

REHABILITATION ISSUES

From 0 to 99: Creating Services for Individuals with Hearing Loss Around a Core Program at the Community Level

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Abstract

Outreach to individuals who are hard of hearing can be a real challenge! The opening of a hearing clinic in our community based rehabilitation agency created an opportunity to develop a framework of services to attract and serve these individuals. This session described how this process unfolded at the Center for Sight & Hearing, a community rehabilitation program in Rockford, Illinois, which serves individuals with hearing loss and vision loss. Stumbling blocks, funding, surprises, and lessons learned were discussed in this interactive session.



Outreach to individuals who are hard of hearing can be a real challenge! In 2006 the Center for Sight & Hearing met that challenge when we opened a hearing clinic in our community based rehabilitation agency. This is an account of our dreaming, planning, and the stumbling blocks we encountered during that process.

The Center for Sight & Hearing is a community based rehabilitation program, or CRP. CRPs provide direct services (e.g. assessment, training, counseling, placement, case management) to consumers with disabilities. They may serve individuals with a variety of disabilities, or specialize in one area such as vision or hearing loss. The Center for Sight & Hearing is a PEPNet-Midwest Outreach Site. PEPNet, the Postsecondary Education Program Network, is a national consortium that provides resources, information, in-service training, and expertise to enhance educational opportunities for individuals who are deaf or hard of hearing and their families through four regional centers.

Let's begin with a brief history of the Center. In 1956 the Winnebago County Assoc- Lions' sale of bouquets of roses, an annual event that continues to this day. The facility contained a bowling alley and Olympic-sized swimming pool. Eventually members of the Deaf community began to frequent the center and programs and services were expanded to meet their needs. A Low Vision Clinic opened in 1970 due to the initiative of a retired ophthalmologist who volunteered his services to make it a reality. In 1985 the name was changed to the Center for Sight & Hearing Impaired; the word "Impaired" was dropped from the name in 1998. After a rehabilitation counselor was hired in 1991, further evolution brought new programs in employment, and independent living skills.

Through her resourcefulness, an assistive technology demonstration and sales center called Simple Solutions was created. With all of these changes, the original facility no longer met the needs of customers or staff, so in 2003 a new “house that roses built” was completed. The new facility included an area designated for a hearing clinic and a soundproof evaluation booth.

Today the Center for Sight & Hearing, a 501(c) 3 not-for-profit agency, provides comprehensive services for individuals with hearing loss, vision loss, or both. Our mission is “To help individuals with a vision and /or hearing loss live independently.” We strive to provide one-stop shopping, including provision of assistive technology, training in its use, and follow up services. In late 2004, our existing services included a well-established low vision clinic, strong relationships with the health care community, and a basic referral, scheduling, and billing process. We had strong ties to the Deaf community, including the Deaf Senior Citizens. We were providing employment services, and sign language and speechreading instruction. Communication Services included on-site interpreter services while C-print captioning and remote services were in development. In the new facility, Simple Solutions, our assistive technology resource center, occupied a larger space and served individuals seen in the low vision clinic as well as those with hearing loss referred by professionals in the community.

Our vision for the future included providing comprehensive hearing services to our community, thus fulfilling the promise made by our name. We envisioned a hearing clinic and support services that were affordable for everyone, including Medicaid and Medicare recipients. To do that we needed testing equipment, an audiologist, and funding for start-up costs. In 2005 we submitted a grant request to the Lions Clubs International Foundation for \$75,000. The number of natural disasters throughout the world during that period had a negative impact on funding, but we received \$54,750 for testing equipment and hearing aids. Moreover, the grant was contingent on our receipt of matching funds from Lions District 1-D, monies that we used for part of the audiologist’s salary. We were ready to go! Our next step was to form a Hearing Clinic Committee composed of staff members, consumers, stakeholders, and audiological consultants to assist with planning and provide feedback. Consistent with the Center’s efforts to improve our business practices, we developed a business plan, making it easier to secure funding and business partnerships. We opened the clinic doors in August, 2006, with the audiologist scheduled 1½ days a week.

Before the year was out, the audiologist was scheduled four days a week. We expected to primarily serve adults receiving Medicaid and Medicare. However, today we are serving both adults and children and expect the number of children to continue to increase. In FY 2006-2007 we provided:

- 189 audiological exams
- 236 hearing aid evaluations
- 85 hearing aids for first time users
- 47 hearing aids for experienced users
- 202 hearing aid checks
- 7 persons had cerumen (wax) removed from their ear canals.

We are drawing customers from far outside our local service area because of our affordability and follow up services. Our audiologist also does consulting work for third-party payers.

By all accounts, this new program with its supporting services was very successful. It has not been perfectly smooth sailing, however. There were several things that we should have done:

- We should have thought “bigger.” Although we knew the need for affordable services was great, we were surprised by the number of people who came to our doors.
- We should have planned from the outset to serve children. Children and adolescents are the

fastest growing sector of our customers, and that trend is expected to continue. In fiscal year 2006-2007, services for children increased from 1% to 18%.

- We should have had a more sophisticated and better organized system for referrals, scheduling, and billing. Software to help us manage those tasks is in the planning stages now.
- We should have been aware of the intricacies in seeking public funding. Remember that name change from Center for Sight & Hearing *Impaired* to Center for Sight & Hearing? Unfortunately, the change had never been registered with the state or the IRS. Issues with the state were resolved very quickly, but it took the IRS seven months to complete the process. After finally getting Medicaid approval, we realized that the audiologist needed to change his code from that of his previous workplace. In the meantime, Medicaid ran out of money!
- We should have been more aware of the length of time between service provision and reimbursement. We received our first checks just prior to this presentation.
- We should have paid better attention to the design of the clinic space: there were no phone lines or network connections in the hearing clinic area.

There were also some things that we should not have done:

- We should not have limited our audiologist to 1½ hours a week. Within a year he was working 4 days a week.
- We planned to limit our services to adults and, as noted earlier, children are the fastest growing demographic for our hearing services. The equipment we chose was geared for adults and does not allow us to test very young infants.

What principles can we draw from this experience that we can apply in general to the process of developing new services in an already established program? The most important concept is thoughtful planning, a process very similar to the one that businesses use to place themselves strategically in a competitive market. The first step is to look critically at your strengths, weaknesses, opportunities available, and the threats, or barriers that you will have to contend with. This is often called SWOT.

In the case of the Center for Sight & Hearing, our strengths included our well-established presence in the community; our positive working relationships with professionals, further strengthened by their involvement in our planning process; our role as a Selection Center for free telecommunications equipment; our assistive technology retail store; and our strong support from the Lions' Clubs. On the other hand, as we embarked on this project, we had a minimal amount of "up front" money, a rudimentary referral, scheduling, and billing system, limited experience working with Medicare and Medicaid, a very basic web site, and very few AT items for people to try.

Opportunities abounded for us. There was a huge need for affordable hearing services, a market not met with current services. Our new audiologist had strong ties with local agencies that were delighted to be working with him. Our staff was knowledgeable about hearing loss and the issues that surrounded it. A hearing clinic would complement our existing services. One threat, or perhaps challenge is a more appropriate description, was the concern of local audiologists, who felt threatened by the prospect of an agency offering "affordable" services. A key part of our plan was to sell assistive technology for hearing loss, but there was another AT retail operation with an excellent web site in our service area. Although, we planned to focus on individuals covered by Medicaid and Medicare, we hoped to attract individuals who would self-pay as well to help offset some of our costs. We had not marketed our services to that sector.

As you scan the landscape to complete your SWOT analysis, do so with a critical eye: be very honest. Seek input from your staff members, board members, customers, and stakeholders in the community. A major oversight at this level may create problems later on.

Funding. How do you find it? How much do you need? Where do you find it? Assume that you are going to have to scramble to find adequate funding; there is no pot of gold at the end of the rainbow. Look for grants. Seek out partnerships or collaborative arrangements. One thing that is extremely important is that business plan. More and more funding sources are requiring that not for profits function like businesses. Develop a budget that is adequate for the costs you anticipate, and then add more. A significant number of businesses fail because they are underfunded at the beginning. You need a cushion for situations like delays in reimbursement and unforeseen equipment and software needs.

So, how do you get started when you have little or no experience with business practices? There are a number of excellent resources out there. Your local college or community college is a great place to start. Look for special programs for not for profits where you can improve your grant writing, strategic planning, marketing or public relations skills. Small Business Administration programs can help you develop a business plan and budget. Many community colleges have programs for people who are retired where you can learn from seniors who have “been there.” They are also great sources for finding volunteers. SCORE, the Service Corps of Retired Executives, is another excellent resource as are Chambers of Commerce.

Professional organizations such as the American Academy of Audiologists can help you identify consultants to help with a wide variety of things from identifying equipment to helping you network with local practitioners. Equipment vendors are often willing to collaborate to make your programs successful. Don’t forget PEPNet, where resources include a handbook on how to use the Commission on Accreditation of Rehabilitation Facilities (CARF) certification standards to strengthen the quality and accessibility of your program. They also offer online classes for staff development.

Opening our hearing clinic has allowed us to fulfill our promise of comprehensive vision and hearing services. It was not always easy, but the lessons we learned will serve us well in future planning. Good luck as you grow your own array of services. Please contact me at heidi.adams@pepnet.org if you have any questions.