

2014-GA-PUB-021

Priority Title: Preservation and Advocacy of Relay Services (PARS)

Priority: The NAD must undertake the following steps for the purpose of preserving Relay services:

- 1) Strenuously object to the FCC's destruction of the IP Relay marketplace and the FCC's ongoing attacks against VRS including producing a white paper by December 31, 2014 arguing that the Commission's TRS orders last year all threaten to curtail innovation and that the FCC is ignoring the pursuit of functional equivalence. (Produce White Paper)
- 2) Take every possible step to obstruct and prevent FCC's attempts to enact the Neutral Platform, including taking legal action. The NAD should identify the Neutral Platform for what it really is--a Government takeover of the competitive marketplace and thus the NAD should, from now on, re-label the neutral platform as the "Government Controlled Platform (GCP)." In the meantime, the NAD should continue to support and push for the reference platform, which will go a long way to addressing the various interoperability issues that bedevil the VRS industry. (Stop GCP)
- 3) Argue that the continuing cuts in Reimbursement Rates for IP Relay and VRS serves only to further undermine the ADA's functional equivalence mandate by harming the industry's ability to innovate by creating new technology and features and its ability to provide quality CA service. The NAD must demand that the FCC bring rates back up to ensure quality and technology including undertaking legal action if necessary (Restore Rates)
- 4) Take every possible step including, but not limited to legal action to demand that the FCC approve:
 - a) skills-based routing,
 - b) the approval of hearing signers to receive videophone numbers
 - c) and the expense of CDIs in VRS settings as an exogenous cost beyond the normal reimbursement rates. (Quality and Access)
- 5) Demand that the Congress and the FCC celebrate VRS as the biggest accomplishment of ADA and by doing so, call for Congressional attention on the FCC's attack on the civil rights of Deaf and hard of hearing Americans as outlined above. The NAD should do so by asking for Congressional hearings and mobilizing grassroots activism by having members contact Congress and the FCC on all of the above issues. (Congressional Action)

Rationale: The IP-Relay industry has been winnowed down to only two providers both who have said that the FCC's actions on rates are unsustainable. If the FCC does not take corrective action, both of the remaining providers will likely depart the industry. The NAD has reported in various filings and meetings that they have received an increasing number of complaints from consumers regarding the quality of VRS interpreters and the lack of new and innovative features and technology from those industries. This is largely a result of the FCC's cuts in rates without analyzing its impact on quality and functional equivalence. FCC cuts in rates while increasing speed of answer requirements is a

reflection of their lack of understanding that innovation and quality is directly related to funding size. The NAD must demand that the FCC increase rates in order to enable providers to meet speed of answer requirements and further demand that the FCC establish quality objectives before setting rates. In face of those alarming threats to the civil rights of Deaf and hard of hearing Americans, the NAD has tried to work cooperatively with the FCC in an effort to get them to back off from their destructive methods. Such an approach has not caused the FCC to change course and the NAD must now take a strong and adversarial approach including legal action in order to protect the civil rights of Deaf and hard of hearing Americans. The FCC's attack on the quality of interpreters through its cuts in the reimbursement rates only increases the importance that CDIs be utilized in VRS settings. The FCC must have a funding mechanism for CDIs separate from the reimbursement rates in order to incentivize providers to hire and utilize CDIs.

Vision 2020: Objective 2.3

2014-GA-PUB-033

Priority Title: FEMA Communication to Deaf and Hard of Hearing

Priority: Mandate that FEMA develop policies to assure that all Deaf and Hard of Hearing citizens know exactly everything that is being communicated during all emergency broadcasts and briefings. FEMA will assure that there is a certified live interpreter and closed captions that mirror what is spoken.

Rationale: Communication effective and communication access.

Vision 2020: Objective 3.2

Merged Mental Health Priority 2014-GA-PUB-049

Priority Title: Preservation of Mental Health Services that Meet the Needs of Deaf People

Priority

Increasing Educational Opportunities to become Mental Health Counselors and create a Position Statement on the Impact of Managed Care on the future of Mental Health Services to the Deaf. The Mental Health section under the Public Policy committee will be tasked with two goals:

- A) Develop a position statement on Managed Care in Mental Health, which recommends specific minimum guarantees and guidelines in what support (access-based) Managed Care Entities will give Deaf people in need of Mental Health or Behavioral Health services.
- B) To establish a dialogue with higher education institutions along with federal entities for the purpose of expanding existing educational programs for developing Mental Health counselors with the intent of increasing the number of Deaf individuals becoming mental health counselors. Also include a discussion on possible funding streams for such programs, both existing and new, including stipends.

Rationale: Changes in health care insurance mandated by the Affordable Care Act have had the unintended consequence of undermining state operated "safety net" mental health programs. No population is harmed more than this than people who are deaf and use American Sign Language. Fewer and fewer states are funding specialized services for deaf people who have Mental Health needs. Increasingly, state are turning to commercial managed care organizations (MCOs) in attempts to reduce costs and that directly results in reduced services for all people. It also results in the loss of specialized services in ASL. Even the provision of interpreters, as mandated by numerous federal and state laws, has been reduced by guidelines established by individual MCOs. At this time, advocates need further information and guidance to be able to discuss current and possible impacts, and proposed solutions. A Position Statement on Managed Care in Mental Health will convey that information to the communities impacted by the changes mandated by the Affordable Care Act.

Mental Health Services in general has been suffering cutbacks thus impacting the quality of services for Deaf and Hard of Hearing. The real issue is the shortage of qualified mental health specialists fluent in ASL (American Sign Language). Many States get around this shortage by hiring "qualified" ASL interpreters, which is not always effective.

Whereas the Delegates to the 2012 NAD Conference passed a Language Deprivation mandate proposed by four past NAD presidents and three past NAD executives, among others, requiring the NAD to set up a Headquarters Ad-Hoc Committee to look into developing model state and federal legislation to prevent language deprivation.

Whereas this mandate required the formation of a headquarters Ad-Hoc committee reporting to the CEO comprised of individuals with expertise in various relevant areas including legal, educational and socio- and neuro-linguistic development to look into the possibility of making liable actions that causes harm to Deaf children as a result of the deprivation of American Sign Language and develop model state and federal legislation for such liability.

Whereas this mandate required the committee to look into developing model state and federal legislation that would require medical and audiology personnel to refer deaf infants/children and their families to American Sign Language instruction and education prior to undertaking any medical procedure that may presume to provide hearing.

Whereas this mandate required that the committee develop a strategy for the adoption of these legislation including identifying the states that may be most favorable as early adopters of those legislation.

Whereas this mandate requires a full report including the first draft of a model legislation.

Let it be further resolved that the 2012 Mandate be passed once again as a 2014 Mandate with the same procedures, requirements and a deadline of the report and model legislation by May 1, 2015."

"Past attempts through the educational system to ensure that Deaf children are not isolated and linguistically deprived have experienced extremely limited success.

Alternative approaches needs to be fully explored.

This motion is timely because the United Nations developed and adopted the Convention on the Rights of Persons with Disabilities ("CRPD") to advance equality further throughout the world. The CRPD makes repeated specific references to the deaf community and sign language in its text.

The rationale and justification for the 2012 proposal comes from the abstract of Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches; Harm Reduction Journal 2012, 9:16 which specifically states:

"Children acquire language without instruction as long as they are regularly and meaningfully engaged with an accessible human language. Today, 80% of children born deaf in the developed world are implanted with cochlear devices that allow some of them access to sound in their early years, which helps them to develop speech. However,

through early childhood, brain plasticity changes and children who have not acquired a first language in the early years might never be completely fluent in any language. If they miss this critical period for exposure to a natural language, their subsequent development of the cognitive activities that rely on a solid first language might be underdeveloped, such as literacy, memory organization, and number manipulation. An alternative to speech-exclusive approaches to language acquisition exists in the use of sign languages such as American Sign Language (ASL), where acquiring a sign language is subject to the same time constraints of spoken language development. Unfortunately, so far, these alternatives are caught up in an “either – or” dilemma, leading to a highly polarized conflict about which system families should choose for their children, with little tolerance for alternatives by either side of the debate and widespread misinformation about the evidence and implications for or against either approach. The success rate with cochlear implants is highly variable. This issue is still debated, and as far as we know, there are no reliable predictors for success with implants. Yet families are often advised not to expose their child to sign language. Here absolute positions based on ideology create pressures for parents that might jeopardize the real developmental needs of deaf children. What we do know is that cochlear implants do not offer accessible language to many deaf children. By the time it is clear that the deaf child is not acquiring spoken language with cochlear devices, it might already be past the critical period, and the child runs the risk of becoming linguistically deprived. Linguistic deprivation constitutes multiple personal harms as well as harms to society (in terms of costs to our medical systems and in loss of potential productive societal participation).”

Because Headquarters have the legal staff and interns along with necessary key relationships with those having needed expertise, the committee should report to the CEO.

Vision 2020: Objectives 1.3, 2.3, and 3.2

Merged Education Priority

2014-GA-PUB-050

Priority Title: Defining and Supporting the Education Strategy Team's Focus for 2014-2016

Priority

We move that the Education Strategy Team (EST) develop a strategy for keeping Deaf schools from closing, and focus on outreach to mainstreamed programs with emphasis on socio-emotional needs and language access; employment and participation of Deaf people at all levels of education; collaboration with national organizations on diversity issues in education; updating the model Deaf Child's Bill of Rights with ASL-English Bilingualism; collaborating with Language Equality and Acquisition for Deaf Kids (LEAD-K) to provide support to state efforts to promote kindergarten-ready legislation; supporting the development of parent advocacy groups under State Association; and establishing a clearinghouse for information on successful Deaf schools. The EST will collaborate with other NAD Committees and external organizations as recommended and as appropriate.

Rationale:

1. Deaf and hard of children need more access to Deaf role models and these adults also need to be involved with administration and policy to impact system-wide changes.
2. Increasing the number of Deaf role models for Deaf students will impact the growth of teachers and administrators who are Deaf
3. This would promote growth nation-wide in teacher preparation programs and effect change in philosophy, recruitment, and accessibility.
4. Diversity has been an issue over the years. Part of NAD's Vision 2020 is to address this.
5. The current Bill of Rights does not include ASL or bilingualism. CRPD states both natural visual language and national language are human rights.
6. The U.S. Department of Education is investing in early start programs to ensure that more young children enter Kindergarten ready to learn. Deaf and hard of hearing children often remain language-deprived without appropriate early bilingual intervention. NAD can collaborate with the national campaign to promote language equality by emphasizing benchmarks, outcomes and accountability for Deaf children to ensure they are kindergarten-ready.
7. The 2012 - 2014 Mandate #3, (Language Deprivation) has not been completely satisfied and this would ensure that NAD focuses on these issues state-wide and nation-wide.

Whereas the Delegates to the 2012 NAD Conference passed a Language Deprivation mandate proposed by four past NAD presidents and three past NAD executives, among others, requiring the NAD to set up a Headquarters Ad-Hoc Committee to look into developing model state and federal legislation to prevent language deprivation.

Whereas this mandate required the formation of a headquarters Ad-Hoc committee reporting to the CEO comprised of individuals with expertise in various relevant areas including legal, educational and socio- and neuro-linguistic development to look into the possibility of making liable actions that causes harm to Deaf children as a result of the deprivation of American Sign Language and develop model state and federal legislation for such liability.

Whereas this mandate required the committee to look into developing model state and federal legislation that would require medical and audiology personnel to refer deaf infants/children and their families to American Sign Language instruction and education prior to undertaking any medical procedure that may presume to provide hearing.

Whereas this mandate required that the committee develop a strategy for the adoption of these legislation including identifying the states that may be most favorable as early adopters of those legislation.

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This motion is timely because the United Nations developed and adopted the Convention on the Rights of Persons with Disabilities ("CRPD") to advance equality further throughout the world. The CRPD makes repeated specific references to the deaf community and sign language in its text.

The rationale and justification for the 2012 proposal comes from the abstract of Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches; Harm Reduction Journal 2012, 9:16 which specifically states:

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exclusive approaches to language acquisition exists in the use of sign languages such as American Sign Language (ASL), where acquiring a sign language is subject to the same time constraints of spoken language development. Unfortunately, so far, these alternatives are caught up in an “either – or” dilemma, leading to a highly polarized conflict about which system families should choose for their children, with little tolerance for alternatives by either side of the debate and widespread misinformation about the evidence and implications for or against either approach. The success rate with cochlear implants is highly variable. This issue is still debated, and as far as we know, there are no reliable predictors for success with implants. Yet families are often advised not to expose their child to sign language. Here absolute positions based on ideology create pressures for parents that might jeopardize the real developmental needs of deaf children. What we do know is that cochlear implants do not offer accessible language to many deaf children. By the time it is clear that the deaf child is not acquiring spoken language with cochlear devices, it might already be past the critical period, and the child runs the risk of becoming linguistically deprived. Linguistic deprivation constitutes multiple personal harms as well as harms to society (in terms of costs to our medical systems and in loss of potential productive societal participation).”

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Vision 2020: Objectives 1.1, 1.2, 2.2, 2.3, 3.2, and 3.4

Merged Youth Priority
2014-GA-PUB-051

Priority Title: Outreach to Deaf Youth including Mainstream School Students

Priority

We move that NAD focuses on providing direct outreach to mainstream school programs by providing educational advocacy training to professionals and students with a focus on socio-emotional needs and language access, and creating a state association model for a Deaf Youth Day that focuses on what state associations can do for deaf and hard of hearing youth.

Rationale: The majority of deaf and hard of hearing youth is in mainstream school settings and they are in need of both resources in social emotional and language access. In addition to Headquarters and the Board's direct support to the mainstream school, state associations' involvement is critical by hosting the Youth Day events. This program should incorporate models that are currently being used by state associations, such as the one used by PSAD.

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Vision 2020: Objectives 3.2 and 4.2