

A REVIEW OF THE ACCESS ASSISTANCE
FOR THE DEAF PROGRAM

FEBRUARY 1984

LEGISLATIVE ANALYST
STATE OF CALIFORNIA
925 L STREET, SUITE 650
SACRAMENTO, CALIFORNIA 95814

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY.....	1
INTRODUCTION.....	4
CHAPTER I. ACCESS ASSISTANCE FOR THE DEAF.....	5
Deaf Access Centers and Services Provided to Clients.....	5
Budget Proposal.....	7
CHAPTER II. STATE ADMINISTRATION OF THE DEAF ACCESS PROGRAM.....	9
State Administration of the Program Needs Improvement.....	9
Greater Specificity is Needed in Program Definitions.....	10
Statutory Requirements Remain Unsatisfied.....	13
Greater Fiscal Control is Needed Over the Reimbursement of Interpreter Services.....	15
The Department Needs to Determine Measures for Program Performance.....	17

EXECUTIVE SUMMARY

The Deaf Access program (DAP) was established by Ch 1193/80 (AB 2980). The program provides funds to the Department of Social Services (DSS) for contracts with local agencies to provide specified services to deaf and hearing-impaired individuals.

Originally, three agencies contracted with the state to provide access assistance services for the deaf. Since 1980, the program has been expanded and now includes five local contract agencies. Areas currently served by the DAP include (1) Los Angeles, (2) the San Francisco Bay Area, (3) San Diego, (4) the greater Sacramento area, and (5) Santa Barbara.

State law requires deaf access centers to provide seven categories of service to deaf and hearing-impaired individuals. These categories of service are (1) communication assistance, (2) advocacy, (3) job development and placement, (4) information and referral, (5) counseling, (6) independent living skills instruction, and (7) community education.

Based on our review, we conclude that the various centers have set different priorities in providing the seven categories of service to their clients. In addition, we identified four areas in which state administration of the program need improvement. Specifically:

1. Program Elements are Ill-Defined. The state has failed to adequately define (a) categories of service to be provided to clients, (b) staffing classifications, and (c) workload measures. These are essential components of the DAP; without such definitions, the program cannot be administered in a consistent manner across all centers.

As a consequence, we are unable to determine the extent to which the individual centers provide appropriate services to deaf and hearing-impaired individuals. Therefore, we recommend that, prior to the legislative hearings on its 1984-85 budget, the DSS submit to the fiscal committees a plan for including in the 1984-85 request for contract proposal specific definitions and standards for specified aspects of the DAP.

2. The DSS Has Not Adequately Complied With Statutory Requirements.

Chapter 1193 requires the department to (a) establish in regulation definitions of "deafness" and "significant hearing impairment" and (b) determine the number and location of regions in the state providing public social services. In our review of the DSS administration of the program, we found that no regulations have been promulgated to meet the statutory requirement, nor have service regions adequately been defined. Accordingly, we recommend that, prior to the budget hearings, the department report to the fiscal committees its progress in complying with these statutory requirements.

3. State Picks Up the Tab for Uncollected Fees. Communication assistance is one of the seven categories of service provided by deaf access centers. Communication assistance consists of several kinds of services, including interpreter services. The DSS requires that the deaf access centers charge fees to public and private agencies that receive interpreter services from the centers. These fees are intended to cover the cost of the service provided. Our analysis indicates, however, that a high percentage of the costs of interpreter services is borne by the

General Fund because the centers either fail to assess fees or are unsuccessful in collecting the charges. Accordingly, we recommend that, prior to the budget hearings, the department submit a plan to the fiscal committees proposing a uniform procedure to ensure the recoupment of fees for reimbursable interpreter services.

4. Measures of Program Effectiveness Need to Be Established. The department has not identified measurable objectives for the DAP. In addition, it has failed to collect data measuring the impact of the program on the actual life situations of clients. Some of the services mandated by Chapter 1193 suggest that one goal of the program is to have a permanent and positive impact on clients' lives. Because no specific goals have been defined and no data collected, however, the effectiveness of the deaf access centers in fulfilling statutory requirements and in satisfying legislative intent remains largely unassessed. For this reason, we recommend that, prior to the budget hearings, the department submit to the fiscal committees a plan for establishing and measuring the goals and objectives for the DAP.

INTRODUCTION

Chapter 1193, Statutes of 1980 (AB 2980), which established the Deaf Access program (DAP), required the Legislative Analyst to review the DAP and recommend changes necessary to improve the program. Chapter 1193 required the Legislative Analyst to include in his report (1) an evaluation of the effectiveness of the services provided under the program and (2) a review of the Department of Social Services' (DSS) supervision of agencies contracting with the state to provide services to deaf and hearing-impaired clients. This report was prepared in response to the requirements of Chapter 1193.

This report consists of two chapters. The first chapter provides an overview of the DAP. Chapter II evaluates the DAP with particular emphasis placed on the DSS supervision of the local contract agencies. The report was prepared by Sarah Reusswig under the supervision of Hadley Johnson.

CHAPTER J

ACCESS ASSISTANCE FOR THE DEAF

The DAP, established by Ch 1193/80 (AB 2980), provides funds for social services to deaf and hearing-impaired persons. In addition, the program supports (1) activities advocating the interest of the deaf and (2) activities designed to educate the general public to the needs of deaf individuals. The Office of Deaf Access (ODA) within the state DSS contracts with nonprofit agencies that provide social services to deaf and hearing-impaired individuals at the local level.

Chapter 1193 requires the Legislative Analyst to review the DAP, including the department's supervision of the program. The following review is provided pursuant to that requirement.

Deaf Access Centers and Services Provided to Clients

In 1983-84, the state contracted with five agencies to provide deaf access services. These agencies include:

- The Greater Los Angeles Council on Deafness (GLAD), which serves the Los Angeles area.
- The Deaf Counseling, Advocacy, and Referral Agency (DCARA), located in San Leandro, which provides services to clients in the San Francisco Bay Area.
- Episcopal Community Services/Deaf Community Services (ECS/DCS) serving deaf and hearing-impaired clients in San Diego.
- NorCal Center on Deafness (NorCal), which serves the greater Sacramento area.

- The Independent Living Resource Center, Inc. (ILRC) serving the Santa Barbara area.

Chapter 1193 requires each center to provide specified services to deaf and hearing-impaired individuals. These services include:

- Communication assistance;
- Advocacy;
- Job development and placement;
- Information and referral;
- Counseling;
- Independent living skills instruction; and
- Community education.

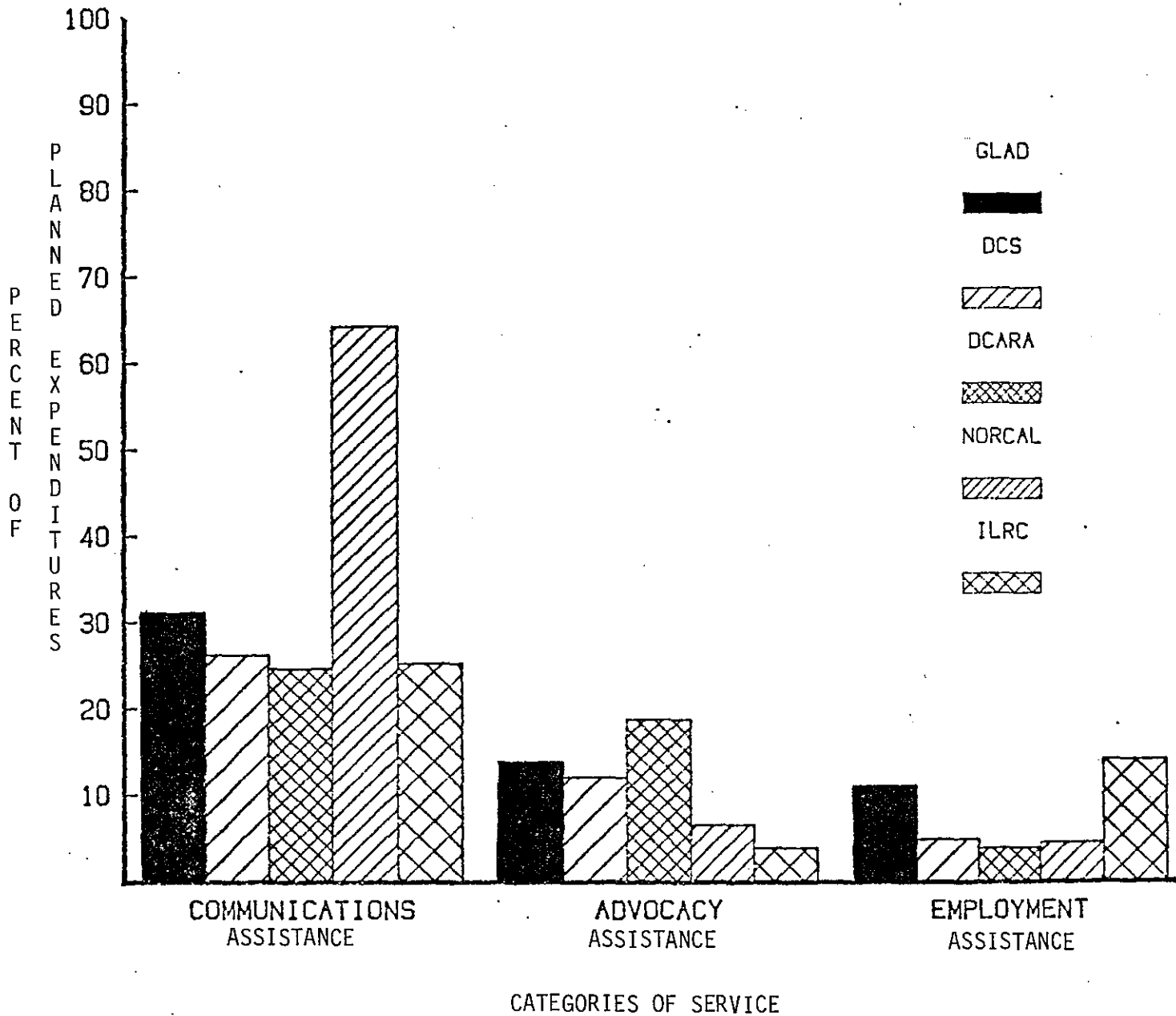
Each deaf access center determines the extent to which it will provide each of the services required by Chapter 1193.

Chart 1 shows that the five regional centers have set different priorities in providing services to deaf and hearing-impaired clients. For instance, the DCARA proposes to spend approximately 25 percent of available funds in the current year for support of communication assistance. In contrast, NorCal plans to spend 64 percent of its resources on communications assistance. The centers differ in their support of advocacy and employment assistance, as well. While the ILRC plans to spend less than 4 percent of its resources to provide advocacy assistance to clients, GLAD anticipates spending almost 14 percent of its funds on advocacy services.

Budget Proposal

The Governor's Budget proposes \$2,165,000 in General Fund support for the DAP in 1984-85. This consists of \$2,123,000 budgeted in Item 5180-151-001 for support of basic program costs and \$42,000 budgeted in Item 5180-181-001 for support of a 2 percent COLA. The proposed funding level is \$114,000, or 5.6 percent, greater than the estimated expenditures in the current year for the program.

Chart 1
 Expenditures for Service Categories
 Vary Among Deaf Access Centers
 1983-84 Contracts^a



a. Totals do not equal 100 percent because centers also provide counseling, independent living skills instruction, referral and information, and community education.

CHAPTER II

STATE ADMINISTRATION OF THE DEAF ACCESS PROGRAM

The ODA is the administrative unit within the DSS charged with responsibility for administering the DAP. State law requires the department to:

- Establish criteria for funding deaf access services;
- Determine the number and location of deaf access assistance regions in the state;
- Coordinate services with the Department of Rehabilitation;
- Establish uniform accounting procedures and contracts for deaf access centers;
- Award contracts for deaf access centers;
- Establish regulatory definitions for "deafness" and "significant hearing impairment;" and
- Perform management and fiscal audits of contracts with deaf access centers.

In addition, Chapter 1193 requires that the DSS report to the legislature concerning specified aspects of the DAP. Currently, the ODA consists of two professional positions.

State Administration of the Program Needs Improvement

Our review of the DAP found four areas where the program needs improvement:

- When contracting with deaf access centers, the department has failed to adequately define (1) categories of services to be

provided to clients, (2) staffing, and (3) workload measures.
Without such definitions, it is impossible to evaluate the cost-effectiveness of the programs offered by the deaf access centers.

- The department has failed to (1) issue regulations that define deafness and (2) adequately define statewide service regions, as required by current law.
- The program lacks adequate fiscal controls to ensure that interpreter services are reimbursed. Without adequate controls, the state is absorbing the costs of these services.
- The department has not established reasonable means by which program performance can be evaluated. Without adequate performance measures and valid evaluation techniques, it is not possible to determine the long-term effects of the various centers on the lives of clients.

Each of these problems is discussed in detail below. Because of these four problems, it is difficult to determine the extent to which the DAP has succeeded in providing services to deaf and hearing-impaired individuals.

Greater Specificity is Needed in Program Definitions

We recommend that, prior to legislative hearings on its 1984-85 budget, the department submit to the fiscal committees a plan for including in the 1984-85 request for contract proposal (RFP) specific definitions and standards for specified aspects of the DAP.

The ODA is responsible for promulgating RFPs, selecting contractors, and overseeing the contracts with the deaf access centers. Our review of

the administration of the DAP suggests that the ODA has failed to adequately perform some of these functions. In particular, the department has failed to promulgate specific program definitions that can be implemented by the local centers. For example, our review of the RFP for 1983-84 found that the department failed to adequately define (1) the categories of services to be provided by the centers, (2) staffing, and (3) workload measures.

Categories of Service. Chapter 1193 mandates seven services to be provided by the local centers. The 1983-84 RFP, however, does not define seven mutually exclusive categories of service. Rather, categories overlap and some services may be counted in more than one category. For example, help in cases of job discrimination may be offered under two categories--"advocacy" and "job development and placement." Overlapping definitions mean that various contractors may deliver similar--or identical--services to clients under different categories. If similar services are not accounted for in a similar manner by all contractors, comparison of the programs offered by the various local centers is impossible.

Staffing. We attempted to determine the functions performed and services provided by salaried staff at each of the centers. We were unable to determine their functions because:

- The deaf access centers lack standardized job descriptions and position titles for their staff. The DCARA, for example, has six separate titles for its personnel who provide services to clients. In contrast, the GLAD uses one job title, "Community

Client Advisor," for most of the service personnel operating out of its field offices.

- Positions with different titles and job descriptions are used to provide the same services. For example, many personnel at GLAD, DCARA, and DCS, regardless of their job titles, are used as telecommunications operators relaying and interpreting calls made to or from a telecommunications device. Only NorCal has designated telecommunications operators.

Without standardized job classifications, we are unable to assess the extent to which personnel have been used in a cost-effective manner within the program. This is because the overlap in classification, tasks, and wage rates do not readily allow for comparisons among the various access assistance centers.

Workload Measures. The RFP for 1983-84 required that contract bidders submit projections for 1983-84 of the number of clients to be served (unduplicated client count), number of units of service to be provided, and the number of staff service hours. The RFP, however, did not define what constituted a unit of service or how it was to be measured. Our review of the 1983-84 contract found significant variation in the centers' projections of these measures. We are unable to determine the extent to which this variation (1) can be attributed to real programmatic differences among the centers or (2) is a consequence of each contractor interpreting the workload measures differently.

The absence of clearly defined workload measures combined with overlapping definitions of service categories and varying job

classifications, makes it impossible to evaluate the cost-effectiveness of programs offered by the contractors. Therefore, we recommend that, prior to the budget hearings, the department submit to the fiscal committees a plan for including in the 1984-85 RFP specific definitions and standards for the DAP.

Statutory Requirements Remain Unsatisfied

We recommend that, prior to the budget hearings, the department report to the fiscal committees concerning progress in promulgating required regulations and adequately identifying service regions.

State law requires the department to establish in regulation definitions of "deafness" and "significant hearing impairment." In addition, state law requires the department to determine the number and location of regions in the state providing public social services. The department has failed to adequately satisfy these requirements.

Regulations Have Not Been Filed. The DSS has failed to establish in regulation definitions of deafness and significant hearing impairment, as required by Chapter 1193. Although the department does have definitions that it provides to the centers, these definitions are not an acceptable substitute for regulatory definitions. Without definitions established in regulation, each local deaf access center can set its own policies as to which clients shall receive services. Because centers are not required to report the level of hearing disability experienced by a client, we cannot assess the extent to which contractor programs provide services to clients with similar levels of deafness and hearing impairment. In addition, because no uniform statewide definition of the client population exists,

there is a potential for inequities in service levels among regions served by the deaf access centers.

Identification of Service Regions Needs to Be Improved. The RFP for 1983-84 includes a map defining nine potential service regions in California. The DSS determined these regions based on two factors: (1) the estimated deaf and hearing-impaired population statewide and (2) the geographic distance to a central point of service. However, when determining the nine regions, the department did not assess the extent to which alternative sources of service are available to deaf persons in each region. In addition, the department did not estimate the number of deaf and hearing-impaired individuals in each region. Finally, some of the service regions, as defined by the ODA, are sparsely populated areas in which it may be difficult and costly to deliver services.

Based on our review, we conclude that the department has not satisfied the legislative requirements to define in regulation deafness and significant hearing impairment. In addition, the department has failed to adequately assess the extent to which alternative services are available in each deaf access region. Therefore, we recommend that, prior to the budget hearings, the department report to the fiscal committees on its progress in (1) promulgating regulations to define deafness and significant hearing impairment and (2) determining access assistance services regions based on an evaluation of (a) the potential client population and (b) the alternative resources available to serve deaf or hearing-impaired individuals in that region.

Greater Fiscal Control is Needed Over the
Reimbursement of Interpreter Services

We recommend that, prior to the budget hearings, the department submit a plan to the fiscal committees to ensure that centers recoup the costs of interpreter services provided to public and private agencies.

Chapter 1193 requires that deaf access centers provide communication assistance to deaf and hearing-impaired individuals. Communication assistance includes telephone relay, telephone assistance, document transcription, and interpreter services. One of the most important communication assistance services provided to deaf persons is interpreter services.

In general, the centers provide interpreter services to public and private agencies through third-party contracts with interpreters. The centers pay the interpreters and then seek reimbursement for the services from the public or private agency. The DSS requires that the centers charge fees to all public and private agencies that receive interpreter services supported with state funds. In addition, the DSS requires that the fees be equal to the actual cost of providing the service.

Each deaf access center is responsible for establishing procedures to collect reimbursements from public and private agencies for interpreter services. In general, if a center is unable to collect the reimbursement within 90 days, it contacts the department for assistance. If the department is unsuccessful in persuading the agency that received the interpreter service to pay, the cost is paid by the General Fund through the contract.

Table 1 shows the costs of providing interpreter services and the fees collected for those services by four deaf access centers in 1982-83. The Santa Barbara center did not receive state funds during 1982-83 and therefore is not shown in Table 1.

Table 1
Revenues and Expenditures for Interpreter Services
Provided by the Deaf Access Centers
1982-83

<u>Deaf Access Center</u>	<u>Interpreter Costs</u>	<u>Interpreter Fees Received</u>	<u>Fees Not Received</u>	
			<u>Amount</u>	<u>Percent</u>
Los Angeles	\$302,959	\$180,879	\$122,080	40.3%
San Francisco	240,000	132,691	107,309	44.7
Sacramento	108,091	36,385	71,706	66.3
San Diego	40,996	10,717	30,279	73.9

As Table 1 shows, the deaf access centers have not been successful in collecting fees from public and private agencies that are sufficient to cover the actual cost of the service provided. Nor has the department been successful in persuading these agencies to pay their past-due accounts. Because the state acts as the payor of last resort, the centers are not at risk for the costs of interpreter services. Thus, the centers have little incentive to collect the fees owed. For this reason, we recommend that the DSS submit a plan to the fiscal committees proposing a uniform procedure to ensure that centers recoup the costs of interpreter services provided to public and private agencies.

The Department Needs to Determine Measures
for Program Performance

We recommend that, prior to the budget hearings, the department submit to the fiscal committees a plan for assessing basic program goals and objectives.

Chapter 1193 requires our office to review the effectiveness of the services provided by the DAP. However, we are unable to assess the effectiveness of the services provided by the centers because the department has failed to identify measurable objectives for the DAP.

Chapter 1193 concluded that deaf access services are necessary because (1) current governmental services do not meet the communication needs of the deaf and (2) services received by deaf persons may be less than those provided to the general public because of communication problems. Presumably, the DAP should address both of these problems. Little information, however, is available to document the effectiveness of services provided by the local centers in addressing these problems. One reason for this lack of information is that the ODA has not identified measurable program objectives.

In addition, the department has not collected data measuring the effect of the program on the actual life situations of clients. Some of the services mandated by Chapter 1193--notably, independent living skills instruction--suggest that the purpose of the program is to have a permanent impact on clients' lives. The extent to which the Legislature's goals have been achieved remains largely unassessed. Therefore, we recommend that, prior to the budget hearings, the department submit to the fiscal committees a plan which (1) defines measurable objectives for the DAP and (2) proposes a methodology for measuring the impact of the program on clients.