

Feasibility and Planning Study Committee
Iowa Services for Students who are Deaf, Blind, Visually Impaired or Hard of Hearing
MINUTES
October 22, 2012 – 10 a.m. to 3 p.m.
Heartland AEA, Room 13A, 6950 Corporate Drive, Johnston, Iowa

AGENDA ITEM	DISCUSSION	DECISION
1. Welcome and introductions	<p>Attended by: Core team: Shirley Kelley (facilitator) Shelly Bosovich, Maria Cashman, Patrick Clancy, Mark Draper, Polly Fullbright, Bruce Gantz (via phone), Diana Gonzalez, Susan Hagarty, Tracy Isaacson, Kenda Jochimsen, Charles Levine, Stephanie Lyons, Kathy Miller, Brook Nolin, Tammy O’Hollearn, LauraBelle Sherman-Proehl, Sandra Ryan, Robert Spangler Department of Management: Dave Fardal Support Team: Cynthia Angeroth, Don Boddicker, John Cool, Marsha Gunderson, Jim Heuer, Beth Hirst, Megan Johnson, Pam Rubel, Shari Slater, Gwen Woodward Interpreters: Peggy Chicoine and Jeff Reese Presenters: Kim Lestina, AEA 10 teacher of the d/hh, Kelly Varnum, AEA 10 audiologist, Ann Hestrom, orientation/mobility specialist, Chris Short, teacher of the b/vi Reporter: Diane Heldt</p>	
2. Reminder of ground rules and guidelines	<p>The meeting was called to order at 10:02 a.m. by Shirley Kelly Everyone should identify themselves before speaking. The group is advisory in nature and will make advisements to the Board of Regents. This is an opportunity to discuss and not judge. We will respect the work of committee work performed previously.</p>	
3. Reminder of committee charge	<p>Look at effectiveness and efficiency, both administratively and programmatically for our students and our educational system.</p>	
4. Minutes from Sept. 24, 2012 meeting (Action)	<p>Mark Draper moved and Kenda Jochimsen seconded approval of minutes as written. Motion passed.</p>	
5. Current providers of current services and future needs	<p>Kelly Varnum, Audiologist, AEA 10 Newborn hearing screenings have helped in early identification of children with hearing loss. Improved technology means there is now enhanced timely access to auditory information. Children with hearing loss today function much more like their hearing peers. Nationally recognized audiologist Carol Flexer recently presented to some of Iowa’s teachers of the d/hh. Flexer emphasized how to achieve literacy and spoken outcomes. Knowing the history of early amplification of students would be helpful. Will regional centers have a focus to have auditory stimulation and brain development? Varnum is concerned when students go to ISD, use of their amplification drops off and it is important</p>	

to keep amplification on students all waking hours. Not all AEAs and staff have access to cochlear implant (CI) centers because of geography. *How are the relationships with CI teams?* Technology could be used more throughout the state for more access to CI info. Some of her caseload are not on IEPs. Of her 92 caseload, 40% have hearing aids, 1/3 have FM equipment, 20 have IEP/IFSPs, 18 use a teacher of the d/hh. Many have unilateral losses, putting them at risk academically, but they don't need specialized staff. Instead, they work with classroom accommodations, technology and classroom consultation. Varnum would like to do more with expanded core curriculum. She addresses acoustics in the classroom; geothermal heating is particularly frustrating in the classroom. Varnum said she values the relationship with the teacher of the d/hh. She asked the committee to consider audiologists on the continuum of services because they are an integral part of d/hh education.

Kim Lestina, Teacher of the Deaf/Hard of Hearing, AEA 10

In AEA 10 there are communication plans attached to the IEPs, which are reviewed annually with families. She works with classrooms, looks at discrepancies a child with a hearing loss may have compared to hearing peers and identifies if the discrepancy is academic, social, advocacy or other. Her students are changing, due to early detection of a hearing loss and due to technology. Students in the past weren't identified with a hearing loss until kindergarten or older but now receive services at 3 or 6 months. Parents of students on her caseload are more involved in knowing their options, including knowing where deaf communities and deaf clubs are. Location and family philosophy can affect the decisions. Children who at 3 or 4 years old do not show a discrepancy still have needs when they take off their technology. She addresses what students should do if their CI isn't working, if there is background noise. Currently there are no educational interpreters with her caseload; 24 years ago, there were 8 educational interpreters. This is because the options change. Five of her caseload are currently enrolled at ISD. Some families do not want to discuss the ISD option with her; sometimes she brings it up year after year; ISD is still an important factor to have on the continuum. Some students have sufficient reading skills and can use CART in the classroom. Some do not need an interpreter but use notetakers. Interpreter licensure creates a challenge – do temporary interpreters really have the skills to provide language access? It is an access issue. When younger students advance through the grades, they don't necessarily work with an interpreter just because they have in the past. Social opportunities of living, working and interacting with peers are discussed. The AEA provides deaf days to bring together families with d/hh children; some participate, some do not. Families with younger children are easier to engage in this way because older children are in school activities. Even having a small number participate provides an advantage. If a family is willing to discuss ISD, they are willing to sacrifice the travel time if it is best for their child. It is a struggle for families who want their children

included in their home districts. There may be a discrepancy or a change in their child and the AEA might suggest a program located 45 minutes or even 20 minutes away in another district, but maybe parents want them to stay in their own communities. There is not a rural program to support the auditory/oral program. Some families move to St. Louis or attend out-of-state conferences because that information is not provided in the AEA. Each year there are new, different general ed teachers to work with; by late fall they are comfortable with their responsibilities, and need the d/hh teacher support to move the students forward with education, social and academic needs. Sometimes it depends on teachers' willingness to use amplification. The teachers will say a student is doing well, but the standardized test may not reflect this. Lestina shared her experience of regional centers in AEA 10. They have often seen that families prefer to have education in the home district. They linked families of young children with one another, to bring a critical mass together, give families support, information on communication choices, educational support and a social network. They found not all families will link; most returned to their home districts. Those families had supportive peers and the children were developing friendships in their communities. Many parents drop signing when amplification was used. Some families chose to move auditorily instead of signing.

Shirley Kelley asked the committee to think about the models and options in relationship to their questions for the presenters.

You suggested that certain rural areas are underserved for CI resources. What other resources exist? There are good online courses. Skype could be used. It is a challenge that can be overcome. Isn't it common practice to utilize technology for outreach? Not everyone does. Do I understand that use of amplification equipment tends to drop off when kids go to ISD? That is our understanding, with kids who use CIs or FM systems. Maybe it's a cultural reason. As an audiologist, my focus is access. In CB we noticed that classroom systems that were implemented in a local district, it tends to go away for the reasons you discussed.

What do you do day to day, and what would you like to be doing with your time? Half the time is for testing for Child Find. I am a service coordinator for students who do not have a d/hh teacher or not on an IEP. I inservice teachers and check on educational progress and acoustics, and provide teachers about a student's hearing loss, check equipment (large part of job). I would like to be doing more with acoustics, and hearing conservation.

Shari Slater explained some students don't use their amplification equipment at ISD because of small classroom size, and hearing aids have improved so many students benefit more with them than FM systems.

What inservice is there for hearing peers who attend class with d/hh mainstreamed students? I have gone

into classrooms and demonstrated what things sound like for their classmate; other students do not want this. Science classes often use their resources when studying how deafness occurs. Some d/hh students give presentations to their hearing peers to help them understand (advocacy); others do not want to talk about it.

How do we meet the needs of students who might best be served with another option, when parent choice is so strong to stay in the home district? We look at our data – where do we want the child to be and what is the movement on that? Sometimes parents agree to get resources outside the schools day. Some parents are willing to accept discrepancies.

Does the AEA have a centralized focus so we (Bruce Gantz, from U of I) could make our services more regionally available through ICN or something else? Does each AEA do things on their own, or is there central coordination? We've been discussing using the state leadership group to help facilitate that. Once a year we get together with PITSTOP to discuss those issues; we had reps from CI companies to help with communication.

Regarding families wanting more information on auditory/verbal services, would this be a suggestion that if we have regional programs, you want us to have more auditory/verbal services through the state? Yes, families are asking for that and if we can't offer that, families travel to obtain the information. To their credit, they recognize what districts can and cannot do. With regional sites, that's a consideration.

Regarding how the discrepancy is reduced with CIs, do we have info showing how that plays out long-term for success in employment and college? That would help parents make these choices. Talk to Carol Flexer. Older families also provide information to new families. Older children can tell their parents what did and did not work when they were in school. Bruce Gantz stated he has some data about vocational abilities of implanted kids he has followed over the years. The children attain the educational level of their parents.

Chris Short, Teacher of the Blind/Visually Impaired

About 4% of her students are Braille readers, with whom she spends about 80% of her time. It is a goal that, for academic Braille readers, they already know their Braille alphabet by kindergarten so they can do what their peers do. Teachers are continually teaching their students ahead of time so the material will be familiar to them when the class covers it. This requires teachers to know the scope and sequence of subjects. If sighted peers have printed materials then b/vi students need Braille materials. These students need to have someone at the school site to Braille the documents. Paraeducators are taught how to do

this through the teachers of the b/vi. The Braille needs to be without errors. If a student's vision changes or there is a smaller font change that takes place when students start a new grade (for instance) teachers of the b/vi spend more time with these students. It is important for the teachers of the b/vi to know what textbooks a school will use the next school year by January to get them formatted in Braille. B/vi students are in volleyball, choir, band and many other activities which makes scheduling time to see them a challenge. They enjoy interacting with other b/vi students, comparing technology. They enjoy the summer camps. Students are fairly rural and need to travel to larger towns to widen their orientation and mobility experiences. They participate in Braille challenges.

Ann Hegstrom, Orientation and Mobility Specialist

O&M staff work to help students become aware of the environment and motivate them to move independently, may it be to class, the grocery store, or the bus to a college campus. Academic students know their smaller communities; they need to experience more complex intersections and situations. At Orientation and Mobility camp they spend a week with other students with low vision and Braille users in Des Moines. They experience restaurants with Braille menus. O&M teaching integrates other classroom lessons- how to use a debit card, calculating tax, using technology. Staff always anticipate what the student's next environment will be. Challenge for O&M staff is not having enough time to work with students. They try not to interrupt the academic day, and many of them are in extracurricular activities. It is ideal to work with them during quieter times of the day but the busiest times will be true to their life. Students have to deal with increasing distracted drivers. O&M staff sometimes have fieldtrip previews for students who will be going for an off-site lesson.

If there are academic Braille readers, what are the other Braille readers? Academic Braille readers mean those on grade level or close to grade level.

What additional disabilities do students have? Cortical impairments, those who are non-verbal, those who aren't ambulatory. We also have students on 504 plans- many I never see, unless something changes, like the font sizes become smaller the next year in school, so an assessment may be needed.

How is it decided if a student will learn Braille? Can a parent request it if you think a child doesn't need it? How do you know the vision won't deteriorate and the child may need Braille later? These are team decisions. We look at medical reports and whether the vision is stable. With young students, we don't know if they will be Braille or print readers. We honor parent request to teach Braille. Functional vision assessments are 10 hours and include classroom

	<p>observation, print reading rate, tactile readiness. Explain the paraprofessional role with the child. We train the paras a lot and I tell the principal how much I appreciate the paras. The school hires them and we train them; the school has to decide if they can get release time to attend the classes. As the child becomes more independent, the para needs to be able to let go.</p> <p><i>How many are on your caseload?</i> Twelve. There are 2 Braille readers, 2 dual, 3 low vision and the others have multiple impairments. She has had as many as 5 Braille readers and up to 25 students.</p> <p><i>What is the maximum caseload an itinerant teacher can handle?</i> (Lestina) Depends on amplification. Three times a week for an hour is the maximum we can provide without looking at more intensive services. I see 9 biweekly, 5 weekly and others I see bimonthly. (Short) This depends on where the school is. I try to chain together students in the same district or schools.</p> <p><i>In the IEP, do you have a consultant involved with parents at meetings to help them with their decisions/connect with a deaf adult?</i> Typically not. Others can be invited. We connect parents with deaf adults outside of the IEP. It would help if there was a deaf adult at the IEP so the hearing parents can see someone who has lived the experience. <i>What options are you using for interpreters?</i> They are hired by school districts. If they can't secure an interpreter, they can use contracted services. We have CART, but not all kids can use this for success. Most of the time we are not involved with interpreter interviews. <i>Are there student aids and interpreters?</i> Right now students are in the mainstream classroom with auditory access. The itinerant works with the student and the interpreter. Regarding regional centers, children who would get on the bus every morning for an hour or two, it would be lost time. The red flag would be the critical mass and having time for extracurricular activities. What will happen if kids are grouped and the needs change academically or socially or they want to go back to their home district? Will students with multiple needs be with the other students?</p>			
<p>6. Guiding questions #3, #4, #5, #8</p>	<p>The committee divided into groups and discussed advantages and disadvantages to guiding questions which had not yet been discussed. The groups rotated to white boards and added points to each of the questions.</p> <p>Guiding Question #3 - What would be the advantages and disadvantages of continuing to provide services for students who are deaf, hard of hearing or Deafblind on the campus in Council Bluffs and services for students who are blind, visually impaired or Deafblind from the campus in Vinton?</p> <table border="1" data-bbox="451 1442 1585 1474"> <tr> <td data-bbox="451 1442 1018 1474">Advantages:</td> <td data-bbox="1018 1442 1585 1474">Disadvantages:</td> </tr> </table>	Advantages:	Disadvantages:	
Advantages:	Disadvantages:			

<ul style="list-style-type: none"> • Infrastructure already present (profound knowledge at both schools) • Staff already living in communities • Movement to a different model could expose funding dilemmas • Status quo allows continuing residential programs and no contracts to other schools/other states • Status quo avoids psychological and emotional stress by maintaining programs • Option for direct communication with ISD may help address interpreter shortage • Comprehensive before and after school program options with ISD • Greater equity in services through regional model for blind and visually impaired students • Schools could serve as training sites for student teachers • Communities would prefer to maintain status quo 	<ul style="list-style-type: none"> • Past three years of work would be disappointing and inadequate • Status quo does not address identified deficiencies • Movement to a different model could expose funding dilemmas • Quality of building/structures are not equitable • Access to deaf/hard of hearing services are more concentrated in Council Bluffs—inequity in services across the state • Do we have a continuum of services in deaf and hard of hearing? • Do we have a continuum of services for blind and visually impaired?
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Guiding Question #4 – *What would be the advantages and disadvantages of providing services for students who are deaf, blind, visually impaired or Deafblind from the campus in Vinton?*

Single campus Advantages:	Disadvantages:
<ul style="list-style-type: none"> • Geography • Peer group (social aspect) • Create connections with family • Expertise • Hire staff in single location • Economy of scale • Professional development Implications • Model programs and not distract resources (up expectations) • Residential for blind • Certifications for teachers • Data collection 	<ul style="list-style-type: none"> • Classes parallel Integrated • Accommodations for all populations • Low incidence population geography • No “blind” school • Peer group (social Aspect) • Residential takes away from family • Certifications • Cost of new location • Not relevant because teaching IA core • Blind pop very small so could feel less important • LRE implications (Career Ready) • Nondisabled-no interaction? • Lose history and community • Parents want programming locally can't force services

- Lose advantages of mainstream

Guiding Question #5 – *What would be the advantages and disadvantages of a single campus being located centrally in the state?*

Advantages	Disadvantages
<ul style="list-style-type: none"> • Continuum of services • Less travel for students • 'Fed Ex' model • Parents would consider as option • Better visibility with legislators and Bd of Regents • Central location of resources • Easier for central administration • Statewide itinerant services provided • Staff development: more people together (more consistent) lab type setting • BVI: adult services are in central Iowa • More social opportunities for DHH students • Equal travel for students • Residential option for BVI students • More complex opportunities for O&M 	<ul style="list-style-type: none"> • Already have established campus • Large cost to create • Different models needed for BVI & DHH • May result in more travel • DHH: What about Nebraska students? • Support to local school districts? • Staff would need to move (what staff?) • Might lost existing community support (create new) • Nebraska students would travel farther

Guiding Question #8 – *What would be the advantages and disadvantages of centralizing the administration and coordination of services for students who are deaf, blind, hard of hearing, visually impaired or Deafblind?*

Advantages	Disadvantages
<ul style="list-style-type: none"> • Equity of services and resources • Cost savings • Stronger voice for legislators & Bd. of Regents • One stronger voice for all service providers • Broader view of system • Fewer staff needed (cost savings) • Better data collected systematically • Use savings for expanded services to students • Statewide vision consultants (science, math, etc) are a plus • HR & Business Office more easily combined than regional, programmatic 	<ul style="list-style-type: none"> • Concern administrators would not be available on campus or to the staff on campus or other sites • Must deal with three distinctly different groups • Must have knowledge of all groups • Must manage different delivery systems • If we had to lease space, money would be taken away from students • People losing jobs • Money needed to cross-train populations (administration, supervision, acronyms) • Lack of specialized knowledge and services for coordination of services • Will it be a cost savings? Will the money

	administrators	<p>be reallocated to services for students? (Yes, please!)</p> <ul style="list-style-type: none"> • Hard to find licensed educational program administrators for all groups. We need it. • Difficult to combine regional educational administrators 	
7. Cost estimates for models/options	<p>Don Boddicker, IESBVI Director of Business Operations & Jim Heuer, ISD Director of Business Operations presented cost estimates to each of the 8 models. They and Patrick Clancy emphasized the figures are a “big picture” estimate, set with a large parameter for reduced or increased costs. Committee members were cautioned to “not get too hung up on the details of the pieces” but to use the information for guidance. Refer to website documents for complete notes.</p> <p>Guiding Question #1: Savings of \$2,444,415 Guiding Question #2a: ISD used as a regional center: Cost of \$3,863,452 Guiding Question #2b: IBS used as a regional center: Cost of \$3,707,268 Guiding Question #3: Cost of \$285,472 Guiding Question #4: This is covered in more specific terms through questions #6 and #7. Guiding Question #5: Cost of \$18,897,954 Guiding Question #6: Cost of \$5,724,944 Guiding Question #7: Savings of \$644,518 Guiding Question #8: Savings of \$287,928</p> <p>The financial models do not include summer camps; there would still be extended learning opportunities. The physical properties of IBSSS and ISD, if they were sold, would become assets of the State of Iowa, and not be used toward IBSSS or ISD future facilities. Each model would require different staffing levels.</p>		
8. Refine the focus/Guiding Questions	<p>The group was asked to use three colored cards to indicate how they are leaning regarding the 8 guiding questions. Shirley Kelley emphasized the activity was not a vote, but more of a straw pull. A committee member showing a red card would be indicating he or she does not wish to advance discussion of that particular model. A yellow card would indicate a desire to have more conversation around that model. A green card would indicate a desire to advance discussion regarding that model.</p> <p>The 8 Guiding Questions:</p> <ol style="list-style-type: none"> 1. What might be the advantages and disadvantages of a regional model or centers to serve students? Regional centers may be in four or five locations in the state within an hour drive to receive services. 2. If Iowa had regional centers what would be the advantages and disadvantages of maintaining the campuses at Council Bluffs and/or Vinton? Would their location allow for them to be used as regional centers? 3. What would be the advantages and disadvantages of continuing to provide services for students who 		

- are deaf, hard of hearing or deafblind on the campus in Council Bluffs and services for students who are blind, visually impaired or deafblind from the campus in Vinton?
4. What would be the advantages and disadvantages of providing services for students who are deaf, blind, visually impaired, hard of hearing or deafblind on a single campus?
 5. What would be the advantages and disadvantages of a single campus being located centrally in the state?
 6. What would be the advantages and disadvantages of a single campus located on the current Iowa Braille School campus in Vinton?
 7. What would be the advantages and disadvantages of a single campus located on the current Iowa School for the Deaf campus in Council Bluffs?
 8. What would be the advantages and disadvantages of centralizing the administration and coordination of services for students who are deaf, blind, hard of hearing, visually impaired or deafblind?

Not all members present voted at every opportunity.

Results from straw poll

	Green	Yellow	Red	
1.	5	16	3	(Group will continue to explore)
2.	15	8	0	(Group will continue to explore)
3.	8	6	7	(Group will continue to explore)
4.	2	9	14	(Is this covered in questions #6 and #7?)

After discussion and consensus that question #4 was implied in more specific terms for questions #6 and #7, there was a 2nd straw poll on #4.

*Results from that straw poll: **Green: 0/Yellow: 0/Red: 26** Question 4 was then removed from future discussion.*

5.	0	0	24	(Remove from discussion)
6.	0	1	25	(Remove from discussion)
7.	5	14	6	(Continue to explore)
8.	24	2	0	(Continue to explore)

After further discussion, it was decided Question #2 has four issues, and a straw poll was taken on each of the four issues.

	Green	Yellow	Red
(a) ISD as regional program w/ residential program w/ 4 other regional	15	6	2
(b) IBS as regional program w/ residential program w/ 4 other regional	0	0	23
(c) IBS & ISD as regional programs w/ residential program w/ 3 regional	14	9	0
(d) IBS & ISD as regional without a residential program w/ 3 other regional	1	13	10

9. Additional information

What information is still needed that would impact the thinking and charge of the committee?

needed	<p>I would like clarification on how extracurricular activities would be affected if there was not a residential program. These activities are important; and we would look at that as a state, both for deaf and blind students. Tell us more how students would be affected.</p> <p>We need to consider what affects the outcomes, instead of focus on whether or not we keep a building or a site. We need to look at program, outcomes and technology and expert staff that is out there for that.</p> <p>I'd like to see a map showing population centers of current students, where they are located. Would there be signed language, spoken or both together? I'd like more specifics how the education would be provided at a regional center, or what this would look like.</p> <p>What do AEAs spend on self-contained classrooms, or on their deaf/hh/b/vi services? How much do we spend on mainstream education for them? Is that out of the scope of this committee? Patrick Clancy noted it would be a monumental task to get to these numbers before the November meeting. The number of personnel employed by the AEAs for this student population is known and that provides a sense of the investment.</p>	
10. Next meeting agenda	<p>More refinement of what was discussed today and discussed previously.</p> <p>It was agreed an extra hour, either at the beginning or end of the scheduled meeting, could be added to provide extra discussion time. Dec. 17 will be an extra meeting day if it is needed.</p>	
11. Other/Public Hearing	<p>Reminder to examine comments submitted from others on the websites. It is not required of committee members, but there is another public hearing tonight from 5 to 7 p.m. held through the ICN. Sites are Johnston, Vinton, Council Bluffs, Davenport, Dubuque, Sioux City and Spencer. It is appreciated if you are able to stay.</p>	
12. Closing	<p>Meeting adjourned at 2:58 p.m.</p>	

Future meetings:

Monday, November 26 Heartland AEA Room 13B

Monday, Dec. 17 (if needed)