

**HELEN KELLER NATIONAL CENTER'S (HKNC) COMMENTS ON
THE NATIONAL DEAF-BLIND EQUIPMENT DISTRIBUTION PROGRAM
In the Matter of:**

**Implementation of the Twenty-First Century
Communications and Video Accessibility Act of 2010,
Section 105, Relay Services for Deaf-Blind Individuals
CG Docket No. 10-210**

Comment Date: July 27, 2015

Reply Comment Date: July 27, 2015

Introduction

The Helen Keller National Center for Deaf-blind Youth and Adults (HKNC) is very pleased to respond to the Federal Communications Commission's (FCC) request for comment on the Notice of Proposed Rulemaking on the rules to govern the National Deaf-Blind Equipment Distribution Program (NDBEDP) on a permanent basis. HKNC has played a pivotal role in this project as a national partner with Perkins during the three year pilot project. The experiences of HKNC regional representatives have afforded us a national perspective. The following remarks are based upon the research and experience of the regional representatives who are actively involved in the program, the HKNC Adaptive Technology Research and Training Specialist, HKNC's Adaptive Technology Center Specialists and the New York, Iowa and Hawaii DBEDP's. We are pleased to share what we have learned and offer suggestions for the future implementation of this excellent program to ensure its continued success and maximum benefit to people who have combined vision and hearing loss. We are highly committed to supporting the NDBEDP and applaud the FCC for their role in the establishment of services aimed to create a level playing field among citizens who are deaf-blind in accessing telecommunications equipment and services.

The HKNC Act (Section 203) mandates the National Center, through an act of Congress, with three specific purposes which align with this legislation:

- (1) Provide specialized intensive services, or any other services, at the Center or anywhere else in the United States, which are necessary to encourage the maximum personal development of any individual who is deaf-blind;
- (2) Train professionals and allied personnel at the Center or anywhere else in the United States to provide services to individuals who are deaf-blind; and
- (3) Conduct applied research, development programs, and demonstrations with respect to communication techniques, teaching methods, aids and devices, and delivery of services.

As the sole national program exclusively serving individuals who are deaf-blind, their families and the professionals who work with them throughout their life span, we have a unique perspective on this initiative.

The following comments are organized in reference to the paragraph number under the Notice of Proposed Rulemaking (NPRM).

9. Retaining state entry with centralized database and ordering

We believe a centralized database could be helpful. Any aspect of the economy where there is a monopoly without competition usually means that the entity grows larger and safeguards must be in place to ensure high service standards. The development of a system that requires a standard of quality from one centralized program is essential.

10. Allowing “out of state” entities to apply for certification

We believe as long as out-of-state entities continue to collaborate with in-state partners, permitting out of state entities to apply for certification is a viable option. This may be the only option especially for some of the smaller states with limited resources.

HKNC agrees with this proposal and presents a concrete example of how an out-of-state entity, working with in-state collaborative partners, can build a successful NDBEDP program. HKNC, being a national agency, is in the unique position of having staff working with programs in 25 states across the country. In addition, HKNC itself is the primary state entity in NY, IA and HI. In all of these states the HKNC works with state partners to provide “on the ground” services (examples: Island Skills Group in HI, Center for Disability Rights in NY and the Iowa Utilities Board) while centralizing (and thereby making more cost efficient) requisition and administrative support.

11. Guam, American Samoa and CMI

HKNC Region 9 has had contact with a number of families through the years from Guam, American Samoa and CMI, and has reached out to administrators of rehabilitation services for additional comments. These are countries that have limited resources so finding consumers who could add personal comment was difficult by e-mail and phone. This program could help change that, and help bring these qualified consumers into the 21st century. Following is a comment from Guam:

Hafa Adai:

On behalf our Department of Integrated Services for Individuals with Disabilities (DISID), I wish to inform you, along with the FCC, that the Insular Territories (Guam, CNMI, and American Samoa) fully supports your recommendation and look forward to collaborating with you on a technology project for our people on Guam who have combined hearing and vision loss.

This same initiative could really benefit our people here on Guam especially since there is a high incident of diabetes here on our island and there are a number of people that have lost their vision as a result of this.

Si Yu'os Ma'ase! (Thank You)

Si Ben S. Servino, M.S.

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16. Establish minimum standards for personnel providing services (ex: linguistic competency)

HKNC proposes that, based on active participation in the first 3 years of the pilot project as a state entity, that the following competencies are critical for any organization to act in the role of NDBEDP state entity:

Access to staff or independent consultants with superior adaptive technology and communication skills, strong interpersonal skills and who embrace self-management.

Access to staff or independent consultants who comprise a cross-section (hearing, deaf, blind and deaf-blind) of the cultural and linguistic characteristics of the consumers the program serves.

Access to financial expertise which allows for both the necessary cash flow and the administrative coordination to support the equipment purchase/control/ inventory processes, the reimbursement process and the annual audit.

Access to the administrative expertise to establish and retain files, insure compliance, coordinate/schedule/deploy staff, interface with consumers and support the reimbursement process.

21. No carryover of certification from pilot to permanent. Recertification or resign within 30 days of final rules. Reopen competition for each state.

HKNC does not support the requirement to have current entities reapply. It will cause a significant disruption of services.

HKNC believes that current state entities have proven their ability to meet the needs of the program both operationally and financially. Although we would have no objection in supplying current financial reports/audit reports to prove continuing criteria compliance, engaging in a competitive reapplication process seems an unnecessary expense/ use of personnel and time. In addition, the experience/expertise obtained through 3 years of participation by a current state entity will put any new applicants at a competitive disadvantage. If the goal of this proposal is to insure state representation in the program, a current entity could supply copies of agreements/memos of understanding between themselves and the state agency.

25. Renewal of certification – 1 yr prior to 5 year expiration

HKNC welcomes the opportunity for healthy competition at the end of the 5 year certification process. At the point of recertification, an in-state entity may be a better choice and better able to serve its residents than some of the current programs that are being served by out-of-state entities.

29/30. Centralized database

There is much value in the use of a national database for tracking statistical data related to consumers served, equipment dispensed, and timely service. However, HKNC recommends options for states in ordering all equipment. Using one entity limits choices, and reduces how quickly people can receive equipment. Attention to troubleshooting and technical assistance is recommended. Some other entities across the country, are able to set up the equipment, download software, tailor it to the person's specifications provide troubleshooting and technical assistance long after the equipment has been provided.

HKNC currently uses the KLAS database (provided through Perkins) in NY, HI and IA. The cost for access to the database is 3% of the annual allocation, which is a reasonable expense when compared to the costs of establishing and maintaining a database to meet all of the program's requirements internally. If competitive databases were to be established, it may lower participation cost but KLAS has proven to be both responsive and efficient in providing the needed support and output. Our experience with the database is that the input process is straightforward and user friendly and the output supports our reimbursement request process in an effective and cost efficient manner. The benefits of the centralized database include a mechanized system of "checks and balances" to insure that (a) trainers/ administrative staff are entering data correctly (b) approved/eligible consumers are tracked in a unified system (c) approved equipment is ordered (d) progress of the consumer is tracked and (e) quarterly output for both the reimbursement request and the six month FCC reporting is in a format that is acceptable to FLSA/FCC.

In addition to the benefit of providing national statistics, HKNC advocates a single centralized database as we believe it would: (a) permit ease of transfer of a consumer who moves between states (b) allow for an easier transition of all existing consumers from one state entity to another in the event an entity exits the program and (c) permit a control which would prevent consumers from duplicating application among states.

39. Retain HKNC definitions

This continuity of retaining the HKNC definition makes sense as it is used in other aspects of federal funding and program determination.

42. Retain the current Deaf-blind certification process – attestation by a professional

HKNC supports the idea of retaining the certifications for three years. At times during an evaluation an evaluator may need to request a new vision report to determine if the

individual is in need of different equipment to add to the existing equipment or to replace it. For example, a consumer transitions from equipment for sighted use to braille display or screen reader due to the consumer having crossed over to total blindness. This report will help with the equipment justification.

We believe the current system in place during the pilot phase is working successfully. As for whether the disability would need to be recertified should additional equipment be needed after three years, there are not many instances where vision and hearing loss is improved. Most often, vision and hearing loss either stays the same or worsens. The only possible exception is the presence of cataracts that, once removed, will significantly improve vision.

A wide variety of individuals have attested to an individual being deaf-blind. When the credentials of an attester are not clear, or only represent one side of the combined hearing-vision loss equation, additional verification should be required.

46. Definition of “low income” thresholds

In section #48, the FCC has found a way to accurately explain the different possibilities for applicants who are financially dependent on a spouse or multiple people living together in a multi-person home that are not an “economic unit.” The proposed changes would improve the program and still meet the requirements.

48. Financial Proof

It would be easier to require only financial proof from the applicant living in a multi-family home. HKCN has had several instances where family members would not share their own financial information with adult children living at home who applied for the program. We have also had three cases where an individual had no income at all, and was supported by friends or other family members. In those cases, it is very difficult to get these peripheral relatives income information.

50. Third Party Income Verification

Asking a third party to verify income would negatively impact the program and slow down services. The current method of verification is working well enough.

It seems fair to ask each individual to re-verify their income as needed.

55. Continue state autonomy in compliance. Establishment of priorities or caps for participant equipment

Some flexibility should be exercised to grant each state program to establish its own priorities based on the number of consumers and the current volume of caseloads at any given time. New York NDBEDP prioritizes new equipment recipients over those requesting for replacements or upgrades because technology generally can continue to function for an extended period of time while new consumers may not have any equipment to begin with. Therefore, it is logical to establish such base to prioritize the equipment distribution.

57.No sweeping limitations to participation (ex: no one under 18)

There is no reason for such limitation to be imposed, however we must recognize the program's mission is to provide equipment to enable eligible individuals to connect with people through technology. With this said, we should not be providing equipment to someone in early childhood if they do not possess the skill yet to conceptualize the use of technology to communicate at distance. So, to make clear distinction – we should simply state that the individual regardless of age must have the skill capable of communicating with people at distance.

HKNC is in complete agreement with the FCC that receipt of equipment should not be tied to employment. If that were the case, we would rule out over half of the program recipients.

HKNC strongly supports the FCC's conclusion that state programs should not be permitted to adopt sweeping limitations (such as age). The pilot programs have indicated that program applicants range in age from 13 to 90. Although the preponderance of applicants are between the ages of 35 -60, the opportunity to connect with family, friends and the community provided by NDBEDP also benefits youths, transition age young adults and seniors.

60. Continued funding for national outreach – reduced to \$250k annually /3 years. Creation of a “National Outreach Coordinator”

The HKNC concurs with this proposal and supports the position of a national NDBEDP Administrator. The Regional Representative's expertise in deaf-blindness, adaptive technology and the NDBEDP program, makes them a useful resource for state programs. This funding provided for national outreach has allowed HKNC's Regional Representatives to reach state agencies and organizations which would not have been achievable through local outreach. Although some states allocate a portion of their state allocation to outreach, many prefer to direct all of that funding to equipment and services.

As will be detailed in later responses, HKNC strongly supports the reallocation of \$250,000 from the national outreach portion to Train the Trainer efforts on a national basis.

We thoroughly endorse the continuation of the NDBEDP Administrator to oversee national outreach efforts.

64. Continue local outreach

Continuation of local outreach has sweeping effects, which extend beyond identifying new applicants. As a result of presentations to Iowa's two large consumer organizations for the blind, I was able to identify possible trainers, meet existing program applicants, educate members about the program and receive referrals for new applicants.

66. Level of funding for local outreach -10% of allocation cap/ 2 years

Metrics/measures of success

HKNC supports the continuation of local outreach with a cap at 10% of the state's allocation. The benefit of such outreach efforts are evident in the growth of programs which utilize this funding to reach potential applicant through local/regional agencies/organizations. Some basic measures that have been used in determining the success of outreach in the states where HKNC is the state entity include:

New York: The 190 NY-DBEDP applicants are primarily from 25 of the 62 counties of New York State. This localization is due to the concentration of deaf-blind populations in areas with accessible transportation and services. However, using local outreach funds, the program has been able to provide information and presentations to agencies/organizations in less urban areas resulting in applications from school/medical/senior programs serving hearing/vision impaired consumers from all over the state. With continued funding the goal will be to establish "collaborative partnerships" with agencies/organizations in all counties allowing the program to continue to flourish.

Hawaii: HKNC became the state entity for HI-DBEDP late in Year 3 of the pilot program. Through the opportunities provided through local outreach (working with Island Skills Gathering and Assistive Technology Resource Center of Hawaii) within three months of service, the program has been able to generate 11 qualified applicants. Local outreach permits the HKNC Regional Representative from California to travel to Hawaii and disseminate information and materials on the program to local schools, medical programs, agencies and fraternal organizations. This "on the ground" support of the HI-DBEDP has gotten the program off to a strong start and has established good sources for continued program growth.

Iowa: HKNC became the state entity Iowa in Year 3 of the pilot program. Within the first year of operation the program has grown to 56 applicants. This is a result of the local outreach done by the HKNC Regional Representative (based in Kansas) working "on the ground" with Iowan organizations such as Iowa Utilities Board , National Federation of the Blind of Iowa (Urbandale), Central Iowa Center for Independent Living, and the IA Council of the United Blind. Local outreach funding insures that the growth of the program will continue and that as adaptive technology changes, local resources can be informed and provide information to consumers on a local level.

69. Continue reimbursement for Assessment/travel cost for staff

We see value in visiting the applicant's home for assessment, to see their current technology, set-up, lighting, work space, etc. At the same time, it would be very beneficial for consumers to have the option to travel to receive training on their new technology. Training in one location with two consumers is time and cost effective. Training at a Center-based program allows for ease in working with technology that is

already set-up and Internet connected. It also frees up busy technology trainers to spend less time in travel to rural settings to provide training.

70. Reimburse reasonable in-state CONSUMER travel to assessor

HKNC supports the proposal to reimburse consumer travel costs after careful consideration by the state entity and without the requirement of preapproval by the NDBEDP Administrator.

HKNC's unique national perspective permits this endorsement to be viewed from three perspectives: local, regional and national.

Locally: In New York, where HKNC's (a residential vocational rehabilitation program) headquarters are located, a fully equipped training program, residence and conference center would allow more cost efficient assessment and training sessions for consumers. At present, with no ability to support consumer travel, assessors and trainers must travel to the consumer's location incurring travel, food and lodging costs. Having the ability to support consumer travel would allow the NY-DBEDP to bring individuals to HKNC for Assessment/Training saving on lodging and food costs. Conceptually "Assessment of Training days" could be scheduled at the Center with sufficient qualified staff to support multiple consumers in a single day.

Regionally: In Iowa where consumers are located not only in the cities, but also in rural areas, travel for assessors/trainers is extensive. On a recent one week training effort, trainers logged 1,010 miles to support 5 consumers. It would reduce travel time/costs if the program was able to establish a centralized the assessment/training effort in partnership with a local organization (ex: Des Moines) and have the consumers reimbursed for travel to the central location.

Nationally: At present if a state wishes the HKNC Regional Representative to do an assessment or training for a consumer, the representative travels to the consumer's location. More consumers could be served, and less travel/lodging/food expense incurred, if the state entity were permitted to centralize the assessment/training location and have the HKNC staff stay in one location for the duration.

None of these centralization opportunities would eliminate the need to continue funding for travel cost for staff. In some instances consumers are unable to travel or the distance would make any cost savings moot. In that event, the staff would need the ability to travel to the consumer.

72 & 73. Program distribution/multiple items/not selling items, etc

HKNC agrees with all of the recommendations.

78. Continue verification that the Consumer has the equipment

It should not be required of the state programs to verify that the person still has the technology after a period of time. The only way to do so legitimately would be to see/touch it, which would not be a good use of program funds.

85. Training Trainers

The 3-year train-the-trainers (HKNC TtT) project funded by a private foundation grant took place from 2012 to 2015 with 12 successfully completed TTT seminars.

Approximately 70 trainers attended the seminars as was the goal of the project to increase the number of qualified personnel to offer technology assessment and training to deaf-blind individuals. The need for qualified trainers is especially significant to consumers who were eligible for equipment through the passing of the Twenty-first Century Communications and Video Accessibility Act of 2010 (CVAA). As stated in this ruling, the need for an effective equipment distribution program for telecommunications access by deaf-blind people was well documented. Without qualified adaptive technology trainers the national impact of the CVAA is severely impeded. We support the allocation of \$250,000 per year to support trainers to gain skills, knowledge, experience, coaching and share learning with others.

HKNC is a ready national partner to offer Train-the-Trainer opportunities using an array of successful models and methods. Below is a list of the HKNC TtT successful outcomes from previous experience:

1. Provided adaptive technology training to prospective trainers across the United States. HKNC hosted eight (8) “train-the-trainers” seminars at its headquarters in New York and four (4) in various locations across the country, in order to maximize the impact of federal and state initiatives as a result of the CVAA.
2. Created a curriculum consisting of adaptive technology professional training modules and training videos to support the continued development of trainers and future adaptive technology trainers. By developing materials, HKNC reached a wider audience and thereby maximized impact using a distance learning approach.
3. Collaborated with affiliated programs and created a national network whereby approximately seventy (70) trained adaptive technology trainers who demonstrated competencies to provide the aforementioned services. The network must continue expand.
4. A cadre of Adaptive Technology trainers were formed through collaboration an on-going Train-the-Trainer events. This group of trainers began a national Community of Practice. The pool of trainers can expand with on-going efforts.

The costs of TtT programs is extensive and a national allocation is needed in order to offset costs for providing Interpreting support and trainer/consultant expenses. HKNC has developed three models (options) for training potential trainers.

Because of requests by other states for in-state training due to travel restrictions of state employees and funding restricted to in-state training sessions, California, Texas, and Massachusetts were chosen as training sites. The benefit of establishing criteria and

working guidelines for offering the TtT seminar in various locations throughout the United States was necessary. This made training more convenient for some participating trainers and supported the building of state-wide networks and collaborations. HKNC worked collaboratively with the deaf-blind community, statewide distribution programs, NDBEDPs, vocational rehabilitation counselors, and Perkins to develop and strengthen a national network of qualified trainers.

We recommend continuing with the array of models and HKNC would still like to host TtT seminars in various locations.

The three year grant from a private foundation allowed HKNC to learn, progress and develop expertise, tools, materials and resources. The training seminars were tailored to the needs of the participating trainers. A comprehensive adaptive technology curriculum for ongoing expertise development, as well as consumer training, had to be promulgated by the lead trainer and the professional consultant team in the fields of technology and communication. The collaborative efforts of the HKNC lead trainer and others have resulted in the development of a preliminary comprehensive curriculum guide for trainers. In addition, tools for trainers have also been developed to guide trainers and participating trainers during hands-on training activities. Thus far the training has encompassed screen readers and screen magnification programs for the Mac and Windows-based PC, refreshable braille displays, braille notetakers, iDevices including iPad and iPhone, and a variety of relay service options. This expert knowledge must continue to evolve. A National Center of Excellence, whereby practitioners can gain needed knowledge and skills is crucial to meet the ongoing telecommunication needs of consumers. As technology advances, knowledge, skills and expertise of trainers must also advance. Establishing a national entity whereby state entities can obtain specific training to meet their needs, through group instruction, on-line learning or coaching in real time can support and guarantee quality services for NDBEDP.

5. Through collaboration with HKNC regional representatives, outreach to affiliate programs during the 3-year grant period was conducted and a database of current/potential adaptive technology professionals has developed as a result. At present, eighty (80) applicants are on a database reflecting their education, professional experience, level of adaptive technology expertise, their cultural (DeafBlind, Deaf, blind, hearing-sighted) affiliation, as well as their level of expertise in American Sign Language and availability to work with consumers. Applicants who completed the HKNC train-the-trainers program are listed as potentials or skilled trainers to be deployed to support the National DeafBlind Equipment Distribution Program (NDBEDP) in conjunction with Twenty-first Century Communications and Video Accessibility Act of 2010 (CVAA). The database will require continual update

6. On-going tasks to conduct national scale Train-the-Trainer activities include developing seminar content and format to include various learning styles respective of the learner's levels of expertise and learning modalities, performing outreach to disseminate information about the project, developing an application process which includes a screening tool to allow potential participants to identify their level of expertise

and training needs on a variety of adaptive equipment, coordinating trainers, and purchasing equipment.

7. Three (3) different train-the-trainers (TTT) models were identified and developed that benefitted adaptive technology (AT) trainers and the DeafBlind community:

A. A train-the-trainers seminar with different groups that include AT trainers, service providers, and other professionals who are DeafBlind, deaf/HOH, blind/visually-impaired, and hearing-sighted.

B. An on-the-road TTT program, a DeafBlind instructor traveled to a state or region to mentor/support technology trainers while they worked with NDBEDP equipment recipients at various locations including rehabilitation centers and private residences.

C. A train-the-trainers camp, deaf-blind instructors work one on one with DeafBlind future trainers. Some deaf-blind future trainers requested to work one-on-one with instructors to learn to use equipment and teach others at their own learning pace.

10. While most deaf-blind participating trainers preferred direct instruction from instructors who spoke in the same language, occasional group training was beneficial where perspectives from other non-DeafBlind participating trainers played an important role in curriculum development.

All three models served as a way to develop, refine, and implement a training program that worked best for different participating trainers from all walks of life and as a way to measure the phenomenon of effective learning; in part due to the wealth of available data identifying teaching methods that focused on new and existing tools for successful instruction while minimizing the use of interpreters. Interpreters increased cost and often proved less effective, adding confusion and exhaustion when working with equipment at length.

As a result of our 3-year grant's efforts to make the project successful and complete, an average of 250 hours was invested into each TTT seminar that included distributing flyers, reviewing applications, sending out letters of acceptance to prospective trainers, researching, preparing, and compiling materials as a work piece to be used for training curriculums, and managing HKNC TTT listserv to support trainers who completed their attendance of each seminar.

HKNC anticipated creating a permanent TtT program that will run during the entire duration of the NDBEDP in existence. We would like to begin exploring certification possibilities and other evaluation measures of trainer competency. This will further warrant the establishment of a permanent TtT program. An allocation of funding for this endeavor will be needed beyond the allocation available to state entities funding prospective trainers to attend training. Funding for a Center of Excellence will develop training materials and training opportunities including on-line/distance learning, coaching in real-time and group collaborative learning models. The evaluation of

professional learning will be an important aspect of the development along with best practices and accessible curriculum.

96. Retention of the current funding allocation mechanism

HKNC supports the retention of the current funding mechanism. We agreed that in the first 3 years of the pilot program state funding has been sufficient to meet need, with the caveat that the Bureau continue the present reallocation process which permits reassignment of funds to states with unanticipated need. In the first three years of the program, HKNC requested additional funding three times. Two of these requests were in New York and the third in Iowa in completion of a successful inaugural year. In Hawaii, HKNC became the state entity late in the program year and as such can make no determination what demand will surface in the future.

HKNC suggests that two opportunities exist for the agency to provide the Bureau with reliable data on the number of people who are deaf-blind in each state. First, the agency, under its federal mandate, has a national registry of people who are deaf-blind and this data can be research by state. Second, the agency has recently undertaken state-wide needs assessments for individuals who are deaf-blind in five states. This effort has resulted in evidence based information and strategies and the ability to accumulate data across states. Extrapolation of these strategies would allow HKNC, if supported under the funding available through NDBEDP national outreach, to analyze and determine deaf-blind population trends over the next 3 to 5 years.

100. Voluntary/Involuntary Reallocation

HKNC supports the proposal for both voluntary and involuntary reallocations. The present system which allows for request for additional funding at the end of the third quarter/start of the fourth quarter provides the correct timing to support end of year efforts. Moving the ability to request reallocation to earlier in the year will compromise cost containment based on the annual allocation. At present the system of allocation seems fair and equitable and ability to reallocate after the third quarter permits end of year work (outreach/assessment in preparation for the following year; completion of consumer training; minor equipment tweaks) to take place without putting an undue burden on the yearly allocation.

106. 15% cap for Administration costs

HKNC believes 15%, either of all other expenses or total allocation, is inadequate for the amount of hours it takes for the administration of this program.

128. Formal/Informal Complaint Procedures

HKNC agrees with this proposal and it ready to support compliance in both the pilot program and final regulation stages.

132. Advisory Committee

HKNC strongly agrees that the newly formed Disability Advisory Committee and the Commission's rulemaking proceedings are sufficient to insure consumer involvement in policy development and rule making.