

Analysis of Deaf, DeafBlind and Hard of Hearing Services

Deaf and Hard of Hearing Services Division

January 2017

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Executive summary

This report is the result of legislation enacted by the 2015 Minnesota Legislature. The Department of Human Services (DHS) was asked to conduct an analysis of services provided through the DHS Deaf and Hard of Hearing Services Division (DHHS D).

DHHS D worked with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDHH) for this project. Together they established a steering committee to guide the work. The steering committee recommended having two studies to complete the analysis: 1) study of the services and programs offered by the DHHS D and 2) study of the Telephone Equipment Distribution (TED) program and its funding source, the Telecommunications Access Minnesota (TAM) special revenue fund administered by the Department of Commerce.

Key findings from the two studies include:

- Services offered in the DHHS D regional offices are very broad and designed to be responsive to individuals' immediate needs. For that reason the division appears to lack direction and members of the public have a hard time understanding its menu of services.
- The 'regional service center' model for delivering services was created over 30 years ago. New options for deploying staff, centralizing some services and increasing uses of technology should be explored.
- The DHHS D regional offices and the Telephone Equipment Distribution program need to do more outreach so Minnesotans are aware of the services in these programs.
- Minnesotans who are deaf, deafblind or hard of hearing would like the Telephone Equipment Distribution program to offer more assistive equipment and devices. They would also like education on types of assistive devices and who is best suited to use various types.
- Access to affordable, high quality broadband and cell phone service in all areas of the state is a must for people who rely on visual ways of communicating such as using sign language or captioned telephones.
- DHHS D's collaborations with other state agencies and community partners should be strengthened to improve coordination of services for consumers.

DHS has developed an action plan from the findings and recommendations in the studies. Some of the recommendations can be implemented by DHS on its own. Some will be implemented in conjunction with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans. Some are recommendations for the legislature to consider.

Recommendations DHS is implementing:

- Pursue options for redesign of the DHHS D service delivery system
- Improve community awareness of the programs and services offered by DHHS D
- Develop a strategy to strengthen DHHS D's connection to the immigrant community

- Develop a strategic plan to modernize services for Minnesotans who are deaf, deafblind or hard of hearing; include action steps for implementing recommendations from the studies.

Recommendations DHS has worked with MNCDHH to implement:

- Conducted an informal analysis of service gaps and overlaps
 - Catalogued services offered through DHHSD
 - Analyzed gaps in current services and future needs for Minnesotans who are deaf, deafblind or hard of hearing
- Identified priority services DHHSD should offer in the future.

Recommendations the legislature could consider:

- Improve availability and affordability of high quality broadband and cell phone services so that people in all areas of the state have an option to use them
- Update the Deaf and Hard of Hearing Services Act to give DHS more flexibility in designing service delivery
- Ensure DHHSD has adequate funding to deliver statewide services.

Legislation

Minnesota Session Law 2015, chapter 71, article 14, section 2, subdivisions 3(d):

(d) **Deaf and Hard-of-Hearing Services Division.** \$650,000 in fiscal year 2016 and \$500,000 in fiscal year 2017 are from the general fund for the Deaf and Hard-of-Hearing Services Division under Minnesota Statutes, section 256C.233. This is a onetime appropriation. The funds must be used:

(1) to provide linguistically and culturally appropriate mental health services;

(2) to ensure that each regional advisory committee meets at least quarterly;

(3) to increase the number of deafblind Minnesotans receiving services;

(4) to conduct an analysis of how the regional offices and staff are operated, in consultation with the Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans;

(5) during fiscal year 2016, to provide direct services to clients and purchase additional technology for the technology labs; and

(6) to conduct an analysis of whether deafblind services are being provided in the best and most efficient way possible, with input from deafblind Minnesotans receiving services.

Minnesota Session Law 2015, chapter 71, article 14, section 2, subdivisions 5(k):

(k) Deaf and Hard-of-Hearing Grants

Deaf, Deafblind, and Hard-of-Hearing Grants. \$350,000 in fiscal year 2016 and \$500,000 in fiscal year 2017 are for deaf and hard-of-hearing grants. The funds must be used to increase the number of deafblind Minnesotans receiving services under Minnesota Statutes, section 256C.261, and to provide linguistically and culturally appropriate mental health services to children who are deaf, deafblind, and hard-of-hearing. This is a onetime appropriation.

Introduction

The Deaf and Hard of Hearing Services Division (DHHSD) of the Department of Human Services offers services to Minnesotans who are deaf, deafblind or hard of hearing through 1) a network of regional offices, 2) a mental health program, 3) the Telephone Equipment Distribution program, and 4) grant-funded programs provided by community partners.

The DHHSD services are established in [Minn. Stat. 256C. 21](#). The Telephone Equipment Distribution program is established in [Minn. Stat. 237.50](#). Both laws were enacted in the 1980s. At that time, people who were deaf and used American Sign Language (ASL) faced many barriers receiving public and private services. In response, Minnesota created a 'central entry point' system with staff fluent in ASL to help people who are deaf gain access to programs and services.

Over time DHHSD services expanded to include people who are deafblind and people who are hard of hearing. Federal and state laws were enacted that created new opportunities for people who are deaf, deafblind or hard of hearing. The most well-known of the disability rights laws is the Americans with Disabilities Act (ADA). The ADA brought new obligations for public and private services to be accessible. As people who are deaf, deafblind or hard of hearing exercise their rights under the ADA they frequently run into barriers. DHHSD's role is to help them gain access when they face barriers. As awareness about hearing loss grows, the demand for DHHSD services increases.

The demand for DHHSD services remains constant while Minnesota's budget challenges in recent years have led to reductions in DHHSD staff and services. As the landscape of services for people with disabilities continues to improve and budget pressures continue, DHHSD needs to be better prepared to deliver services into the future.

The Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDHH) recognized the challenges facing DHHSD and its ability to sustain services into the future. In 2015, MNCDHH approached the Legislature to request funding to analyze DHHSD operations and services. The Legislature appropriated money to DHS for the analysis of DHHSD services and several other duties and asked DHHSD to work in consultation with MNCDHH on its analysis.

DHS and MNCDHH established a steering committee to offer guidance for the analysis. The steering committee recommended having separate analyses of DHHSD's overall services and of the Telephone Equipment Distribution (TED) program and its funding source, the Telecommunications Access Minnesota (TAM) special revenue account.

The steering committee met on numerous occasions between September 2015 and May 2016. Please see [Appendix A](#) for steering committee information.

DHS contracted with Public Consulting Group to complete a study on the delivery of services by the regional offices and other programs of the Deaf and Hard of Hearing Services Division. DHS contracted with The Improve Group to analyze the TED program.

DHS used a competitive process for selecting the contractors. Separate Requests For Proposals for the DHHSD services study and the TED/TAM study were published in September 2015. The steering committee assisted DHS with reviewing proposals and recommending a vendor for each study. The committee also worked with DHS as the studies were underway to offer input on data collection strategies proposed by the contractors and provide feedback on preliminary findings.

Both studies relied on input from individuals statewide and DHHS staff. The study of DHHS services included:

- Survey of DHHS clients with complex needs; surveys were available in English by email, phone or in-person and in ASL by videophone or in-person; the survey was available in other languages by request
- Town hall community meetings in four Greater Minnesota locations
- Town hall meeting in St. Paul with members of the immigrant community who are deaf and hard of hearing
- Web-based feedback open to anyone
- Five focus groups with DHHS staff and two site visits to DHHS offices.

The study of the TED program included:

- Surveys with individuals and parents of individuals who are deaf, deafblind, hard of hearing or who have speech or physical disabilities that prevent them from using standard telephone equipment
- Community events in 15 locations across the state where individuals had survey questions presented in ASL and received assistance if needed to complete the surveys.
- Interviews with seven social service providers in Minnesota
- Interviews with five other states' telecommunications access programs.

The studies completed by Public Consulting Group and The Improve Group are included in the next section of this report. The readability level of the two studies included in this report is higher than what is typical for DHS products. To retain the integrity of the studies, DHS did not make substantive changes to the reports to address any readability concerns. We apologize for any inconvenience this may cause.

Following the studies, this report includes the DHS recommendations and implementation plans.

Minnesota Department of Human Services Deaf and Hard of Hearing Services Division

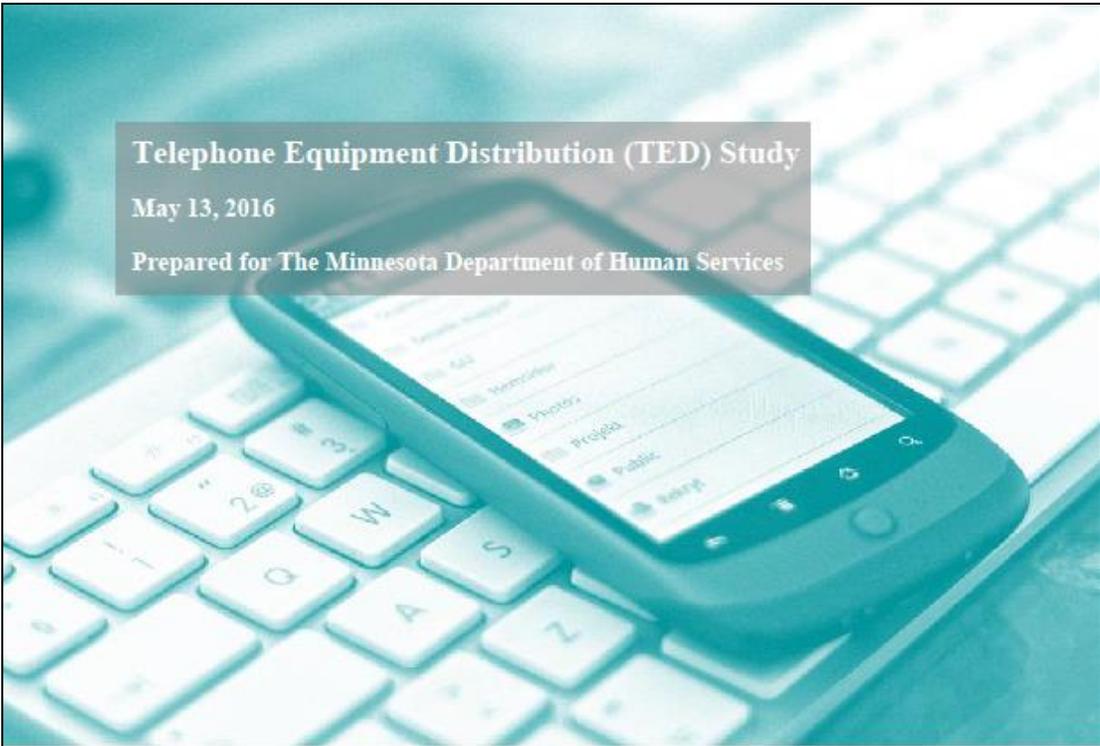
Service Delivery for Minnesotans who are Deaf, DeafBlind
and Hard of Hearing: Final Report

June 2016

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Public Focus. Proven Results.™

To open the report, double click on the report cover above. The full report will open in a separate window.

This report is also available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7228-ENG>.



The **Improve** Group

To open the report, double click on the report cover above. The full report will open in a separate window.

This report is also available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7229-ENG>.

DHS Recommendations

DHS is implementing many of the recommendations from the two reports. Please see the next section of this report, [DHS implementation plan](#), for more information.

In addition, DHS recommends its state partners continue to collaborate with DHHSD to maximize resources and services available to people who are deaf, deafblind or hard of hearing, such as:

- 1) Centers for Independent Living (CIL's) should collaborate with the DHS DHHSD to evaluate the effectiveness of CILs' services for people who are deaf, deafblind or hard of hearing, including:
 - a. how frequently do people who are deaf, deafblind or hard of hearing use CIL's services
 - b. whether people who are deaf, deafblind or hard of hearing have the same outcomes from CIL's services as others
 - c. whether services are designed to be culturally affirmative for people who are deaf and use American Sign Language.
- 2) Vocational Rehabilitation Services (VRS) in the Minnesota Department of Employment and Economic Development should collaborate with the DHS DHHSD to evaluate employment services for Minnesotans who are deaf, deafblind or hard of hearing including:
 - a. roles of VRS, VRS employment contractors, and DHHSD regional offices
 - b. roles of DEED WorkForce Centers and the effectiveness of their services for people who are deaf and hard of hearing.

DHS also recommends the Minnesota Legislature:

- 1) Maintain current services for people who are deaf, deafblind or hard of hearing by continuing DHHSD's current level of funding. The 2015 legislature gave DHHSD temporary funding for the FY16 - FY17 biennium. The funding was used for the independent analysis of DHHSD described in this report and for providing direct services. Specifically, the funding for direct services allowed DHHSD to:
 - a. Add a full-time mental health specialist in the northwest regional DHHSD office to provide in-person culturally affirmative to adults who are deaf; the number of adults served in that region increased by 62% in FY16;
 - b. Establish culturally affirmative mental health services to children in the northeast and northwest regions of the state; the new program began serving children in July 2016; an average of 50 children and adolescents per year is expected to be served;
 - c. Create a post-doctoral fellowship position to provide statewide psychological assessments in ASL that are culturally affirmative and additional therapeutic services in the Twin Cities; in the first five months, 8 assessments were completed or are in process and 14 clients are receiving therapeutic services;

- d. Eliminate the waiting list for the self-directed services program for people who are deafblind; by June 2017, all 44 people from the FY16 waiting will have been served;
 - e. Increase support services for adults and children who are deafblind; children receive an average of 11.6 additional hours of service per year per child and adults receive an additional 6.7 hours of service per year per adult;
 - f. Create a deafblind specialist position in the Metro regional DHHSD office to work directly with individuals who are deafblind; the number of contacts for assistance from individuals who are deafblind increased by 93% in FY16;
 - g. Modernize DHHSD regional office assistive technology demonstration labs; 22% of demo inventory was replaced with updated technology models; overall demo inventory increased by 61%; and
 - h. Manage cost increases for other services provided by the DHHSD regional office and mental health programs.
- 2) Modernize the Deaf and Hard of Hearing Services Act (Minn. Stat. 256C.21 - 30) so that DHS has the flexibility to implement recommendations from the study for the DHHSD service delivery system. For example, DHS is now required to establish 'regional service centers' to deliver services. Changing the statute could allow DHS to explore alternatives to the current 'bricks and mortar' service delivery model. With greater flexibility DHS could redesign services using more cost-effective, technology-based approaches as technology continues to advance.
- 3) Improve access to affordable high speed broadband services and cell phone services with texting capability throughout the state. High speed broadband allows for clear video transmission. Clear, fast video transmission gives people who rely on sign language an option that allows them equitable access to telecommunications. Text messaging gives people who cannot hear on the telephone and do not use sign language a way to have instant communication. Video phones in Minnesota have 911 call capability. Text messaging is expected to have 911 capability sometime during 2017.

DHS Implementation Plan

DHS has an implementation plan for many of the recommendations from the two studies:

- October 2016 - DHHSD worked with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans, other stakeholders and an outside consultant to analyze gaps and overlaps in services. The results of the analysis will be used in DHHSD's strategic planning process. Please see [Appendix B](#) for more information about the analysis and a list of stakeholders who participated in the process.
- November/December 2016 – DHHSD develops a strategic plan.
- January 2017 – DHHSD finalizes its FY17 / FY18 action steps to:
 - a) analyze options for deploying regional direct service staff to more Greater Minnesota locations; explore use of a centralized information/referral/intake system; develop plans for expanding the diversity of the DHHSD staff and creating a staffing succession plan; work with DHS to create options for making consumer information and materials easy to access and understand; redesign how DHHSD develops and delivers training;
 - b) create a short-term and long-term outreach plan to improve the public's awareness of all DHHSD services including the Telephone Equipment Distribution program;
 - c) create a plan to improve collaborations with our internal and external partners;
 - d) evaluate whether to consolidate the DeafBlind Consumer Directed Services program into existing grant-funded deafblind service programs;
 - e) determine how to tailor DHHSD services to support immigrants who are deaf, deafblind or hard of hearing; identify gaps in existing services for immigrants where the needs of immigrants with hearing loss are not being met;
 - f) evaluate how the interdepartmental team known as the Quad Agency team could work together more effectively to coordinate and improve services for Minnesotans who are deaf, deafblind or hard of hearing;
 - g) meet with DHS Medicaid and waiver staff to discuss whether federal funding options exist for DHHSD services;
 - h) explore options for expanding the Telephone Equipment Distribution (TED) program to meet consumer needs; consider offering a wider variety of devices and broadening TED's role to provide information to the general public about telecommunications devices for people with hearing loss; discuss possible use of the Telecommunications Access Minnesota fund to pay for a broader range of technology; meet with the Department of Commerce to discuss options for modernizing the program offerings and making cell phone/data plans/internet service more affordable.
- January 2017 – Beginning of the 2017 legislative session.

- June 2017 – DHHS updates its strategic plan to include outcomes from the 2017 legislative session. DHHS also completes a one-year FY18 workplan that includes action steps to continue its progress on the strategic plan.

Please contact the DHS Deaf and Hard of Hearing Services Division for more information about the implementation plan. See [page 1](#) of this report for contact information.

Appendices

Appendix A – Analysis of Services Steering Committee

Steering Committee Members

From the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans:

Brenda Ackerson, Vice Chair, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans; Regional Low Incidence Facilitator in Northwestern Minnesota

Dr. Nancy Diener, Member of the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans; Department Chair of American Sign Language Studies at University of Minnesota-Duluth

Michelle Isham, Teacher of Deaf/Hard of Hearing in Central Minnesota; former member of the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Alan Parnes, retired Vocational Rehabilitation Services counselor; former member of the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Jason Valentine, Chair, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans; Teacher of Deaf/Hard of Hearing, Metro Deaf School

From the Deaf and Hard of Hearing Services Division:

Tracy Bell, Regional Manager, Mankato Deaf and Hard of Hearing Services Division Regional Office

Dr. John Gournaris, Program Director, Deaf and Hard of Hearing Services Division Mental Health Program

Marie Koehler, Regional Manager, Twin Cities Deaf and Hard of Hearing Services Division Regional Office

Jan Radatz, Policy and Planning Specialist, Deaf and Hard of Hearing Services Division

Invited guests at each steering committee meeting:

David Rosenthal, Director, Deaf and Hard of Hearing Services Division

Amy McQuaid-Swanson, Program Development Supervisor, Deaf and Hard of Hearing Services Division

Sarah Maheswaran, TED Program Administrator, Deaf and Hard of Hearing Services Division

Mary Hartnett, Executive Director, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Beth Fraser, Legislative Director, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Steering committee face-to-face meetings

September 1, 2015 - Introduction to project and role of steering committee; defining the project

November 3, 2015 - Review and evaluate study vendors' proposals; select vendor(s) to recommend to the DHHSD director

December 8, 2015 - Study of DHHSD operations and services Kick-Off meeting with vendor, Public Consulting Group

December 23, 2015 - Study of TED and TAM fund Kick-Off meeting with vendor, The Improve Group

April 15, 2016 - Steering committee meeting with The Improve Group to review TED study preliminary report

May 26, 2016 - Steering committee meeting with Public Consulting Group to provide feedback on preliminary findings

Other steering committee activities

- Provide feedback on draft survey tools and formats for collecting stakeholder input
- Assist in outreach and developing invitation lists for stakeholder meetings
- Optional participation in town hall meetings, stakeholder feedback meeting, surveys and web-based input

Appendix B – Situation analysis of service gaps and overlaps

One of the Public Consulting Group report recommendations was for DHHS to develop clear service descriptions and definitions to communicate to consumers, community partners and the general public. To accomplish this, DHHS wanted a deeper ‘situation analysis’ of services for Minnesotans who are deaf, deafblind or hard of hearing. DHHS worked closely with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDHH) from start to finish on the analysis.

DHHS first analyzed its direct services data to see the variations and similarities of consumers’ needs from region to region. This helped identify where DHHS services overlap with services provided by others. MNCDHH focused on services specifically designed for people who are deaf, deafblind or hard of hearing offered outside of DHHS. Together the division and the commission produced a document called “Strategic Planning Situation Analysis – Services for People who are Deaf, DeafBlind and Hard of Hearing in Minnesota - November 2016.” The document is an informal assessment produced mainly to help DHHS with its strategic planning process.

Highlights of the situation analysis include:

- There are federal and state laws in place that create access. In many cases, services do exist and could meet the needs of many people with hearing loss but the laws creating access are not uniformly applied. Service providers, agencies, organizations, and government programs are obligated to follow the Americans with Disabilities Act but often a) don’t understand what accommodations they should provide, b) don’t budget for the costs of accommodations like interpreters, Communication Access Real-time Translation (CART), assistive listening technology, etc., and c) need awareness, sensitivity training and an attitude/culture shift about providing accommodations.
- For some people, providing a communication accommodation is not adequate. To achieve equitable outcomes, people who are culturally Deaf and use American Sign Language (ASL) may need services designed within that cultural framework. People who are deafblind may need services designed with a deafblind world view.
- Gaps in meeting the needs of people who are deaf, deafblind or hard of hearing were found across a variety of Minnesota’s services. The gaps can be generally categorized as:
 - **Access gaps:** Individuals who are deaf, deafblind or hard of hearing are denied the accommodations they need to access services and resources and they need help advocating for communication accommodations. This includes language barriers where written and electronic information is not available in ASL. There often is a ‘one-size-fits-all’ approach to serving people who are deaf, deafblind or hard of hearing that disregards the diversity of needs within the population of people with hearing loss.
 - **Information gaps:** Entities are willing to provide accommodations but need assistance 1) understanding the kinds of accommodations that work best for people who are deaf, deafblind or hard of hearing, 2) understanding the multifaceted impacts of hearing loss, and 3) understanding how to make accommodations arrangements.
 - **Service availability gaps:** Services that are effective for people who are deaf, deafblind or hard of hearing are not available to all people who need them and are not available in all areas of the state.

- **Service design gaps:** The ‘one-size-fits-all’ approach also applies to the design of services. This is reflected in the belief that simply providing an augmentative service or device (such as a sign language interpreter or assistive listening device) will meet the needs of everyone who is deaf, deafblind or hard of hearing. This approach disregards the need for intentionally designed culturally affirmative and linguistically accessible services for some people.

DHHS will use the information from the situation analysis to help develop clear definitions and descriptions of its services so that service delivery is comprehensive, effective and measurable.

DHHS thanks MNCDHH for its work and the time it dedicated to the analysis. A group of MNCDHH staff and past and current commission members assisted in producing and refining the document. They also helped us analyze the input we received from other community partners. We extend our sincere appreciation to:

- MNCDHH staff Mary Hartnett, Beth Fraser, Emory David Dively and
- Past and current commission members Bren Ackerson, Michelle Isham, Alan Parnes and Jamie Taylor.

Please contact the DHS Deaf and Hard of Hearing Services Division for more information about the analysis. See [page 1](#) of this report for contact information.

Community Partners involved in the analysis of service gaps and overlaps

DHS was fortunate to have a wide variety of people willing to assist with the strategic planning situation analysis.

Representatives from many community partners joined us for a meeting on October 31, 2016, to provide additional perspectives and information. Meeting participants included representatives from:

- ALOHA/Hearing Loss Association of America
- ASL Blend
- Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans
- DeafCan
- Deaf Community Health Workers
- Deaf Muslim Community
- Ebenezer services for seniors who are deaf, deafblind or hard of hearing
- Family Tree
- Health and Wellness Program at Regions Hospital
- Lifetrack Family Mentor and Role Model programs
- Minnesota Association of Deaf Citizens

- Minnesota Chemical Dependency Program for People who are Deaf, DeafBlind and Hard of Hearing
- Minnesota DeafBlind Association
- Minnesota Department of Employment and Economic Development State Services for the Blind
- Minnesota Department of Employment and Economic Development Vocational Rehabilitation Services
- Minnesota Management and Budget Office of Accessibility
- Minnesota Olmstead Implementation Office
- Northwestern Minnesota Regional Low Incidence Facilitator
- ThinkSelf (formerly CSD Minnesota)

Other partners who provided written information and comments included Career Ventures Inc., Centers for Independent Living, Cornerstone Advocacy Services, Deaf Hospice program, DeafBlind Services Minnesota, Deaf Immigration Center for Education (DICE), Gilbert Law, Minnesota Court Interpreter Program, Minnesota Disability Law Center, Minnesota Employment Center, PACER, People Inc., University of Minnesota Department of Audiology, VECTOR program and VOA/VONA mental health clinic.