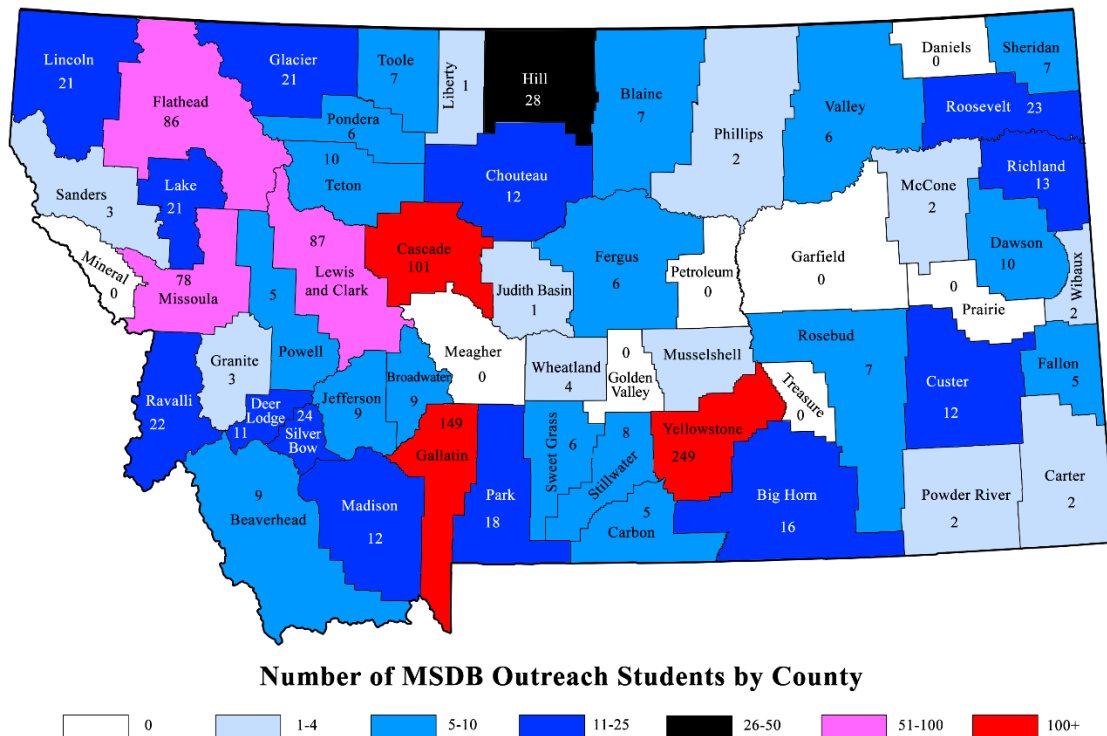


# Montana School for the Deaf and the Blind

## Internal Audit Report

### Outreach Services

January 25, 2023

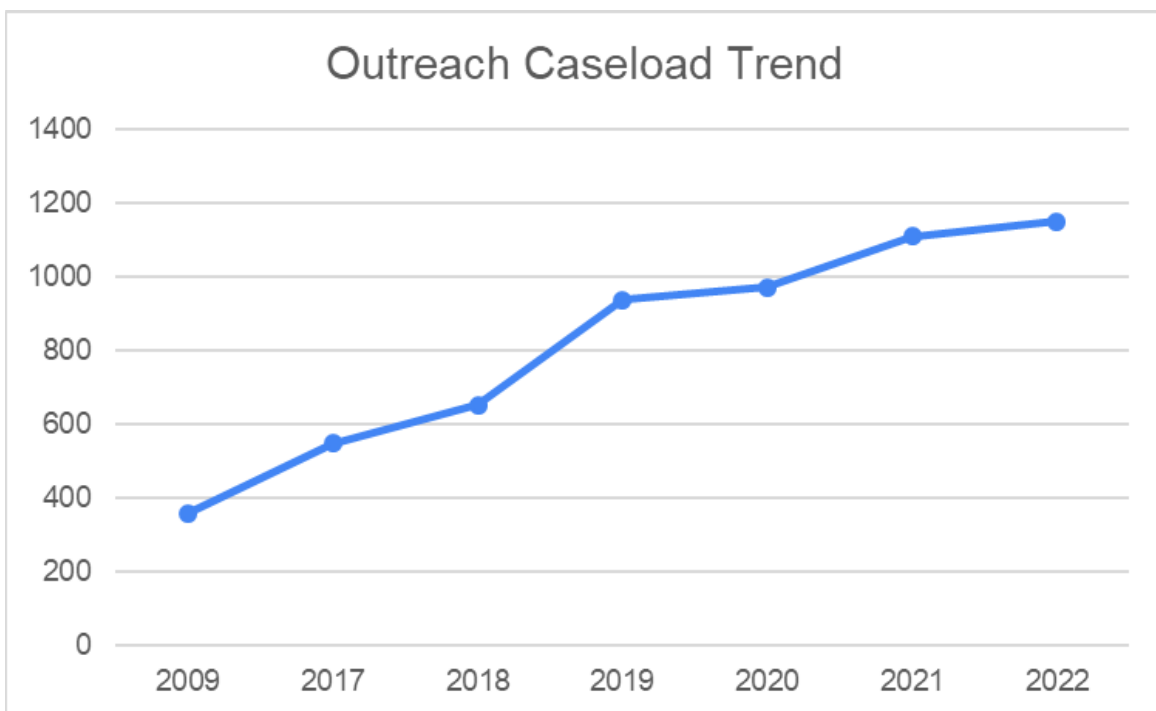


Prepared By: Carol Clayton-Bye, Outreach Director  
Paul Furthmyre, Superintendent

The Montana School for the Deaf and Blind (MSDB) is responsible for tracking and monitoring early intervention and educational needs of Montana children with hearing and/or vision impairments, as well as providing specialized consultative services, pursuant to MCA 20-8-102.

In order to meet the requirements of the MCA, MSDB provides certified consultants that work with a variety of student team members. This can include doctors, parents, schools, agencies, and the general public. MSDB currently employs 13.5 consultants, 1 audiologist, and 1 Outreach Director to carry out the daily activities for the outreach department. Please see Appendix A that illustrates the number of staff members assigned to the Outreach Department from 2010 to present. In a Montana Legislative Performance Audit in June 2008, the department consisted of 10.5 staff members for 2008 (the last time staff was added to this program). Of significance, those 10.5 staff members were responsible for working with a total of 362 students. Please see Appendix B for Outreach Services section of the 2008 Performance Audit.

To effectively serve students, parents, and professionals in Montana, MSDB needs additional support. As mentioned earlier, the current number of consultants is 13.5. Compared to the 10.5 staff members in 2008, the current outreach department works with nearly 1,150 students. The data equates to an average caseload of 34.5 students per consultant in 2008. With today's numbers that average is 85 students per consultant. MSDB currently is not able to meet the essential programming needs of current caseloads, nor workload associated with services, and our programming have become more of a band aid service. The graph below shows a visual representation of the number of students that we serve with our outreach services. Please see Appendix C: Current Caseload Total and Level of Service Caseloads for current total caseload numbers for the past four years.



MSDB has spent the last couple of years trying to identify why the trend is on the upward path it is. Below are the reasons we feel the increase has occurred:

In 2008, the Montana DPHHS, pursuant to ARM 37.57.415, implemented a mandatory electronic reporting and referral system of all infants identified as having a permanent hearing loss to the MSDB for intervention services (with parental consent). As a result and for the past 14 years since 2008, Montana has identified an average of 17 infants and toddlers each year with some degree of permanent hearing loss requiring intervention. Intervention services for very young children, often under the age of 6 months, require extensive time to collaborate with families, medical providers, and early interventionists.

The MSDB also receives referrals through the state electronic referral system for children of all ages from the same audiologists who are used to referring infants and toddlers electronically. This has contributed to an increase in the number of referrals for Outreach services very soon after a child is diagnosed with permanent hearing loss.

The referral system currently applies to the Deaf and Hard of Hearing program as Montana does not currently have a similar referral system for Visually Impaired students. What has helped with Visually Impaired referrals has been the consistency of our Visually Impaired Consultants over the past 14 years and many long standing Ophthalmologists. Both of these groups serve children and have been supporting stable programming and early referrals from medical providers in the state.

The MSDB, Part C (Montana Milestones), Children's Special Health Services (CSHS under DPHHS) and the Office of Public Instruction (OPI) are all included in the Montana Comprehensive Child Find System (CCFS) and have legislative and administrative authority to share referral information to provide necessary intervention and educational programs for children who have hearing and/or visual impairments (Subpart D 4 – 303.302. 34 CFR 300.111 and 300.124 under Part B of IDEA; 34 CFR 300.8 of IDEA). This means that the MSDB Outreach Program receives referrals for all ages from across the state. Medical home providers, such as pediatricians, ear, nose, and throat (ENT) physicians, clinics and ophthalmologists also account for a significant number of Outreach referrals. In addition, the MSDB Outreach Program also receives referrals from out of state children's hospitals, including Seattle, Spokane and Denver hospitals, for young children under their care who will be discharged to their home state of Montana.

From 2008 - 2021, Montana has had an average of 1147 preterm births per year based off the Profile of Prematurity on the March of Dimes Montana profile in the spring of 2022. Preterm is defined as delivery prior to 37 weeks. Retinopathy of prematurity (ROP) is a condition specific to premature babies and a known cause of visual impairment. Based on prevalence data from the Centers for Diseases Control, 10% of premature babies will develop ROP severe enough to require remediation and intervention. This translates to an average of 11 newborns per year in Montana. The March of Dimes Report Card for preterm births has a target of 8.1% of all live births for all states. From 2008-2021, Montana has had an average 9.54% of live births that are

preterm. Preterm babies are also at a greater risk of auditory neuropathy and progressive hearing loss. In fact, NICU babies are 3 times more likely to develop auditory neuropathy than newborns in well baby nurseries. Nationwide, the number of babies born at 23 weeks gestation who survive has increased by 17% over the past decade. These micro preemies are far more likely to have significant hearing and/or vision impairment and require extensive intervention.

From 2008 – 2015, the Montana Public Health Information System Health Indicator Report on Neonatal Withdrawal Syndrome (NWS) reported a significant increase in the number of babies born with this condition; from 2 babies in 2008 to 8 babies in 2015. NWS is in part caused by opioid addiction during pregnancy. It may also be caused by other substance abuse. Neurodevelopment in a fetus is negatively impacted and vision loss often results.

In a Montana Legislative Fiscal Division report, *Montana's Changing Demographics: 2021 Update*, Montana was 6th for an increased population from out of state relocation as a result of the COVID-19 pandemic, and has accounted for a small increase in the number of children who require the MSDB Outreach services.

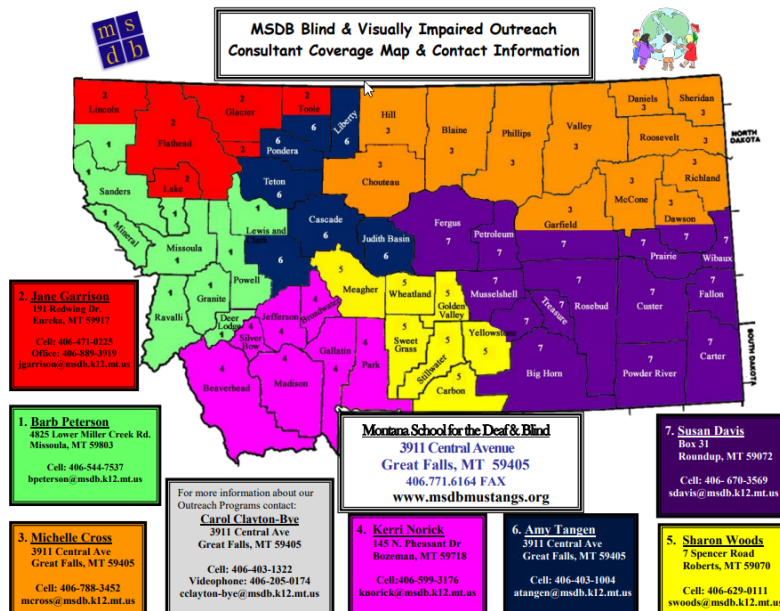
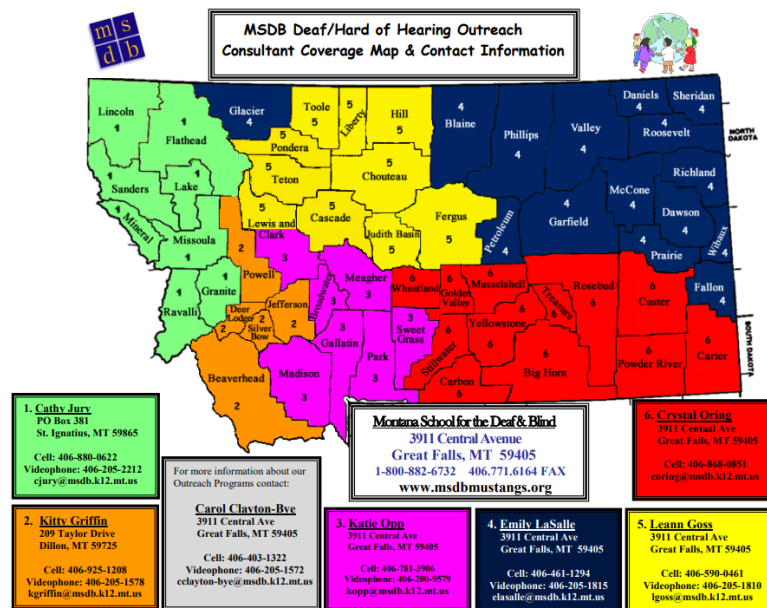
MSDB Outreach staff are highly qualified and understand how serving students with hearing and vision loss can greatly impact their success. With the proper programming many of these students go on to become productive members of society. The factors impacting Outreach Consultants caseloads are the large number rural schools, number of students on a caseload, distance from consultant, intensity of service needed, age of child and severity of vision and/or hearing loss. Treacherous road conditions and the rural nature of Montana (covering 147,040 square miles) are two major factors impacting Outreach Consultants.

At the time of the 2008 Performance Audit, MSDB was a technical assistance that pertained to the development and implementation of appropriate educational services. In addition to the time period, our outreach professionals were learning that early intervention services are critical. This equated in more devoted time to early intervention programming. It was also clear that as more access barriers were removed, babies were able to get information at a younger age and were meeting developmental milestones similar to their peers. Implementing the early intervening services did not remove the duties to school age children. Since 2009 the Outreach Consultants continue to provide comprehensive services to students on their increasing caseloads.

As reported in the 2008 Performance Audit, that students require different planning and resources than the next student. In the audit report, this was identified as Intensity Levels where students would receive a quantified rating of 1-4. Depending on the level of intensity, the consultant would plan yearly services accordingly. For example, an intensity 1 student, consultant would visit the school and student monthly.

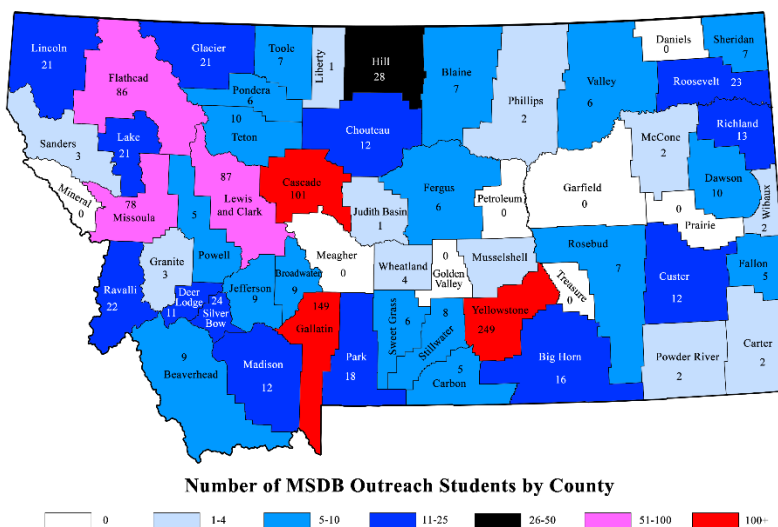
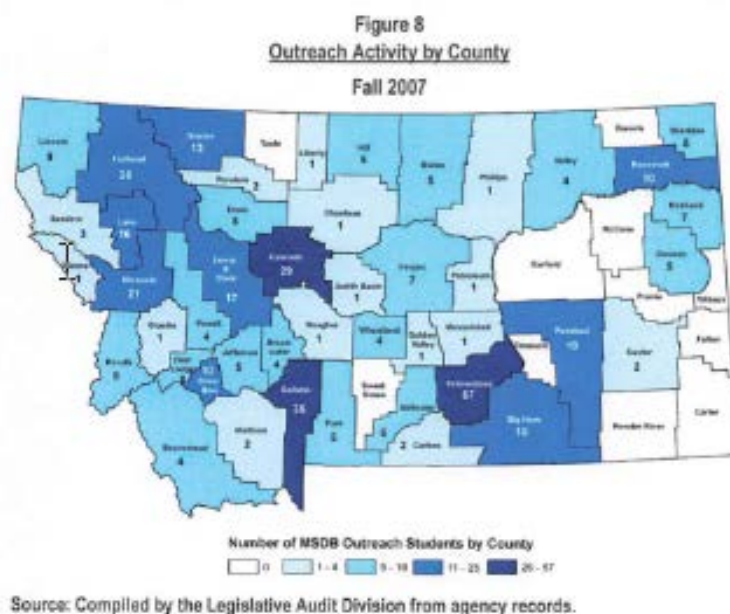
MSDB still utilizes this Intensity Level and has added on more level of designation. To see the Intensity Levels of 1-4, please see Appendix D: Intensity Service Level Descriptions. MSDB will classify a student as an intensity level 5 if the student receives direct services on the MSDB Campus in Great Falls.

MSDB has utilized a Regional Approach with our consultants to meet the demands placed on the school. Below please find the two Outreach Maps showing these regions. The first map pertains to Deaf and Hard-of-Hearing (DHH) services and the second with Visually Impaired (VI) services.



To see a breakdown of the caseloads for each region for the last 7 years, please refer to Appendix E: Regional Outreach Caseloads.

When we talk about the MSDB community, we talk about every infant thru 22 years old that is serviced by our programs. Not all eligible students are provided services by our consultants for a variety of reasons. The parents may choose not to utilize our services and/or we never receive the referral. The two maps below show the Montana counties and how many youth receive our services. The first map was part of the 2008 Performance Audit and shows that no county had over 57 individuals being served. The second map shows MSDBs current service level by county. As illustrated in the second map, 3 counties serve between 51-100 individuals, as well as 3 counties serving of 100 individuals now.



In 2016/2017 MSDB Outreach added in a Deaf Mentor Program (Grant funded) and a Prison Braille Program (Federally supported) to address increasing needs for braille materials and caseloads. The Deaf Mentor Program freed up Consultants from providing in home ASL and supporting hearing parents having a deaf child, while the Prison Braille Program created needed braille materials for education settings and supplemental braille in books previously done by Outreach Consultants or monies would be needed to purchase these materials. Both of these programs continue to be in use today.

Other creative thinking was happening prior to COVID 19 with Outreach Consultants utilizing technology like GoToMeeting and Zoom, planning in-services online and beginning to use a library of pre-recorded materials in some situations to cut back on time spent traveling. These strategies continue to support some of the needs, but do not address the critical need for Consultants to see babies and students in their own environment to determine the environmental and educational needs.

After spending the last 18-months really looking into past and current caseloads, followed up by why are caseloads changing; MSDB realizes that we must change the structure that we currently use. The outreach consultants and administration have been developing a model that we feel will meet the needs of the state statute.

First, it became quickly apparent that we do not have a current system that collects and stores student information. We are receiving referrals at a rapid pace, students entering and exiting the state, and students attending private or home schools; MSDB realizes that a system really needed to be developed. The system needed to track input information, assessment data, communication data, intensity of service, and other important information. The consultants need the capability to enter the data immediately. The administration needs the ability to run instant reports on a variety of data points.

In order to make the best decision on a system, the administration called other Deaf and Blind schools inquiring about their database use. We talked to companies and individuals that had a strong reputation with data management. Some showed us databases that they designed to see if their program would meet our needs. We interviewed two possible suppliers for our database. The administration made the decision to begin working with EdPower to develop a database that is specific to our needs. The database was built from the ground up keeping in mind what we identified as issues with our data collection system. MSDB used ESSER money to pay for the database to be created. We are excited to show the functionality of the database after we learn how to use it more efficiently. It is our hope that we will be able to pull data to answer any question.

Second area of concern we addressed pertains to the workload on a consultants caseload based on 200 day contract. To begin this process we identified the main duties of a consultant. Examples of what a consultant can do during a typical day is support parents as first teachers, provide staff training for schools, provide recommendations and reports to support writing IFSP/IEP goals, prepare materials to be used, conduct assessments, model for families at home visits, and much more. The outreach administration and consultants began exploring tools

utilized by other states that could be used to meet our needs. When viewing the tools, they looked at the duties, formula of how to quantify that duty, how often he/she would complete that task. Using the formula a total hour per year was found.

The tool that was selected to be used to calculate hours of work was adopted from the Idaho Educational Services for the Deaf and the Blind. The outreach staff made simple changes to reflect the needs of Montana. Due to the wide variety of needs between deaf and blind population, the DHH team identified the need for Deaf Mentors (DM) to be added. Once the Workload tool was complete, please see Appendix F: Workload Tool for MSDB Outreach, we had our outreach complete the tool two times. The first time we asked them to fill it out the tool the best they could based on last year's data without taking into consideration the formula that was built into the tool. For the 2021-2022 school year, our outreach staff worked approximately 22,983 hours. We then asked our outreach staff to fill the form out utilizing the formula in the tool. This resulted in a total amount of 32,586 work hours for consultant services. Each consultant works a total of 200 days which equates to 1600 hours per year. Then taking the total amount of hours to be worked and dividing that number by 1600, we found that a total of 20.36 consultants are needed. This equates to being short by 7 consultants to meet the needs of the current student caseload based on the number of contracted days. Please see Appendix G: Workload Tool Hour Calculation for a breakdown of MSDB regions and hours worked and hours recommended.

To effectively serve these students and with the continual new referrals, their school teams, families, and workload we need 7 additional Outreach Consultants based on the collected information. This will also bring up the need for 1 more outreach director and a secretarial staff to meet the needs of the new staffing pattern. The data found in this internal report was not compiled until January 2023. As of the date of his report, Governor Gianforte has put in his budget for two more consultants, leaving us 5 short identified by the workload tool. We very much appreciate the support of the Governor and wish we had this full report ready during the budget process.

MSDB Outreach prides itself on being the leading resource services for all Montana children who are deaf, blind, hard of hearing, low vision or deafblind. We employ certified professionals who understand the needs of this population and can provide services and support to assure these children are working toward independence. This low incidence population is getting access to technology and support earlier which can be life changing for these children.



## Appendix A: History of MSDB Consultant Numbers

	VI Consultants	DHH Consultants	Outreach Director	Outreach Audiologist
2010 – 2011	7*	6.5		1
2011 – 2012	7*	6.5		1
2012 – 2013	6	5.5	1 (Half Year)	1
2013 – 2014	7	5.5	1	1
2014 – 2015	7	5.5	1	1
2016 – 2017	7	6	1	1
2017 – 2018	7	6	1	1
2018 – 2019	7	5.5	1	1
2019 – 2020	7	5.5	1	1
2020 – 2021	7	5.5	1	1
2021 – 2022	7	5.5	1	1
2022 – 2023	7	5.5	1	1

\*Indicates that Consultant also served as Supervisor

## Chapter V — Outreach Services

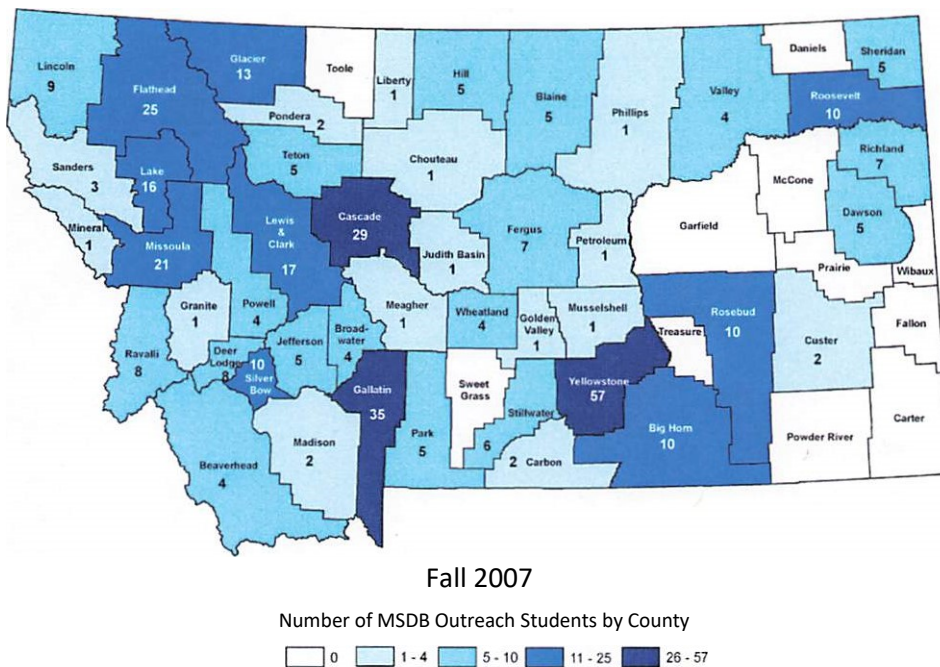
### Introduction

In addition to providing services for hearing and visually impaired students on the campus in Great Falls, the Montana School for the Deaf and Blind (MSDB) provides services to students in public schools across the state. A majority of children with hearing and visual impairments are educated in the public school system. Outreach serves approximately 360 students. Our fifth audit objective examined the efficiency of the outreach program. Audit work conducted to determine outreach efficiency included interviews with outreach personnel, reviewing position descriptions and annual outreach satisfaction survey responses as well as analyzing workload information. This chapter discusses MSDB's outreach program and services provided.

### Outreach Provides Support for Sensory Impaired Students

The outreach program is a key component of MSDB. MSDB employs ten outreach consultants who travel around the state providing services for the deaf/hard of hearing and visually impaired students in the state of Montana. Outreach provides technical assistance to parents, school districts, and professionals who serve the state's deaf and blind children. Outreach assistance consists of consultation with local district staff and parents on issues pertaining to the development and implementation of appropriate educational services. Services may also include staff training specific to the individual needs of a student. For those students not enrolled at MSDB, the outreach program serves to provide technical assistance on how to improve access to the curriculum offered in public schools. The majority of Montana's school districts do not employ teachers of the deaf or teachers of the blind, and lack the resources necessary to meet the needs of sensory impaired students. At the time of the audit, only three districts across the state employed teachers with additional training in the fields of deafness or blindness. As a result, MSDB outreach services are vital to the public schools. The following figure illustrates the counties served by MSDB's outreach program and includes actual numbers of students served in each county.

Figure 8  
Outreach Activity by County



Source: Compiled by the Legislative Audit Division from agency records.

## Charge for Services

Section 20-8-102(2), MCA, allows MSDB to charge a fee for services provided to school districts. Currently MSDB does not elect to utilize the fee option. In the early 1990's, MSDB chose to charge districts a fee for services. The charge was \$400 for a student with high service needs, and \$200 for a student with low service needs. Schools did not have the funding to pay for outreach services; therefore the majority of schools did not utilize MSDB's outreach program. During the two-year period in which fees were charged, a majority of students who needed specialized services did not receive them. Outreach services are currently funded through the same means as the school.

## Family Advisors Provide In-home Support

In addition to outreach consultants, MSDB employs twenty-eight part-time family advisors for the outreach program. Family advisors report to the outreach consultant responsible for the respective geographic area in which the advisor is working. Family advisors go into homes of nonschool-aged children with sensory impairments and provide technical support for the family. For children with sensory impairments, it is important to provide services as early as possible because these children need to be systematically taught concepts. They do not absorb information and skills as a typical toddler would. The utilization of family advisors has been around since the early 1980's and is derived from the SKI-HI Institute which is a unit of the Department of Communicative Disorders at Utah State University, Logan. The SKI-HI curriculum is used by MSDB outreach personnel to assist with the development of deaf/hard of hearing infants and toddlers. MSDB is considering options to serve visually impaired infants and

toddlers. A majority of the family advisors are retired individuals with an interest in blind or deaf education. The maximum hours worked by family advisors is around 100 hours annually.

## Outreach Caseload

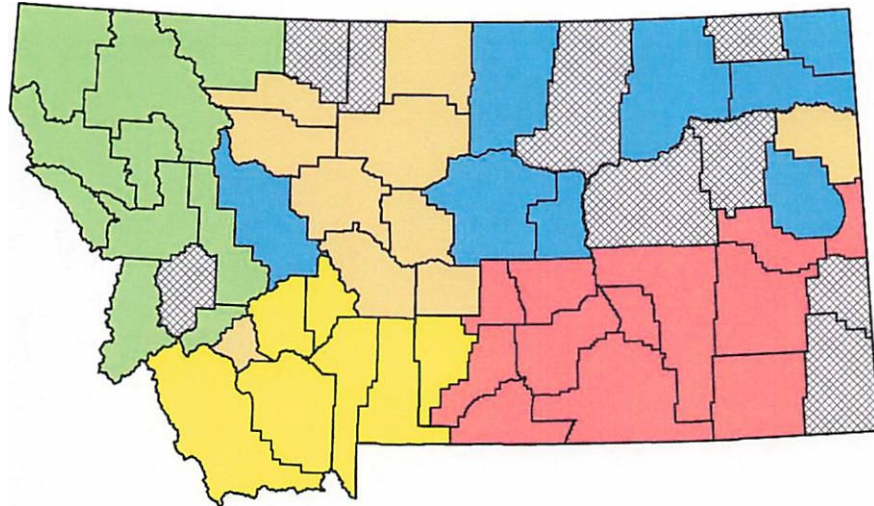
MSDB employs 11 outreach consultants three of which are part-time. Six outreach consultants provide services to visually impaired students and five consultants provide services for deaf and hard of hearing students. Caseloads are primarily divided among consultants by geographic area; however, there is also an attempt to equalize the intensity of cases among outreach consultants. Intensity of students is quantified using a scale of 1-5, with a 5 being the most severe. Intensity of a 5 usually constitutes the student attending MSDB. Outreach serves students with quantified ratings of 1-4. The intensity of a 1 requires the least amount of support from outreach. For an intensity 1 student, consultants visit the school and student monthly, checking in. For the most part, this type of student is functioning well in a mainstream classroom. Students quantified as 2-4 have an increase in severity as well as the services that need to be provided. A intensity 4 student may need services weekly from the outreach consultant.

Outreach consultants' caseloads range from a low of twenty-one to a high of seventy-one students for the current school year. At times, consultants working with the students of the same impairment, interface their geographic areas. For example, if a student moves to a different town in Montana the consultant may still travel to provide services to that particular student because an established relationship exists. Another example of interfacing occurs when two consultants overlap an area but serve different ages of students. One consultant may prefer working with younger children and another works well with older children. Therefore, they both may provide services to an area but not to the same students.

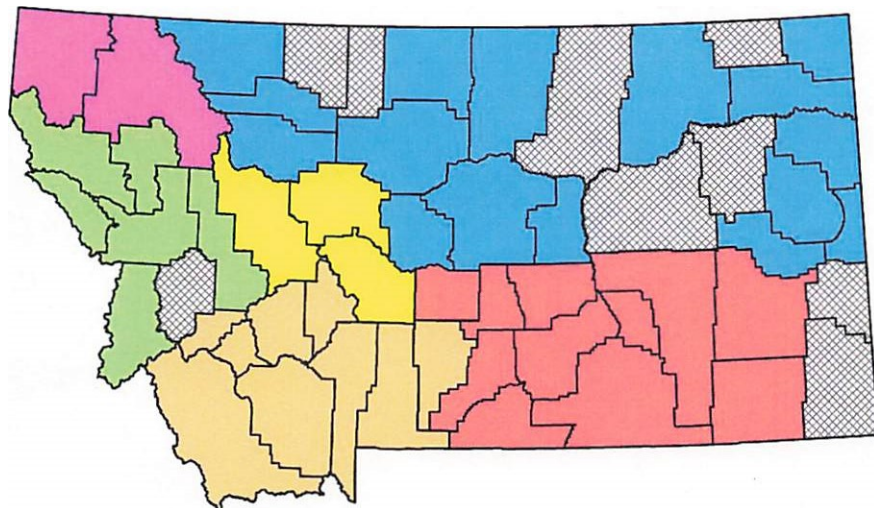
In addition to intensity of impairment and the number of students visited, the number of miles driven affects outreach caseload. This factor depends on the area a consultant covers. Montana is a large rural state with many school districts, so outreach consultants travel extensively. It is not unusual for some consultants to drive 1,200 miles a week. In an attempt to compensate outreach consultants for the extensive travel required, consultants receive an additional annual \$2,000 travel stipend. The following maps illustrate the geographical areas of outreach consultants. Each color on each map represents a different outreach consultant's service area.

Figure 9  
Geographical Regions of MSDB Outreach Consultants  
 Fall 2007

Hearing Impaired Outreach Areas - 139 Students



Visually Impaired Outreach Areas - 223 Students



Counties With  
 No  
 Outreach Students

Source: Compiled by the Legislative Audit Division from agency records.

## Outreach's Total Caseload is Growing

More and more sensory impaired students are being served through the public school districts of Montana. MSDB set a performance goal for the 2007-08 school year to reduce caseloads to around 20-23 cases per consultant. The consultants for deaf/hard of hearing students have reduced their caseloads

to an average of 27 by adding three more consultants. Total caseload for both the hearing and visually impaired have increased from the 2006-07 school year. The following table details the total caseload in conjunction with the number of outreach consultants for the deaf/hard of hearing as well as for the blind/visually impaired. Caseload numbers below are a snapshot for the school year and represent children age 0-21.

Table 1 MSDB Outreach Total Caseload by Impairment				
Impairment		2005-06 school year	2006-07 school year	2007-08 school year
Deaf/Hard of Hearing	Number of outreach consultants	2	2	5
	Students being served by MSDB outreach	99	103	139
Visually Impaired	Number of outreach consultants	5.5	5.5	5.5
	Students being served by MSDB outreach	187	215	223

Source: Compiled by the Legislative Audit Division from agency records.

### Parents/Educators Satisfied with Outreach Services

MSDB distributes outreach satisfaction surveys to parents and educators in the school districts annually. For surveys sent out to educators and parents in spring of 2007, the response rate was 54 percent and 23 percent respectively. Overall, survey respondents were positive. A majority of educators either agreed or strongly agreed that outreach consultants are accessible (99 percent), as well as sensitive to the challenges educators and parents face in meeting the needs of their student (93 percent). A majority of parent respondents either agreed or strongly agreed (98 percent) that outreach consultants improve communication among people in the schools working with their child.

Twenty-six percent of parent respondents and 15 percent of educator respondents commented there was a need for more consultants and more time available from consultants when they visit schools.

### Outreach Workload

Based on growing caseloads and survey results, we examined management of workload levels. Workload refers to all activities performed by outreach consultants including face to face contact. Workload also includes many other indirect services necessary to support the students' education program such as phone calls, letters, individualized education program meetings, staff training, collaboration with teachers, meeting with parents, and designing student service plans, as well as curriculum for instructional modification. Additional factors which affect workload are the severity of students' impairments and the number of miles traveled by each outreach consultant.

## How MSDB Currently Manages Workload

MSDB collects some information on outreach workload. As noted earlier, MSDB management uses data on the severity of students' impairment and geographical areas of the state to determine caseload for each consultant. MSDB management also collects other workload data on a weekly basis. Information collected weekly includes number and type of contacts, services provided to each student, and date services are conducted. MSDB management does not routinely collect data on time spent conducting workload activities such as miles traveled.

## Increased Caseload Equals Increased Workload

According to the American Speech-Language Hearing Association (ASHA), an increase in caseload corresponds with a simultaneous increase in workload. To effectively balance workload, ASHA recommends a workload analysis and ongoing assessments conducted periodically. In order to analyze workload, accurate data must be collected on the amount of time spent on each workload activity so as to effectively prioritize workload activities for the day or week. Time data could be gathered on workload activities such as contacts made via e-mail and phone, writing up reports, and time spent in meetings. This information is in turn used to determine the number of students that can be served by an outreach consultant in a day or week.

Resource management becomes more critical as caseloads increase and recruitment and retention continue to be an issue. For example, one outreach consultant has been covering a large geographical area (over 1,000 miles a week) with a high caseload (60 students), for the majority of the current school year because MSDB has been unable to recruit an additional consultant. Staff states that workload can become crisis driven due to a large geographical area and high caseload. Staff also state that it is not uncommon for a small number of students and the associated workload that accompanies each student to comprise the majority of one's time.

Even though workload data is collected, all information collected is not relevant and/or used to manage outreach workload, but rather as an oversight function to assure outreach consultants are accountable for their working hours. MSDB management has not conducted a workload analysis recently. Collecting relevant data will assist in better workload management.

## RECOMMENDATION #2

We recommend the Montana School for the Deaf and Blind:

- A. Determine workload factors for outreach.
- B. Collect data on relevant activities for outreach consultants.

### Appendix C: Current Caseload Total and Level of Service Caseloads

VI Caseloads	Caseload Size	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
2022-2023	529	100	106	141	85	59	23
2021-2022	486	59	128	137	69	69	22
2020-2021	441	65	100	119	59	69	21
2019-2020	412	32	78	134	79	68	17

\*Caseloads change daily and numbers are a snapshot.

DHH Caseloads	Caseload Size	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
2022-2023	623	153	146	125	105	51	23
2021-2022	625	147	142	120	85	48	27
2020-2021	532	79	128	115	84	60	28
2019-2020	528	81	116	124	89	66	26

\*Caseloads change daily and numbers are a snapshot.



## **Service Level Descriptions for Children Served by MSDB Outreach Consultants for the Deaf and Hard-of-Hearing**

### **Level I**

**Maintenance** - This level is for children identified as deaf or hard of hearing who are functioning well in community based programs or the mainstream educational setting and whose family and Part C or educational staff do not need services from the MSDB outreach program. The family advisor programs and services are not utilized at this service level.

Families and schools will receive annual information from MSDB outlining services, and providing information for consideration related to the needs of the children as they move through their school career. Information focuses on issues related to transitions, progressive hearing losses and changes in communication modalities, amplification, new technology, and academic and social/emotional needs.

These children's families will receive a minimum of two personal contacts each year from the MSDB Outreach Program to monitor progress and changes in the child's or families' needs. These families and Districts will also receive notification of trainings, resources, and other mailings.

**Possible criteria for children receiving this level of service:**

- Child is being served by a community or school based program
- Child is making satisfactory progress toward established goals
- Child's educational needs related to communication and hearing have been addressed satisfactorily
- Educational and Social/Emotional issues have been addressed

Possible resources needed:

MSDB Outreach Staff

Training

### **Level II**

**Family and School Support/Consulting** - This service level provides family and school based support primarily through MSDB's outreach consultants. Family advisor programs and services are not utilized at this service level. This includes at a minimum bi-monthly contacts from the MSDB consultants either in person or by phone, e-mail, or letters. Visits to the home and school and in-service training is provided to school personnel upon requests, assistance with educational planning, instructional and interpreter support. Staff and families working with Level

III students will be encouraged to take advantage of other State Sponsored trainings including: Intermountain Special Studies Institute, the Family Learning Weekend, the MSDB Summer Deaf Camp, and the Educational Interpreter Certification Program.

**Possible criteria for children receiving this level of service:**

- Child is being served in a community or school based program
- Staff has limited skills and knowledge for serving deaf and hard of hearing children
- Child is making satisfactory progress toward established goals
- Communication skills, with accommodations, are within normal range
- Social/Emotional abilities are within normal range
- Child and family have access to resources other than MSDB

Possible resources needed:

MSDB Outreach Staff

Deaf Mentors

Training

## Level III

**Less Intensive** – As with Service Level I, Family Advisor Program Plan will be developed. Family advisor services will be provided up to twice monthly depending on need. Emphasis will be placed on the use of other available resources, classes and trainings to further the families' knowledge of their child's needs and interventions. Family advisor services will continue when appropriate, with the family taking progressively more responsibility for continued learning.

MSDB will provide opportunities for further learning through: the Family Learning Weekend, sign language training in small groups with other families or with other interested participants paying tuition, subsidized attendance at training opportunities such as Montana Registry of Interpreters for the Deaf, Visual Phonics, and Signing Exact English workshops. On an as needed basis MSDB may provide individualized training or provide presenters for local groups such as deaf clubs, parent-teacher organizations, other service providers and interested constituents in the community.

Continued services from the MSDB outreach consultant may include consultation and visit to schools, arranging for contact with deaf or hard of hearing mentors or role models, participation on FSP or IEP teams, coordination of services with other providers, and parent education on a monthly basis. The family advisor program plan will be reviewed at least annually and progress will be documented by the family advisor on a regular basis.

**Possible criteria for children receiving this level of service:**

- Family has received training and is knowledgeable about their child's needs
- Family is not receiving community or school based services
- Educational placement has been determined
- Amplification and language issues have been satisfied
- No access to other resources or individuals trained in educating deaf and hard of hearing

- School or community based home service staff is inexperienced in serving deaf or hard of hearing children
- Need to address social/emotional issues
- Need to identify appropriate technology and assistive devices
- Need to determine appropriate educational interventions and accommodations

Possible resources needed:

MSDB Outreach Staff

Family Advisors

Supplies and Materials

Deaf Mentors

Other Families with Deaf or Hard of Hearing Children

Training

## Level IV

**Most Intensive** -Weekly family advisor services for 1 to 2 hours depending on need, other services, and availability of resources. The MSDB outreach consultant, in cooperation with Family Advisors, the Family, Part C Family Support Specialists, other community based service providers and for children over the age of 3, school personnel, will develop a "Family Advisor Program Plan". This plan will identify the needs of the family and child and the program objectives and services necessary to meet these needs.

The family advisor will work through the Ski\*Hi Curriculum for Family-Centered Home-Based Programming for Infants, Toddlers, and Preschool-Aged Children with Hearing Impairment. It takes approximately 2 years to cover this curriculum. After one year we will evaluate progress by reviewing and updating the program plan. Program coordinators will administer the Ski\*Hi Language Development Scale at the recommended intervals to document child's progress and determine areas of need. When deemed beneficial to the family, deaf or hard of hearing mentors or role models will be introduced.

As needed the MSDB outreach consultant will provide coordination and consultation to other service providers including school and community based programs and to the parents and family advisor. The family advisor program plan will be reviewed at least annually and progress will be documented by the family advisor on a regular basis. It is anticipated that this level of service will continue for up to two years at which time the family will transition to Service Level II.

**Possible criteria for children receiving this level of service:**

- Newly Identified as being deaf or hard of hearing
- Language at less than 3 years developmental level
- Greater than a 2 year delay in language
- Recent change in hearing acuity
- Newly amplified

- Still determining most appropriate educational placement
- Still identifying mode of communication
- No access to other resources or individuals trained in educating deaf and hard of hearing
- School or community based home service staff is inexperienced in serving deaf or hard of hearing children
- Need to identify appropriate technology and assistive devices
- Need to determine appropriate educational interventions and accommodations

Possible resources needed:

MSDB Outreach Staff

Family Advisors

Supplies and Materials

Deaf Mentors

Other Families with Deaf or Hard of Hearing Children

Training

# Service Level Descriptions for Children Served by MSDB Outreach Consultants for the Visually Impaired

## Level I (0-6 points)

**Minimal Service:** This is an individual with mild needs who will benefit from a low degree of consultation services provided by a teacher of the visually impaired to an individual, education personnel and parents. This level is designed for visually impaired children who are functioning well in community based programs or the mainstream educational setting and whose family or Part C or educational staff do not need services from the MSDB outreach program.

Possible criteria for children receiving this level of service might include the child being served by a community or school based program, child is making satisfactory progress toward established goals, child's educational needs have been addressed satisfactorily and the education and social/emotional issues have been addressed.

Possible resources needed include MSDB outreach staff or campus staff supports or trainings.

## Level II (7-9 points)

**Light Service:** This level of service would include that of family and school support and consulting by MSDB outreach consultants of the visually impaired. Visits to the home and school and in-service training are provided to school personnel upon request and assistance with educational planning. This individual has moderate needs and would need a higher amount of consultation services. Staff and families working with Level III students would be encouraged to take advantage of the Family Learning Weekend and the MSDB Summer Blind Camp.

Possible criteria for children receiving this level of service might include that the child is being served in a community or school based program, the staff has limited skills and knowledge for serving blind or visually impaired children, the child is making satisfactory progress toward established goals, social and emotional abilities are within normal range and the child and family have access to resources other than MSDB.

Possible resources needed might include MSDB outreach staff or campus staff supports or trainings.

## Level III (10-12 points)

**Moderate Service:** This is an individual or team working with an individual who will need moderate training from a teacher of the visually impaired and a moderate amount of curricular adaptations. Emphasis will be placed on the use of their available resources, classes and trainings to further the families' knowledge of their child's needs and interventions where the family will be taking progressively more responsibility for continued learning.

MSDB will provide opportunities for further learning through: the Family Learning Weekend, videoconferencing, teleconferencing and small group trainings with service providers, families or with other interested participants.

Continued services from the MSDB outreach consultant may include consultation and visits to schools, participation on CST, IEP and IFSP teams, coordination of services with other providers and parent education, as necessary..

Possible criteria for children receiving this level of service might involve that the family has received training and is knowledgeable about their child's needs, educational placement has been determined, no access to other resources or individuals trained in education blind or visually impaired children, need to address social/emotional issues, need to identify appropriate technology and assistive devices or need to determine appropriate educational interventions and accommodations.

Possible resources may include MSDB outreach staff or school campus staff, supplies and materials, other families of blind or visually impaired children or trainings.

#### Level IV (13-16 points)

Intensive Service: This is an individual or team working with an individual who will need intense training from a teacher of the visually impaired and extensive adaptations in multiple specialized areas such as Braille, daily living skills, technology, careers and orientation and mobility. As needed, the MSDB outreach consultant will provide coordination and consultation to other service providers including school and community based programs and to the parents.

Possible criteria for children receiving this level of service might include individuals who are newly identified as being blind or visually impaired, still determining the most appropriate educational placement, limited access in trained personnel or resources in educating blind or visually impaired, school or community based home service is inexperienced in serving blind or visually impaired, need for identification of appropriate technology and assistive devices or need to determine appropriate educational interventions and accommodations.

Possible resources needed may include MSDB outreach staff or school campus staff, supplies and materials, coordination with other families with blind or visually impaired children or trainings.

## RATING SCALE

The individual student is assigned a rating of 0 to 4 in each of the following areas: medical, reading medium, compensatory skill needs and environmental/instructional adjustments. The total points offer a baseline in the amount of vision-related service that the individual might need from a teacher of the visually impaired.

#### Medical / Visual 0 Points:

- Visual acuity between 20/20 and 20/60 with a full visual field
- No significant pathology

#### 1 Point:

- Possible progressive disease, but one eye still within normal limits
- Mild nystagmus

- Bilateral strabismus, which cannot be corrected; Pre/post eye surgery
- Other severe temporary eye treatments, such as patching; significant bilateral field loss
- Other medical/physical problems, e.g., mild CP

2 Points:

- Acuity 20/70 to 20/200 in best eye after correction
- A visual field of more than twenty degrees
- Cortical visual impairment
- More severe medical/physical problems, e.g., moderate CP, tube feedings, requiring regular OT, PT and (or S/LP services 3 Points:

- Acuity 20/200 to object perception in best eye after correction
- A visual field of twenty degrees or less
- Medical/physical problems that limit mobility, impact overall health, requiring regular OT, PT, and or S/LP services and frequent doctor visits

4 Points:

- Object perception to total blindness
- A visual field of ten degrees or less
- Very severe physical/medical problems that require intensive OT, PT and/or S/LP, and/or specialized medical services and/or frequent hospitalizations

Primary Reading Medium 0 Points:

- Regular print with no modifications • Nonreader
- Grade 1 braille reader mastery level
- Interested in tactile books, etc., but not yet ready for reading instruction

1 Point:

- Regular print with occasional magnification (e.g., CCTV, hand held magnification) in addition to correction
- Pre-reading instruction, e.g., listening skills, shapes sizes, alphabet

2 Points:

- Regular print with consistent use of magnification in addition to correction
- Grade 2 braille reader mastery level
- Tape or large print
- Reading medium still to be determined

3 Points:

- Grade 1 braille reader instruction level
- Uses alternative communication system, e.g., non-verbal non-switch user 4

Points:

- Grade 2 braille reader instructional level
- No consistent method of communication e.g., non-verbal, non-switch user

Compensatory Skill Needs / Adaptive or Developmental Training 0 Points:

- Needs no compensatory skills instruction

1 Point:

- Needs compensatory skills consultation in fine and gross motor areas, PE/recreational activities, basic concept development/sensory awareness, augmentative communication devices and/or functional life skills for supported living and work environment
- Large print computer user, mastery level

2 Points:

- Needs compensatory skill consultation and/or instruction in use of residual vision and low vision aids, calculator usage, pre-vocational skills and/or use of adaptive equipment
- Large print computer user, instructional level

3 Points:

- Needs compensatory skill consultation and/or instruction in computer typing, map reading, geographical and science concepts; and/or competitive career and vocational training
- Auditory computer user, mastery level
- Needs instruction in Activities of Daily Living (ADL) skills (e.g., dressing, feeding)

4 Points:

- Needs compensatory skill instruction in tactual development, abacus, slate and stylus, and/or independent daily living skills
- Screen Reading computer user, instructional level
- Tactual development: raised line drawing, abacus
- Currently has few or no ADL skills and one-on-one assistance

Environmental Instructional Adjustments 0 Points:

- Needs no adaptations of instructional materials or presentations

1 Point:

- Needs some adapted written materials, special seating some magnification and/or adaptive lighting



- Consultation regarding best vision use with augmentative communication and/or positioning

2 Points:

- Classroom teacher needs some consultation/support in materials modifications
- Needs some adaptation of maps/graphs, frequent magnification

3 Points:

- Paraprofessional needs minimal consultation regarding tactile modifications/enlargement, adaptation of maps/graphs, pictures and Braille production
- Needs all curricula materials in Braille and/or tactual format

4 Points:

- Paraprofessional needs significant support/instruction in material modifications and Braille production

When determining an appropriate caseload, a number of variables have been determined within the guidelines. These variables include direct instruction, consultation time to staff and parents, securing and adapting materials, attending IFSPs, CST/IEPs, research, prep time, follow-up and other assigned duties.

Points to Consider When Assigning a Caseload

The type and quantity of service provided to a student with a visual impairment will be based on the results of comprehensive assessment and recommendations by the student's planning team. When assigning students to a teacher, the following should be considered:

- There should not be more than three academic Braille students assigned to one teacher of the visually impaired
- Travel time must be taken into consideration when developing a caseload
- New referrals

## VISION SERVICE LEVEL SUMMARY

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

	Outreach Consultant

## RECOMMENDATIONS OF SERVICE

Total Points	Service Level	Frequency of Visits	Model of Service Delivery
0-6	1	1-3 Yearly	Minimal
7-9	2	3-6 Yearly_____	Light
	3	Monthl	Moderate
	4	Bi-monthly	Intensive

Appendix E: Regional Outreach Caseloads

## Deaf and Hard-of-Hearing Regions

Region 1 DHH :							
	Caseload	0	1	2	3	4	5
2022	82	3	18	28	26	4	3
2021	79	2	19	26	22	6	4
2020	79	1	17	23	24	9	5
2019	79	3	16	23	24	9	4
2018	81	4	16	22	24	11	4
2017	76	5	11	14	26	17	3
2016	66	3	10	10	28	12	3

Region 2 DHH :							
	Caseload	0	1	2	3	4	5
2022	27	4	3	3	12	5	2
2021	24	1	4	3	10	6	0
2020	28	0	4	5	7	12	0
2019	29	1	1	3	10	14	0
2018	27	0	3	1	11	12	0
2017	31	0	1	5	14	11	0
2016	25	0	4	2	12	7	0

Region 3 DHH :							
	Caseload	0	1	2	3	4	5
2022	145	45	43	18	5	11	1
2021	133	12	38	12	7	10	2

2020	106	13	37	4	11	8	1
2019	102	13	29	6	14	12	2
2018	no data	-	-	-	-	-	-
2017	no data						
2016	69		29	13	9	17	1

Region 4 DHH :							
	Caseload	0	1	2	3	4	5
2022	65	8	13	16	26	0	2
2021	65	13	8	11	23	3	3
2020	56	12	8	12	21	1	2
2019	61	10	9	19	21	0	2
2018	50	9	4	19	12	4	2
2017	47	12	5	14	16	3	2
2016	47	9	6	14	13	3	2

Region 5 DHH :							
	Caseload	0	1	2	3	4	5
2022	106	8	22	23	18	20	15
2021	115	25	25	30	5	13	17
2020	115	25	19	30	5	16	20
2019	113	26	16	31	5	17	18
2018	82	14	8	18	10	15	17
2017	80	13	7	17	11	15	17
2016	40	2	10	15	5	8	0

Region 6 DHH :							
	Caseload	0	1	2	3	4	5
2022	198	85	47	37	18	11	0
2021	209	94	48	38	18	10	1
2020	148	28	43	41	16	14	0
2019	144	28	45	42	15	14	0
2018	107	15	17	50	18	4	2
2017	No data						
2016	No data						

## Visually Impaired Regions

Region 1 VI :							
	Caseload	0	1	2	3	4	5
2022	74	10	13	43	2	3	3
2021	72	10	11	42	2	4	3
2020	63	5	9	40	2	4	3
2019	61	5	8	39	2	4	3
2018	58	5	8	35	2	4	4
2017	56	5	8	35	0	4	4
2016	53	4	7	34	0	4	4

Region 2 VI:							
	Caseload	0	1	2	3	4	5
2022	83	19	27	24	9	4	0
2021	82	11	30	28	10	3	0
2020	75	9	26	30	7	3	0

2019	66	3	7	32	20	4	0
2018	53	3	7	20	21	2	0
2017	46	1	5	20	17	2	1
2016	43	1	5	17	17	2	1

Region 3 VI:

	Caseload	0	1	2	3	4	5
2022	70	11	11	6	20	21	1
2021	64	11	11	6	20	15	1
2020	54	6	10	7	13	18	0
2019	51	7	8	7	14	14	1
2018	49	4	10	6	12	16	1
2017	49	0	15	9	12	12	1
2016	48	0	15	9	12	12	0

Region 4 VI:

	Caseload	0	1	2	3	4	5
2022	97	21	24	20	14	3	0
2021	88	12	39	25	8	2	0
2020	73	15	29	14	6	1	0
2019	70	3	26	31	3	3	0
2018	60	16	13	13	5	5	1
2017	56	9	12	16	4	5	2
2016	59	6	14	15	12	7	1

Region 5 VI:							
	Caseload	0	1	2	3	4	5
2022	73	17	5	11	17	21	2
2021	60	7	3	2	13	33	2
2020	60	7	3	2	13	33	2
2019	59	6	4	2	13	32	2
2018	61	6	5	4	16	28	2
2017	60	8	3	3	13	31	2
2016	60	6	5	5	16	33	2

Region 6 VI:							
	Caseload	0	1	2	3	4	5
2022	96	14	18	25	12	10	17
2021	80	5	17	20	15	6	17
2020	78	13	18	17	9	7	14
2019	67	6	11	14	18	7	11
2018	58	6	12	11	12	5	12
2017	50	7	14	10	6	5	13
2016	42	9	12	10	4	4	12

Region 7 VI:							
	Caseload	0	1	2	3	4	5
2022	42	8	8	12	11	3	0
2021	50	8	18	13	8	3	0
2020	41	9	7	9	8	7	1

2019	40	5	12	10	11	2	0
2018	36	6	10	8	5	5	2
2017	33	4	10	7	4	6	2
2016	17	3	3	3	4	4	0



## Appendix F: Workload Tool

Topic	Formula	DHH	# of Students/Meetings/Weeks	Frequency	Total Hours Per Year Per Category
Assessment - work directly with student	Multiply # of students times frequency of service in a month times 9 (= a year) (Includes new referrals, assessments, Level 2-4 School Age)	45 minutes	4 students/month	54 students/year	40.5
Home Visits	Multiply # of students times frequency of service in a month times 9 (equals a year)(Birth to School Age)	60 minutes	8 home visits/month	72 home visits/year	72
Monitor Contacts	Multiply # of students time frequency of service in a year (Level 0-1)	30 minutes	70 students (level 0-1)	Check in 2X/year	70
Consultations w/Schools	Multiply # of students times frequency of service in a month times 9 (equals a year) (Level 3-4 School Age)	45 minutes	30 students (level 3-4)	30 X 1.5 visits/consultations per month	304
IEP/IFSP/504	Multiple # of meetings times frequency of occurrence in a year	90 minutes	40 student meetings	1 each/year	60
Staff Training (w Para/BrI/FA/DM) includes direct modeling	Multiply # of paras times reported frequency in a week times 40 (equals a year) * beyond direct instruction/consultation time	20 minutes	0.25		10
Management of DM/FA Invoicement		20 minutes	8 invoices/month	72 invoices/year	24
Preparation (lesson)* Phone calls, Emails, Faxing	8 hours per week times 40 weeks (equals a year)	320 hours per year			320
Preparing Materials (ASL users) Preparation for home/school lessons, ASL sign cards, Deaf Mentor materials and collect at MSDB	Multiply # of students times 1 hr per week times 40 weeks	60 hours per	4 students/week	160 students (or 4 students per week, typically meeting with the same students 1-4X each month)	160
Travel Time	1 hour = 50 miles distance driving	Put in number of miles	10000	(In 6 months, I traveled a little over 5,000 miles)	200
Report Writing - Assessments Reports (ECC, O&M, LSL, EDU, Audiology, SPICE, SKI HI, etc.)	90 minutes per child per year	Put in number of activities/child	2 reports/month	18 reports/year	27
Presentations	1 hour per school served per year (multiply number of schools by 1 hour)	Put in number of schools	12 schools		12
Participation in Professional development Participation on a committee	Inservice(s) (fall/spring) – 32 hours per year (Orientation – 16 hours per year)	32	Orientation- 16, Webinars- 12, Conference- 24		52
Referrals and early intervention (0-school age) and secondary (HS) transition students	4 hours per referral or transition student per year	Put in number referrals or transitions	2 students/month	18 students/year	72
Special Projects	Enter number of hours Supervisor has approved		Fall DEW- 40, Spring DEW- 40, FLW- 60, Resource Event- 40, DMP-40		220
Total Work Hours Per Year				0	1643.5
Clarification:					
Special Projects: The consultant will work with his/her supervisor to determine activities and time allotments for the above. Activities participated in-lieu of regular services do not warrant additional time.					
Notes:					
Number of workdays in a school year: 200 8-hour days					
Number of work hours in a school year: 1600					
Number of work weeks in a school year = 40					

## Appendix G: Workload Tool Calculation

Region	Approximate hours worked per current 1600 hour contract	Work hours recommended based on workload Tool Kit
VI 1	1985	2822
VI 2	1794	2411
VI 3	1768	1768
VI 4	1858	2437
VI 5	1779	3437
VI 6	1732	2093
VI 7	1693	1851
DHH 1	1768	2648
DHH 2	1958	3670
DHH 3	1696	3508
DHH 4	1650	1650
DHH 5	1659	2247
DHH 6	1643	2202
Total	22983	32586

32586 Recommended Hours / 1600 work year = **20.36 Consultants**