity to provide appropriate, standardized and high quality services is enhanced.	a) Each Specialist/Consultant position has a comprehensive service provision manual containing guidelines and references to resources.	a) A manual for each classification of DSDHH specialist/consultant staff member was completed: Yes/No.	June 30, 2012
	b) Train all pertinent staff to deliver services according to DSDHH's Person-Centered Planning philosophy and guidelines.	b) All DSDHH services staff were trained in Person Centered Planning (PCP): Yes/No.	June 30, 2013
	c) Conduct an annual evaluation of efficacy of guidelines, resources and customers' needs and adjust accordingly.	c) An annual evaluation of the PCP guidelines was conducted: Yes/No.	June 30, 2013
	d) Develop an on-going, statewide plan for enhancing DSDHH's capacity to address the needs of Deaf, Hard of Hearing and Deaf-Blind people who are racial or ethnic minorities.	d) A statewide plan for addressing the needs of racial and ethnic Deaf, Hard of Hearing, and Deaf-Blind was completed: Yes/No.	June 30, 2013

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
3. DHHS and other service agencies have the necessary information to assure consistent compliance with ADA and other disability laws with regard to effective communication access.	a) Revise DHHS policy on communication accessibility to identify DSDHH as the lead agency on communication access issues.	a) The communication accessibility policy for the Department of Health and Human Services was revised: Yes/No.	June 2012
	b) Develop and implement training to agencies on hearing loss and communication access options. Emphasis will be on healthcare facilities, law enforcement agencies and the judicial system.	b) A training curriculum on hearing loss and communication access was developed: Yes/No. b) 2. Training was provided to targeted agencies: Yes/No.	June 2014
	c) Develop a training DVD on the communication access needs of Deaf, Hard of Hearing and Deaf-Blind people and disseminate to agencies, organizations and businesses.	c) A training DVD was developed and distributed: Yes/No.	June 2012
4. Emergency preparedness, alerting and response services are fully accessible to Deaf, Hard of Hearing and Deaf-Blind people.	a) Provide technical assistance, including consultation and training, to pertinent agencies and organizations in developing or updating online safety and preparedness information.	a) Technical assistance was provided to agencies and organizations: Yes/No.	June 30, 2014

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
	<p>b) Provide technical assistance to pertinent agencies and organizations on the effective use of various means of communication access tools, including sign language interpreters, across the spectrum of emergency management.</p>	<p>b) Technical assistance to emergency management agencies and organizations was provided: Yes/No.</p>	<p>June 30, 2012</p>
	<p>c) In partnership with pertinent agencies and organizations, develop and implement an on-going, statewide system of training for emergency management personnel, including first responders and staff operating shelters, on the communication access needs of Deaf, Hard of Hearing and Deaf-Blind people.</p>	<p>c) A training curriculum was developed for emergency management personnel: Yes/No.</p>	<p>June 30, 2013</p>
	<p>d) Partner with other pertinent emergency management entities to conduct drills involving Deaf, Hard of Hearing and Deaf-Blind people and to share observations, feedback and suggestions for improvement.</p>	<p>d) Emergency management entities conducted drills with Deaf, Hard of Hearing, and Deaf-Blind: Yes/No.</p>	<p>June 30, 2014</p>

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
	e) Partner with the NC 911 Board to assure an accessible 911 system across the state.	e) Technical assistance was provided to the NC 911 Board: Yes/No.	June 30, 2013
	f) Partner with the NC Association of Broadcasters to assure accessible information on TV during times of emergencies and disasters.	f) Consultation was provided to the NC Association of Broadcasters and TV stations: Yes/No.	June 30, 2012
5. Deaf-Blind people have the resources in all regions of North Carolina to effectively communicate and navigate their environments, resulting in greater independence.	a) Develop and implement training for individuals interested in serving as Support Services Providers (SSPs) for Deaf-Blind individuals	a) A training curriculum for Support Services Providers (SSP) for Deaf-Blind individuals was developed: Yes/No.	June 30, 2012
	b) Develop a system for recruiting prospective SSPs.	b) A system for recruiting prospective SSPs was created: Yes/No.	June 30, 2012
	c) Maintain a list of trained Support Services Providers (SSPs) and establish a system of ensuring an adequate supply of SSPs across the state.	c) SSPs were trained and available to provide services: Yes/No.	June 30, 2012
	d) In conjunction with DMA, DSB, VR/IL, DMH/DD/SAS and other relevant agencies, establish and maintain a customer-directed waiver program to enhance the capacity of Deaf-Blind people to live independently.	d) A customer-directed waiver for Deaf-Blind individuals was established: Yes/No.	June 30, 2014

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date	
6. The pool of licensed and qualified sign language interpreters and Certified Deaf Interpreters is expanded in all regions of North Carolina.	a) Conduct periodic surveys to identify and prioritize training needs of interpreters at all levels of expertise.	a) Periodic surveys of interpreter training needs were conducted: Yes/No.	June 30, 2013	
	b) Develop, implement and/or coordinate training to meet prioritized needs on an ongoing, long-term basis.	b) Training to meet prioritized needs of interpreters was developed and coordinated: Yes/No.	June 30, 2014	
	c) Coordinate the development and implementation of services/opportunities (e.g., internships, mentorships) and diagnostic evaluations to support transition of recent graduates from Interpreter Education Programs to licensure in NC.	c) 1. Opportunities for recent IEP graduates to transition to licensure increased: Yes/No.		June 30, 2014
		c) 2. The number of mentored IEP graduates attaining an initial license increased.		June 30, 2014
7. Each Regional Center has a corps of volunteers with signing skills trained and available to periodically visit isolated home- or residence-bound Deaf-Blind and/or Deaf and Deaf-Blind older adults for the purpose of socialization using American Sign Language.	a) Recruit and train volunteers with the appropriate communication skills in providing effective stimulation through appropriate socialization.	a) 1. Volunteers were recruited to periodically visit home-bound Deaf and Deaf-Blind individuals.	June 30, 2013	
		a) 2. Trained volunteers visited home-bound Deaf and Deaf-Blind individuals	June 30, 2013	
	b) Establish a system for matching volunteers with consumers as needed.	b) A system for matching volunteers with consumers was established.	June 30, 2012	

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
8. Older North Carolinians who are new hearing aid users have access to mentoring services provided by experienced hearing aid users, resulting in an increase in successful usage of hearing aids.	a) In partnership with pertinent Aging agencies and organizations, develop a plan for the provision of mentoring, including recruiting, training and matching mentors with new hearing aid users.	a) A plan for mentoring new hearing aid users was developed: Yes/No.	June 30, 2013
	b) Develop a training curriculum for new mentors, emphasizing a “train the trainer” approach and utilizing DVDs and/or the internet for access to training materials and information.	b) A training curriculum for new hearing aid mentors was developed: Yes/No.	June 30, 2012
	c) Implement plan and monitor progress.	c) 1. Mentors for new hearing aid users were trained: Yes/No.	June 30, 2014
		c) 2. New hearing aid users reported satisfaction with their hearing aids after being mentored.	June 30, 2014

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
9. Skilled care industry personnel (administrative and direct care) have the knowledge to appropriately and effectively serve residents with hearing loss.	a) In partnership with the Division of Health Services Regulation, develop and implement a plan to provide training, including identifying specific target audiences within the skilled care industry and a timeline.	a) A plan to provide training on hearing loss for skilled care workers was developed: Yes/No.	June 30, 2013
	b) Develop a training curriculum and provide training, utilizing DVDs and/or the internet for access to training materials and information.	b) 1. A training curriculum on hearing loss for skilled care workers was developed: Yes/No.	June 30, 2014
		b) 2. Targeted skilled care staff completed training.	June 30, 2014

2

Goal: Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.

Objective: Assure that children and/or adults have access to consistent and accurate health and safety information through outreach and education.

Outcome	Strategies	Measures	Target Date
10. Deaf, Hard of Hearing and Deaf-Blind people are provided information on a regular and timely basis designed to enhance their capacity for effective communication and independent functioning.	a) Disseminate updated pertinent information (such as new assistive technologies, self-advocacy tips, etc) to Deaf, Hard of Hearing and Deaf-Blind people on a routine basis via DSDHH’s website and communiqués and public events.	a) Information on assistive technologies, self-advocacy and other related issues was updated and posted on the DSHH website: Yes/No.	June 30, 2012
	b) Provide training in self-advocacy, utilizing the train-the-trainer model.	b) “Train the trainers” training was provided on self-advocacy for the Deaf, Hard of Hearing, and Deaf-Blind.	June 30, 2014

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
	c) Collect feedback from Deaf, Hard of Hearing and Deaf-Blind people on an annual basis regarding their access to pertinent information.	c) Annual feedback was collected from Deaf, Hard of Hearing, and Deaf-Blind individuals regarding their access to information that supports communication access.	June 30, 2012
11. A greater number of the public, including Deaf, Hard of Hearing and Deaf-Blind individuals, their families, friends and colleagues, service agencies, organizations and businesses are aware of the availability of DSDHH services.	a) Produce and air a new series of Public Service Announcements (PSAs) and paid ad campaigns.	a) 1. PSAs were produced and aired. a) 2. PSA broadcast reception reached across the state.	June 30, 2012
	b) Increase the use of video technology (such as DVDs and Vlogs) for DSDHH's website.	b) The number of website hits increased by using video technology.	June 30, 2012
	c) Utilize various opportunities for media exposure, such as TV, radio and newspaper interviews.	c) Opportunities for free and paid media coverage were utilized.	June 30, 2014
	d) Enhance the system of distribution of educational materials to consumers.	d) Distribution of educational materials increased.	June 30, 2012
	e) Partner with agencies to exponentially enhance awareness of DSDHH services.	e) Partnered with other agencies to increase awareness of DSDHH services.	June 30, 2013

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
12. DSDHH's Regional Center Library materials (e.g. books, videotapes, and DVDs for the community at large) are up to date and an online lending library is operational.	a) Research, identify and purchase modern materials for each Regional Center Library.	a) 1. DSDHH researched and identified updated material for each Regional Center Library.	June 30, 2012
		a) 2. DSDHH purchased updated materials for each Regional Center Library.	June 30, 2013
	b) Research, identify, purchase and install software for online lending abilities and posted on the DSDHH website.	b) DSDHH established online lending in each Regional Center Library.	June 30, 2014

3

Goal: Provide services and support to individuals and families experiencing health and safety needs to assist them in living successfully in the community.

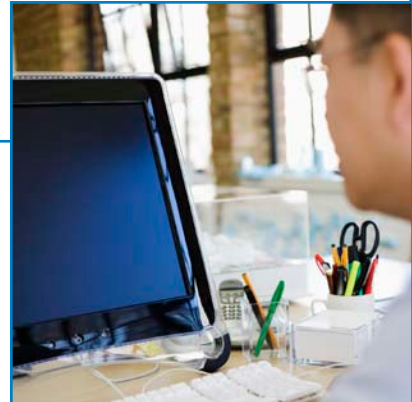
Objective: Assure that adults with health and safety needs receive support services before those needs worsen or become irreversible.

Outcome	Strategies	Measures	Target Date
13. Deaf, Hard of Hearing and Deaf-Blind people are well-informed about the availability of a greater variety of specialized communication and alerting equipment and accessories.	a) Research and identify additional specialized equipment.	a) DSDHH made additional specialized communication and alerting equipment available through the Equipment Distribution Service.	June 30, 2012
	b) Establish a system to keep DSDHH's webpage on specialized equipment up to date.	b) DSDHH updated information on specialized communication and alerting equipment posted on the website as needed.	June 30, 2012

Table 5: DSDHH Three-Year Strategic Plan, July 1, 2011 – June 30, 2014

Outcome	Strategies	Measures	Target Date
14. DSDHH's capacity to provide intensive, ongoing services to customers with long-term, complex needs for effective communication and independent functioning is enhanced.	a) Establish an on-going system of training in providing case management services to customers with long-term, complex needs.	a) DSDHH established a system of training to all DSDHH staff on case management services.	June 30, 2014
	b) Pending analysis of customer service needs, develop programming for Deaf-Blind customers at each of the five Regional Centers that does not have the position of Deaf-Blind Specialist.	b) DSDHH analyzed the needs and developed programming for Deaf-Blind customers.	June 30, 2013
	c) Pending analysis of customer service needs, develop programming that provides Case Management services to Deaf and Hard of Hearing adults at each Regional Center.	c) DSDHH developed case management programming for Deaf and Hard of Hearing adults.	June 30, 2014
	d) Pending analysis of customer service needs, develop programming that provides Case Management services to Deaf-Blind adults at each Regional Center.	d) DSDHH developed case management programming for Deaf-Blind adults.	June 30, 2014

Appendix A: Website Links



1. Selected Statutory Citations

- a. NCGS 143B-216.33. Division of Services for the Deaf and the Hard of Hearing – creation, powers and duties. See **www.ncdhhs.gov/dsdhh/NCGS_143B-216-33-2.pdf**.
- b. NCGS 143B-216.34. Division of Services for the Deaf and the Hard of Hearing – temporary loan program established. See **www.ncdhhs.gov/dsdhh/NCGS_143B-216-34-1.pdf**.
- c. NCGS 62-157. Telecommunications relay service. See **www.ncdhhs.gov/dsdhh/NCGS_62-157-1.pdf**.
- d. Americans with Disabilities Act (ADA). See **www.ada.gov**.

2. Executive Order Number 54, Assessment of State’s Readiness for Aging Population, issued by Governor Beverly Perdue on March 30, 2010. See www.governor.state.nc.us/NewsItems/UploadedFiles/013366d1-70e3-4113-b024-8391f37e6fa8.pdf.

3. For more information on services provided to individuals and families and agencies and businesses, see www.ncdhhs.gov/dsdhh.

Appendix B: 2008 NC Population Age 18 and Up and Prevalence of Hearing Loss Using NHIS 2008 %s by County and Regional Center



Appendix B: 2008 NC Population Age 18 and Up and Prevalence of Hearing Loss Using NHIS 2008 %s by County and Regional Center									
County	Total Population Age 18 and up	Total Residents with Hearing Loss Age 18 & Up	% of Residents 18 and up with hearing loss	Ages 18-64	Residents Ages 18-64 with Hearing Loss (11.61%)	Ages 65-74	Residents Ages 65-74 with Hearing Loss (27.68%)	Age 75 and up	Residents Ages 75 and up with Hearing Loss (42.64%)
Asheville RC									
Buncombe	179,412	28,872	16.09%	144,816	16,813	17,999	4,982	16,597	7,077
Cherokee	21,803	3,799	17.43%	16,226	1,884	3,092	856	2,485	1,060
Clay	8,657	1,538	17.76%	6,391	742	1,140	316	1,126	480
Graham	6,325	1,096	17.34%	4,727	549	894	247	704	300
Haywood	45,975	7,999	17.40%	34,497	4,005	6,017	1,666	5,461	2,329
Henderson	81,903	14,345	17.51%	61,629	7,155	9,729	2,693	10,545	4,496
Jackson	30,040	4,745	15.80%	24,446	2,838	3,196	885	2,398	1,023
Macon	27,482	4,925	17.92%	20,097	2,333	3,728	1,032	3,657	1,559
Madison	16,586	2,710	16.34%	13,144	1,526	1,899	526	1,543	658
Mitchell	12,931	2,218	17.15%	9,837	1,142	1,630	451	1,464	624
Polk	15,436	2,789	18.07%	11,289	1,311	1,938	536	2,209	942
Swain	10,661	1,707	16.01%	8,573	995	1,197	331	891	380
Transylvania	25,257	4,592	18.18%	18,196	2,113	3,553	983	3,508	1,496
Yancey	14,919	2,579	17.29%	11,284	1,310	1,877	520	1,758	750
RC Total	497,387	83,913	16.87%	385,152	44,716	57,889	16,024	54,346	23,173
Charlotte RC									
Anson	19,385	3,102	16.00%	15,740	1,827	1,870	518	1,775	757
Cabarrus	127,194	19,087	15.01%	108,021	12,541	10,890	3,014	8,283	3,532
Gaston	155,797	23,971	15.39%	129,752	15,064	14,697	4,068	11,348	4,839
Lincoln	57,293	8,688	15.16%	48,083	5,582	5,495	1,521	3,715	1,584

**Appendix B: 2008 NC Population Age 18 and Up and Prevalence of Hearing Loss Using
NHIS 2008 %s by County and Regional Center**

Mecklenburg	648,801	93,415	14.40%	568,178	65,965	46,308	12,818	34,315	14,632
Montgomery	20,830	3,367	16.17%	16,711	1,940	2,201	609	1,918	818
Richmond	35,122	5,550	15.80%	28,685	3,330	3,510	972	2,927	1,248
Rowan	106,376	16,800	15.79%	87,230	10,127	9,971	2,760	9,175	3,912
Stanly	46,025	7,391	16.06%	37,147	4,313	4,730	1,309	4,148	1,769
Union	141,172	20,296	14.38%	123,081	14,290	11,415	3,160	6,676	2,847
RC Total	1,357,995	201,667	14.85%	1,162,628	134,981	111,087	30,749	84,280	35,937
Greensboro RC									
Alamance	111,791	17,610	15.75%	91,865	10,666	10,377	2,872	9,549	4,072
Davidson	122,456	19,191	15.67%	100,413	11,658	12,476	3,453	9,567	4,079
Davie	31,858	5,030	15.79%	25,960	3,014	3,334	923	2,564	1,093
Forsyth	259,971	40,327	15.51%	215,996	25,077	23,401	6,477	20,574	8,773
Guilford	358,083	54,799	15.30%	300,558	34,895	30,909	8,556	26,616	11,349
Randolph	107,548	16,653	15.48%	89,087	10,343	10,438	2,889	8,023	3,421
Rockingham	71,240	11,515	16.16%	57,108	6,630	7,628	2,111	6,504	2,773
Stokes	36,491	5,629	15.43%	30,200	3,506	3,742	1,036	2,549	1,087
Surry	56,561	9,249	16.35%	44,951	5,219	6,150	1,702	5,460	2,328
Yadkin	29,269	4,711	16.10%	23,483	2,726	3,226	893	2,560	1,092
RC Total	1,185,268	184,714	15.58%	979,621	113,734	111,681	30,913	93,966	40,067
Morganton RC									
Alexander	28,584	4,437	15.52%	23,552	2,734	2,963	820	2,069	882
Alleghany	9,038	1,572	17.39%	6,760	785	1,232	341	1,046	446
Ashe	21,217	3,599	16.96%	16,271	1,889	2,665	738	2,281	973
Avery	15,044	2,442	16.23%	12,004	1,394	1,659	459	1,381	589
Burke	69,489	11,126	16.01%	56,024	6,504	7,483	2,071	5,982	2,551
Caldwell	62,087	9,877	15.91%	50,178	5,826	6,866	1,901	5,043	2,150
Catawba	118,106	18,260	15.46%	97,993	11,377	11,321	3,134	8,792	3,749
Cleveland	74,768	11,832	15.82%	60,942	7,075	7,613	2,107	6,213	2,649
Iredell	116,776	17,796	15.24%	97,821	11,357	10,987	3,041	7,968	3,398
Mcdowell	34,847	5,595	16.06%	27,979	3,248	3,891	1,077	2,977	1,269
Rutherford	48,969	8,015	16.37%	38,822	4,507	5,474	1,515	4,673	1,993
Watauga	38,560	5,798	15.04%	32,757	3,803	3,204	887	2,599	1,108
Wilkes	52,393	8,478	16.18%	41,796	4,853	5,970	1,652	4,627	1,973
RC Total	689,878	108,826	15.77%	562,899	65,353	71,328	19,744	55,651	23,730
Raleigh RC									
Caswell	18,673	2,962	15.86%	15,143	1,758	2,014	557	1,516	646
Chatham	47,352	7,532	15.91%	38,604	4,482	4,543	1,258	4,205	1,793
Cumberland	226,270	32,316	14.28%	199,205	23,128	15,722	4,352	11,343	4,837
Durham	194,671	28,360	14.57%	169,564	19,686	13,582	3,759	11,525	4,914
Franklin	44,281	6,597	14.90%	37,735	4,381	3,846	1,065	2,700	1,151

Appendix B: 2008 NC Population Age 18 and Up and Prevalence of Hearing Loss Using NHIS 2008 %s by County and Regional Center									
Granville	43,865	6,609	15.07%	37,103	4,308	3,887	1,076	2,875	1,226
Harnett	81,355	12,040	14.80%	69,789	8,103	6,644	1,839	4,922	2,099
Hoke	31,269	4,410	14.10%	27,713	3,217	2,163	599	1,393	594
Johnston	120,530	17,678	14.67%	103,806	12,052	10,059	2,784	6,665	2,842
Lee	42,740	6,633	15.52%	35,430	4,113	3,992	1,105	3,318	1,415
Moore	67,182	11,991	17.85%	49,813	5,783	8,009	2,217	9,360	3,991
Nash	71,252	10,964	15.39%	59,481	6,906	6,425	1,778	5,346	2,280
Orange	104,863	15,024	14.33%	92,347	10,721	6,913	1,914	5,603	2,389
Person	29,007	4,575	15.77%	23,719	2,754	2,896	802	2,392	1,020
Vance	31,764	4,947	15.57%	26,258	3,049	3,003	831	2,503	1,067
Wake	647,729	91,349	14.10%	574,262	66,672	44,448	12,303	29,019	12,374
Warren	15,923	2,725	17.11%	12,196	1,416	1,874	519	1,853	790
RC Total	1,818,726	266,714	14.66%	1,572,168	182,529	140,020	38,758	106,538	45,428
Wilmington RC									
Bladen	24,334	3,897	16.01%	19,633	2,279	2,588	716	2,113	901
Brunswick	81,716	13,439	16.45%	63,753	7,402	10,843	3,001	7,120	3,036
Carteret	51,587	8,734	16.93%	39,574	4,595	6,573	1,819	5,440	2,320
Columbus	41,363	6,564	15.87%	33,554	3,896	4,420	1,223	3,389	1,445
Duplin	39,568	6,166	15.58%	32,659	3,792	3,819	1,057	3,090	1,318
Jones	8,149	1,341	16.45%	6,455	749	877	243	817	348
New Hanover	151,591	23,374	15.42%	126,196	14,651	14,079	3,897	11,316	4,825
Onslow	125,691	17,143	13.64%	114,191	13,258	6,807	1,884	4,693	2,001
Pender	40,838	6,462	15.82%	33,175	3,852	4,393	1,216	3,270	1,394
Robeson	93,649	13,878	14.82%	80,208	9,312	7,791	2,157	5,650	2,409
Sampson	48,848	7,591	15.54%	40,398	4,690	4,697	1,300	3,753	1,600
Scotland	27,505	4,180	15.20%	23,104	2,682	2,533	701	1,868	797
RC Total	734,839	112,767	15.35%	612,900	71,158	69,420	19,215	52,519	22,394
Wilson RC									
Beaufort	35,952	5,950	16.55%	28,160	3,269	4,288	1,187	3,504	1,494
Bertie	15,331	2,510	16.37%	12,205	1,417	1,603	444	1,523	649
Camden	7,700	1,195	15.52%	6,340	736	807	223	553	236
Chowan	11,327	1,943	17.15%	8,654	1,005	1,349	373	1,324	565
Craven	71,804	11,393	15.87%	58,694	6,814	6,763	1,872	6,347	2,706
Currituck	18,744	2,867	15.30%	15,601	1,811	1,901	526	1,242	530
Dare	27,087	4,399	16.24%	21,538	2,501	3,127	866	2,422	1,033
Edgecombe	38,583	6,048	15.67%	31,782	3,690	3,624	1,003	3,177	1,355
Gates	9,244	1,462	15.82%	7,530	874	954	264	760	324
Greene	16,295	2,500	15.34%	13,618	1,581	1,490	412	1,187	506
Halifax	42,074	6,882	16.36%	33,577	3,898	4,277	1,184	4,220	1,799

Appendix B: 2008 NC Population Age 18 and Up and Prevalence of Hearing Loss Using NHIS 2008 %s by County and Regional Center									
Hertford	18,486	2,986	16.15%	14,866	1,726	1,893	524	1,727	736
Hyde	4,457	743	16.66%	3,491	405	498	138	468	200
Lenoir	43,589	7,093	16.27%	34,774	4,037	4,702	1,302	4,113	1,754
Martin	18,285	2,995	16.38%	14,510	1,685	2,001	554	1,774	756
Northampton	16,595	2,832	17.06%	12,747	1,480	1,933	535	1,915	817
Pamlico	10,626	1,883	17.73%	7,802	906	1,514	419	1,310	559
Pasquotank	31,670	4,929	15.56%	26,313	3,055	2,740	758	2,617	1,116
Perquimans	10,371	1,787	17.23%	7,829	909	1,377	381	1,165	497
Pitt	118,764	17,157	14.45%	103,896	12,062	8,320	2,303	6,548	2,792
Tyrrell	3,409	566	16.62%	2,687	312	357	99	365	156
Washington	10,021	1,675	16.72%	7,803	906	1,180	327	1,038	443
Wayne	86,106	13,253	15.39%	71,781	8,334	7,945	2,199	6,380	2,720
Wilson	59,383	9,279	15.63%	48,962	5,684	5,676	1,571	4,745	2,023
RC Total	725,903	114,327	15.75%	595,160	69,098	70,319	19,464	60,424	25,765
State	7,009,996	1,072,929	15.31%	5,870,528	681,568	631,744	174,867	507,724	216,494

Source: File, The Impact of Hearing Loss in Older Adults in North Carolina, Report to the NC General Assembly and the NC Study Commission on Aging, DSDHH, November 1, 2010.

Appendix C: Division of Services for the Deaf and the Hard of Hearing Open Window Goals, Objectives and Services

July 2011

I. Goal 1: Manage resources to provide effective and efficient delivery of services to North Carolinians

Objective B – Assure the capacity to deliver health and safety services to children and/or adults through collaboration, networks, partnerships and workforce development.

A. Services to Agencies and Organizations – State Level

The Division, through the Director’s office and its professional staff, provides:

- Consultation.
- Training.
- Other types of technical assistance to:
 - state level agencies
 - organizations that have statewide impact
 - federal agencies located in North Carolina

Services are provided to help break down barriers to communication and to help ensure the capacity to deliver health and safety services to deaf, hard of hearing and deaf-blind North Carolinians.

Core activities include:

1. Initiating and developing collaborative endeavors, networks and partnerships.

2. Consultation, including reviewing and making recommendations on statutes, rules, policies and procedures impacting the capacity of deaf, hard of hearing and deaf-blind people to access services and resources.
3. Training and workshops.
4. Information and referral.
5. Dissemination of educational and resource materials.

The Division focuses on ensuring compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973 and other related statutes. Agencies and organizations receiving services include, but are not limited to:

- Division of Aging and Adult Services.
- Division of Social Services.
- Administrative Office of the Courts.
- Division of Motor Vehicles.
- Department of Insurance – Office of State Fire Marshall.
- Division of Prisons.
- NC Justice Academy.
- NC State Highway Patrol.
- NC 911 Board.
- Veterans Administration Hospitals

II. Goal 2: Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.

Objective B – Assure that children and/or adults have access to consistent and accurate health and safety information through outreach and education.

A. Services to Agencies and Organizations – Local/Regional Level

Consultation, training, workshops and other types of technical assistance are provided to local and regional public and private agencies, nonprofit entities and businesses to help in breaking down barriers to communication and ensure deaf, hard of hearing and deaf-blind people have access to their services and resources. These activities are provided to all 100 counties through staff at the Division's seven regional centers:

Core activities of these seven regional centers support all 100 counties and include:

- Consultation.
- Training and workshops.
- Information and referral.
- Dissemination of educational and resource materials.
- Collaboration on joint initiatives.

Agencies and organizations include, but are not limited to:

- Health care providers.
- Emergency management entities.
- Law enforcement agencies.
- Correctional facilities.
- Hospitals.
- County social service agencies.
- Local governmental entities.

These entities obtain the specific information and tools they need to help ensure their compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973 and other related statutes.

B. Outreach and Education

The Division conducts outreach and education activities such as, but not limited to:

- Division website.
- Educational and informational mailings.
- Public Service Announcements (PSAs).
- OPEN/net programming.
- Ads and articles in publications.
- Exhibit booths at target venues.
- Presentations at conferences.
- Presentations and training for community members

These activities are designed to:

1. Promote available services and resources to help people with hearing loss.
2. Link people with hearing loss to the services they need.
3. Make agencies and organizations aware of services and resources available to them to help facilitate necessary connections with deaf, hard of hearing, deaf-blind and speech-impaired North Carolinians.
4. Provide deaf, hard of hearing and deaf-blind people the information and skills they need to function independently in the community where they live.

Outreach and education are essential because hearing loss is so pervasive and yet, so little understood, by not only the general population, but also by the very people who have hearing loss themselves and the many professionals that serve them.

The typical adult, who loses his or her hearing as an adult, waits 7 – 15 years before seeking services and invariably experiences adverse effects such as anxiety, depression and diminished earning capacity. In order to effectively reach an extremely diverse target population (e.g. deaf vs. hard of hearing vs. deaf-blind vs. speech-impaired vs. service providers and so forth) before their situations worsen, the Division's outreach and education activities are tailored to target each sector of the service population.

C. Relay NC

Mandated by the Americans with Disabilities Act, the telecommunications relay service allows communications access to and from deaf, hard of hearing, deaf-blind and speech-impaired through the use of the telephone. This service can be accessed by dialing 711 and is available 24 hours a day, 7 days a week and 365 days each year. RelayNC is the telecommunications relay service provided to all North Carolinians, through the Division, to help ensure functional equivalency in using the telephone and emergency systems, resulting in increased access to resources and businesses in their communities.

The Division administers and monitors the contract with the vendor for RelayNC in compliance with the Federal Communications Commission (FCC) regulations. Outreach and education efforts to publicize and promote the availability of this service and its effective use are also conducted by RelayNC.

III. Goal 4: Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.

Objective 2A #3 – Assure that adults with health and safety needs receive support services before those needs worsen or become irreversible.

A. Client Services

The following support activities are provided to all deaf, hard of hearing, deaf-blind North Carolinians and their families, in all 100 counties, through the Regional Centers:

- Advocacy.
- Counseling.
- Consultation.
- Technology training.
- Information and referral.
- Consumer skills development.
- Telecommunications and emergency alerting equipment distribution.

These support services enable clients to achieve effective communication and equal access to health, safety and other resources in their own communities.

The regional centers also assist clients in the selection, installation and appropriate use of adaptive telecommunications and other types of assistive equipment for effective communication. Eligible North Carolinians may apply to receive telecommunications and emergency alerting equipment for their own use.

The wide diversity of the service population (e.g. deaf, hard of hearing and deaf-blind) requires specialization as each group has its own unique set of socio-emotional and functional issues, types of communication barriers and solutions to address them. Areas addressed include, but are not limited to:

- ❑ Self-advocacy skills development.
- ❑ Understanding one's rights under the Americans with Disabilities Act of 1990, Section 504 of Rehabilitation Act of 1973 and other related statutes.
- ❑ Making effective use of sign language interpreters.
- ❑ Selecting and using effectively appropriate assistive technology.
- ❑ Dealing with grief over losing one's hearing.
- ❑ Training family members how to effectively communicate with an older adult with hearing loss.
- ❑ Advocacy in accessing housing, transportation, healthcare services, emergency alert and response services, law enforcement, judicial system and so forth.



State of North Carolina
Department of Health and Human Services
Division of Services for the Deaf and the Hard of Hearing
www.ncdhhs.gov

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