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MCDHH

MINNESOTA
COMMISSION
SERVING DEAF &
HARD OF HEARING
PEOPLE

BIENNIAL
LEGISLATIVE
REPORT

December 31, 1994

RECOMMENDATIONS
FOR IMPROVING SERVICES
TO MINNESOTANS
WHO ARE DEAF
AND HARD OF HEARING

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**MINNESOTA COMMISSION SERVING DEAF AND HARD OF HEARING PEOPLE
(MCDHH)**

BIENNIAL REPORT

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Dated: December 31, 1994

EXECUTIVE SUMMARY
(Who Are We?)

The Minnesota Commission Serving Deaf and Hard of Hearing People (MCCHH) is created by Minnesota Statute 256C.28 to advise the Governor, the Legislature, and the Commissioners of the Departments of Human Services, Education, Economic Security, and Health regarding the needs and concerns of Minnesotans who are deaf and hard of hearing.

The statute specifically states that the Commission shall:

- 1) Advise the governor, the legislature, and the commissioners of the departments of human services, education, economic security, and health on the nature of the issues and disabilities confronting deaf and hard of hearing persons in Minnesota;
- 2) Advise the governor, the legislature, and the commissioners of the departments of human services, education, economic security, and health on the development of policies, programs, and services affecting deaf and hard of hearing persons, and on the use of appropriate federal and state money;
- 3) Create a public awareness of the special needs and potential of deaf and hard of hearing persons;
- 4) Provide the governor, the legislature, and the commissioners of the departments of human services, education, economic security, and health with a review of on-going services, programs, and proposed legislation affecting deaf and hard of hearing persons;
- 5) Advise the governor, the legislature, and the commissioners of the departments of human services, education, jobs and training, and health on statutes or rules necessary to ensure that deaf and hard of hearing persons have access to benefits and services provided to individuals in Minnesota;
- 6) Recommend to the governor, the legislature, and the commissioners of the departments of human services, education, jobs and training, and health legislation designed to improve the economic and social conditions of deaf and hard of hearing persons in Minnesota;
- 7) Propose solutions to problems of deaf and hard of hearing persons in the areas of education, employment, human rights, human services, health, housing, and other related programs;

8) Recommend to the governor and the legislature any needed revisions in the state's affirmative action program and any other steps necessary to eliminate the underemployment or unemployment of deaf and hard of hearing persons in the state's work force;

9) Work with other state and federal agencies and organizations to promote economic development for deaf and hard of hearing Minnesotans; and

10) Coordinate its efforts with other state and local agencies serving deaf and hard of hearing persons.

To these ends, MCDHH works with a variety of individuals, organizations, advocacy and consumer groups, and state departments to enhance the lives of Minnesotans who are deaf and hard of hearing.

The Commission's only staff is its Executive Director. Commission members select and appoint the executive director, subject to the approval of the Governor. Commission members also have the authority to remove the executive director. (M.S.A. 256C.28, subd. 4) A list of 1993 and 1994 Commission members can be found on pages 37 and 38.

The Commissioner of the Department of Human Services appoints the fifteen commission members. Eight commission members are representatives of the Advisory Committees for the eight Regional Service Centers (RSCs) for Deaf and Hard of Hearing People located throughout Minnesota. This relationship provides MCDHH with a direct link to deaf and hard of hearing consumers around the state. The other seven commission members are "at-large". At least 50% of the members must be people who are deaf or hard of hearing. (M.S.A. 256C.28, subd. 1)

The Minnesota Department of Human Services through the Deaf Services Division (DHHSD) provides MCDHH with support services. (MSA 256C.28, subd. 4) This includes providing DHHSD staff support for selected projects, limited secretarial support, and administrative support. In addition, DHHSD, MCDHH, and the RSC staff collaborate together on many projects. DHS also provides the Commission with free office space.

The Commission's various committees, together with the executive director and with assistance from specially assigned DHHSD staff, investigate areas of concern to Minnesotans who are deaf and hard of hearing. They also develop the Commission's recommendations concerning services, programs, and legislation which is needed to improve the lives of Minnesotans who are deaf and hard of hearing.

This report is submitted by the Commission in accord with Minnesota Statute, Section 256C.28, Subdivision 6, which states:

"The commission shall prepare and distribute a report to the commissioner, the governor, and the legislature by December 31 of each even-numbered year. The report must summarize the activities of the commission since its prior report, list receipts and expenditures, identify the major problems and issues confronting deaf and hard of hearing persons, make recommendations regarding needed policy and program development on behalf of deaf and hard of hearing individuals in Minnesota, and list the specific objectives the commission seeks to attain during the next biennium."

1993 - 1994 ACCOMPLISHMENTS
(Is it worth having MCDHH around?)

We believe that advisory councils such as MCDHH should continually examine whether their accomplishments justify their existence and continuation. For this reason, we need to ask whether MCDHH has made a difference for Minnesotans who are deaf and hard of hearing. What has MCDHH done to help improve the lives of deaf and hard of hearing Minnesotans? What tangible accomplishments can we identify to suggest that the Commission is worth its keep?

Listed below are some of the Commission's accomplishments for 1993 and 1994. While other people will ultimately determine whether these are sufficient to justify the Commission's continuation, we believe they say, "Yes, MCDHH does make a difference" and "Yes, MCDHH is worth keeping".

- 1) In 1994, in response to the concerns of parents of deaf and hard of hearing students, we initiated and successfully advocated for the adoption of a state law requiring certification of all school interpreters and transliterators by the year 2000.
- 2) In 1993, behind the scenes, we helped mediate the development of compromise language which was then used to amend the law which requires teachers of deaf and hard of hearing students to develop skills in American Sign Language (ASL).
- 3) Together with the Division of Rehabilitation's (DRS) Hearing Impaired Advisory Committee, we successfully advocated for DRS to create a specialist within their Division to address the needs and concerns of deaf and hard of hearing consumers.
- 4) We successfully advocated with DRS to fund a comprehensive job rehabilitation and placement program for traditionally underserved deaf and hard of hearing adults (i.e. the MN. Employment Center for People Who Are Deaf and Hard of Hearing).
- 5) We convinced the Department of Education to establish a task force to write and disseminate a best practices manual and resource guide for school personnel serving deaf and hard of hearing students. (The first draft has been completed.)
- 6) We convinced the Developmental Disabilities and Deaf and Hard of Hearing Service Divisions of DHS to develop a joint work plan to address the lack of communication options and access in both residential and vocational environments for persons who are deaf or hard of hearing and developmentally disabled.

- 7) As a result of meeting with the Department of Economic Security's (DES's) ADA Access Committee, we developed and distributed a survey to better identify remaining barriers for deaf and hard of hearing consumers to the full range of DES programs and services. (Survey results are still coming in.)
- 8) After communicating with us, the editor of the DES newsletter agreed to publish a TTY phone number for deaf consumers whenever s/he publishes a voice phone number that people can call to get information about DES programs and services.
- 9) To address the concern that few deaf and hard of hearing adults get management or supervisory positions in schools, private business, or in state agencies, we developed a deaf leadership internship proposal, to be funded by private foundations, which would offer deaf and hard of hearing adults the opportunity to get on-the-job supervisory or management experience so that they can better compete for such positions.
- 10) We convinced DRS that their proposed regulation requiring deaf and hard of hearing consumers to financially contribute to the cost of interpreter services provided by DRS was contrary to the Americans With Disabilities Act (ADA). As a result, DRS has postponed implementation of their rule and they have are proceeding to adopt an amendment that would eliminate this requirement.
- 11) In part because of our advocacy, both the Department of Human Services and the Department of Economic Security are establishing policies regarding the captioning of videotapes which they use, purchase, or produce.
- 12) In response to a long standing need, we helped convince the Department of Economic Security to include a 1993 and 1994 budget request to establish independent living support services for deaf adults. (This request has yet to be accepted by the Governor's office.)
- 13) In 1993, we conducted a statewide survey of hard of hearing consumers to learn more about their needs and concerns. Our ad hoc committee on the needs of hard of hearing Minnesotans summarized the findings and MCDHH has adopted goals and objectives based on their report.
- 14) In the winter of 1993 - 1994, we conducted 8 town meetings around the state to listen to the concerns of deaf and hard of hearing consumers. Many of the goals and recommendations found within this report are based upon what we heard at those meetings.

15) We agreed to assume responsibility for operation of the Legislative Coalition for Deaf and Hard of Hearing People by having it merge with our Legislative Committee. By doing this, we helped eliminate overlap and confusion about the goals and purposes of these two groups.

Along with this merger, we changed our By-Laws in 1994 to allow people who are not MCDHH members to join our working sub-committees as voting members. This change will allow us to tap the energy, expertise, and knowledge of additional consumers and professionals who care and know about the issues that we are addressing.

16) Working with members of several consumer organizations, we received a grant to survey 1000 hotels, motels, and resorts around the state concerning their access for guests who are deaf and hard of hearing. By doing this, we helped educate these facilities about the accomodation needs of their deaf and hard of hearing guests.

SUMMARY OF RECOMMENDATIONS

The Minnesota Commission for the Deaf and hard of hearing (MCDHH) hereby recommends:

RECOMMENDATION CONCERNING THE COMMISSION

That the Legislature provide additional funding so that the Commission can hire a staff interpreter (to be shared with the Legislature) and an administrative assistant. (p. 12)

EMPLOYMENT RECOMMENDATIONS

- #1:** That the Department of Employment Security continue working to make all of its services and programs (e.g. Job Services, Reemployment Insurance, etc.) fully accessible to deaf and hard of hearing people. (p. 13)
- #2:** That the Minnesota Legislature provide funds to create specialized independent living support services for traditionally underserved people who are deaf. (p. 15)
- #3:** That staff from the Department of Economic Security (including State Services for the Blind and Visually Handicapped), the Deaf and Hard of Hearing Services Division of DHS, and the MN. Department of Education meet with Minnesotans who are deaf, deaf and blind, and hard of hearing to develop inter-agency partnerships and work initiatives which will result in a measurable increase in the employment of and job advancement opportunities for workers who are deaf, deaf and blind, and hard of hearing. (p. 15)
- #4:** That the legislature appropriate money for an ADA advocate for deaf and hard of hearing Minnesotans. (p. 16)
- #5:** That the Governor order all state agencies to set aside additional (i.e. adequate) funds for ADA compliance in their affirmative action budgets so that state agency managers are not "penalized" when they accomodate the needs of deaf or hard of hearing employees and/or when they make accomodations for consumers who are deaf and hard of hearing. (p. 16)

HUMAN SERVICE RECOMMENDATIONS

- #1:** That the Developmental Disabilities (DD) and the Deaf and Hard of Hearing Divisions (DHHSD) of the Department of Human Services continue working to increase communication options in residential and vocational environments for people who are deaf and developmentally disabled. (p. 18)
- #2:** That the Department of Human Services and/or the Department of Health build into their rate setting process the unique program and physical/communication accomodation costs of serving persons who are deaf and hard of hearing so that financial incentives exist for mental health, chemical dependency, and developmental disability providers to adequately and appropriately serve these people. (p. 19)
- #3:** That the Minnesota Legislature provide money for specialized independent living support services for traditionally underserved people who are deaf. (p. 20)
- #4:** That the Department of Human Services adopt the recommendations to be developed by the DHS DHHSD/Mental Health Division work group to improve statewide mental health services for people who are deaf and hard of hearing. (p. 21)

EDUCATION RECOMMENDATIONS

- #1:** That the Legislature appropriate money to provide statewide access to appropriate educational assessment services (including assessment of intellectual, language, communication, social, emotional, academic, transitional, and functional skills) for deaf and hard of hearing students. (p. 23)
- #2:** That the Legislature amend M.S.A. 128A.021 to (1) establish a separate statewide advisory council for the Resource Center:Deaf and Hard of Hearing comprised of representatives of the broad spectrum of interests in the education of deaf and hard of hearing children (including parents, teachers, and educational professionals in the field of deaf education), (2) provide that the Resource Center shall report to the Department of Education but continue to be housed on the campus of the MN. State Academy of the Deaf (MSAD), and (3) that the Department of Education and the Resource Center enter into an interagency agreement with the Deaf and Hard of Hearing Services Division (DHHSD) of DHS to maximize the use of existing resources and expertise. Finally, that the Legislature provide base-level funding for the Resource Center to allow it to accomplish its statutory mandate. (pgs. 24-25)

- #3:** That the Legislature adopt a mandate requiring that all infants and newborns be screened for hearing loss prior to the age of 6 months. (p. 25)
- #4:** That the State Board of Education (SBE) and the State Board of Teaching promote more teaching of sign language, including American Sign Language (ASL), in the public schools. That they also study and address the possible need for certification for teachers of ASL in the public schools. (p. 26)
- #5:** That the MN. Department of Education (MDE) and/or the State Board of Education adopt necessary policies to assure that American Sign Language be considered a "language other than English" for the purpose of satisfying any second-language requirement in the new MDE Graduation Rule. (p. 27)
- #6:** That all state agencies which sponsor American Sign Language skill building workshops for interpreters, teachers, or parents of deaf and hard of hearing children collaborate in the development of their workshops so that to the maximum extent possible all three groups may participate and benefit. (p. 28)
- #7:** That the State Board of Education, the Department of Education, and the State Board of Teaching study the need for establishing standards for interpreter training programs and for teachers who train interpreters. (p. 28)

RECOMMENDATIONS CONCERNING ACCESS AND SELF ADVOCACY

- #1:** That the Legislature require that nursing home staff and professionals receive training about issues related to hearing loss and appropriate accommodations that can and should be made for deaf and hard of hearing residents. (p. 30)
- #2:** That the Department of Human Services and/or the Department of Health (a) adjust the reimbursement rate structure for nursing homes to account for the additional expense of providing program and physical accommodations for deaf and hard of hearing residents, or (b) that DHS and/or MDH establish a fund to help nursing homes pay such costs. (p. 30)
- #3:** That the RSC/DHHSD staff, in cooperation with the Department of Health (MDH), consolidate information about the following topics into a single brochure: (a) who to contact to obtain information about specific problems related to hearing loss, (b) information about the limitations of hearing aids and how other assistive listening devices (ALDs) can help people with hearing loss, (c) how to be a smart consumer when purchasing a hearing aid or assistive listening device, and (d) how to ask for and receive "after-the-sale" service to facilitate use of and

adjustment to the hearing instrument(s). (pgs. 30-31)

- #4: That the Governor designate one state agency to purchase the necessary equipment and assign the necessary personnel to provide open caption services to all state agencies, departments, councils, and commissions. Also, that the Governor's office issue an executive order ordering all state agencies to use these services as a means by which to further their compliance with the ADA. (pgs. 31-32)
- #5: That the Legislature fund the DHS request that an additional \$100,000 be designated for interpreter referral services in rural Minnesota. (p. 32)
- #6: That the Legislature adopt quality assurance mandates for all interpreters. (p. 33)

RECOMMENDATIONS CONCERNING OTHER LEGISLATIVE INITIATIVES WHICH WILL AFFECT DEAF AND HARD OF HEARING MINNESOTANS

- 1) **Self Help for Hard of Hearing (SHHH)** - We recommend support for their proposal requiring that audiologists and sellers of hearing aids inform consumers of the potential benefits of T-switches (T-coils) in hearing aids. (p. 34)
- 2) **MN. Association of Deaf Citizens (MADC)** - We recommend support for their proposal requiring that all videos distributed, sold, or rented in Minnesota after some future date be captioned and therein accessible to deaf and hard of hearing consumers. (p. 34)
- 3) **MN. State Academy for the Deaf (MSAD)** - We recommend support for their proposals that the legislature (a) expand the MSAD school year by 10 - 20 days per school year and (b) provide funding for a residential program for children who are deaf and who have emotional and behavioral disorders. (p. 34)
- 4) **Telecommunications Access for Communicationally Impaired Persons Board (TACIP) Initiatives** - We recommend that (a) the surcharge cap be raised from 20 to 25 cents so that the PUC and TACIP have the flexibility to ensure that the message relay service is able to comply with FCC mandates, (b) that the surcharge be collected from cellular phone users, (c) that the age limitation be removed from the equipment distribution guidelines and that "ability to eventually benefit from" language be added, and (d) that the consumer organization language be retained for the operation of the message relay service but that TACIP be required to actively encourage and support a partnership between the consumer organization and a phone carrier. (p. 34)

RECOMMENDATION CONCERNING MCDHH

CONCERN: MCDHH does not have adequate staff to accomplish its statutory mandate.

The Commission currently has funds for and is statutorily authorized to have only one staff person - its executive director. Because of previous cuts in the budget of the Deaf and Hard of Hearing Services Division of DHS, the Commission no longer has use of a part-time secretary. It has never had a staff interpreter.

This staffing pattern presents the Commission with several dilemmas:

- 1) Without funds for a staff interpreter, the Commission cannot hire a deaf executive director who relies upon sign language for communication.
- 2) Because the Commission does not have a secretary, the executive director spends much of his time arranging meetings, taking and preparing minutes of Commission meetings, and doing a multitude of other secretarial tasks. In addition, sub-committee minutes are often not prepared. Commission members believe that it is a poor use of state resources to have its executive director performing secretarial work. However, if the director does not do this work, the Commission cannot continue to function.
- 3) As the Commission has successfully advocated for policy and legislative changes that benefit deaf and hard of hearing Minnesotans, consumers are asking the Commission to work with them to help address other long-standing needs and problems. They have also asked the Commission to continue meeting and talking with them by scheduling yearly town meetings in locations around the state. However with only one staff person, the Commission is not able to respond to many consumer requests and is not able to always schedule yearly town meetings in rural Minnesota.
- 4) Because of limited staff, the Commission has not been able to satisfactorily address several of its statutory mandates. Those mandates include (a) active promotion and public awareness of the special needs and potential of deaf and hard of hearing Minnesotans, (b) working to promote economic development for deaf and hard of hearing Minnesotans, (c) tracking and commenting upon all proposed state rules as they may affect deaf and hard of hearing Minnesotans, and (d) building important networks with many other state agencies, service organizations, and legislators.

Finally, the Commission is the only state advisory committee representing the concerns of a minority community which has only one staff person.

For these reasons, MCDHH requests:

THAT THE LEGISLATURE PROVIDE ADDITIONAL FUNDING SO THAT THE COMMISSION CAN HIRE A STAFF INTERPRETER/SECRETARY (TO BE SHARED WITH THE LEGISLATURE) AND AN ADMINISTRATIVE ASSISTANT.

Note: The Commission proposes that a staff interpreter/secretary be shared with the Legislature to help increase access for deaf and hard of hearing people to the legislative process. Although the legislature schedules interpreters when requested, the lack of qualified interpreters makes it impossible for deaf people to get interpreters for last-minute or short-notice meetings (which occur frequently during the legislative session). As a result, deaf people do not have equal access to the legislative process.

EMPLOYMENT CONCERNS AND RECOMMENDATIONS

Listed below are three on-going concerns related to employment that MCDHH has identified as needing attention during 1995 and 1996. Also listed are the Commission's recommendations for addressing the identified concerns and needs.

CONCERN #1: Continued lack of full access by people who are deaf and hard of hearing to the full range of services and programs available through the Department of Economic Security.

This problem has several facets. They include (1) continued reports that some Job Services & Unemployment Insurance offices don't provide interpreters and/or ask people to bring their own interpreters, (2) reports that some Job Service offices continue to refer deaf people to the Division of Rehabilitation Services (DRS) rather than providing them with needed and desired assistance in looking for a job, (3) problems with access to, information about, and referral to other DES programs such as JTPA, the Mini-Office Program, youth employment and training programs, youth intervention programs, Work Skills Competitive Day, special federal money for summer youth employment, the DRS/700 hour placement plan, and the DRS/Postal Service Placement Plan, and (4) the lack of TTY numbers on all brochures and flyers advertising Departmental programs.

RECOMMENDATION #1: That the Department of Employment Security (DES) continue working to make all of its services and programs (e.g. Job Services, Reemployment Insurance, etc.) fully accessible to deaf and hard of hearing people.

To help accomplish this, the Commission recommends that the following be done:

- A. That DES continue to examine what can be done to make its Job Service offices more accessible to Minnesotans who are deaf.
- B. That all DES program pamphlets, application forms, notices, etc. be written in accord with the plain language law and when deemed necessary after review, that selected forms, applications, etc. also be printed so that people who use English as their second language can better understand the nature of available services, eligibility criteria, applicants' rights and responsibilities, and how to apply for services.
- C. That the Department of Economic Security increase its compliance with the Americans With Disabilities Act (ADA) by open captioning all videotapes which they produce or purchase. Also that DES add open captions to all videotapes currently used on a regular basis with the general public (e.g. the informational tape shown to people

who apply for unemployment insurance).

D. That the Division of Rehabilitation Services (DRS) or other DES division develop and offer (or contract out the development of) special training for job coaches who are committed to working with deaf and hard of hearing people. In addition, that DRS establish competency requirements for job coaches who work with people who are deaf, including a requirement that such job coaches be skilled in sign language.

CONCERN #2: Continued underemployment and unemployment of deaf, hard of hearing, and deaf-blind Minnesotans.

The underemployment and unemployment of Minnesotans who are deaf, deaf and blind, and hard of hearing remains a significant problem.

The Minnesota Legislature has acknowledged the need for the Department of Economic Security to address this problem. (See M.S.A. 256C.26)

Some employment barriers for Minnesotans who are deaf and hard of hearing are known. For example, we hear from people who are deaf and from professionals working with them that a major barrier to employment is the cost of an interpreter for job interviews.

If a deaf person is a client of the Division of Rehabilitation Services (DRS), DRS will pay for an interpreter for a job interview. However, if the person is not a DRS client, they must either (a) pay for the interpreter themselves, (b) apply for DRS services, or (c) ask the prospective employer to pay for the interpreter.

However, most unemployed deaf people do not have the money to pay for interpreters for their job interviews. Also, if the deaf person applies for DRS services, the job is filled before their application is processed. Finally, if they ask the prospective employer to pay for the interpreter, experience says that they employer almost always finds a reason not to hire the deaf person.

One possible solution to this problem would be for DES to use discretionary federal dollars to provide interpreter services for job interviews for people who are deaf or deaf and blind but not clients of DRS.

Other solutions may also exist.

We also know that the unavailability of independent living support services, specifically designed to assist deaf people, remains a reason that some lower functioning deaf

people are unable to attain or retain employment. The lack of available help with issues such as money management, learning to use public transportation, and with problem solving related to family needs and crises greatly impacts the ability of many deaf people to obtain and/or retain employment.

Finally, some of the problems experienced by deaf and hard of hearing people on the job are the result of ignorance or outright discrimination on the part of employers. Currently, many deaf and hard of hearing people have "heard" of the Americans with Disabilities Act (ADA) but don't understand it in depth and/or don't understand how to use it effectively to assert their rights. An advocate is needed to help deaf and hard of hearing people learn how to effectively negotiate for and assert their rights to equal employment opportunities.

Despite all of these known barriers to employment and despite legislation mandating that these problems be addressed (MSA 256C.26), DES has not developed a strategy or plan to increase access to both entry level and job advancement opportunities for workers who are deaf and hard of hearing.

For these reasons, the Commission recommends:

RECOMMENDATION #2: THAT THE LEGISLATURE PROVIDE FUNDS TO CREATE SPECIALIZED INDEPENDENT LIVING SUPPORT SERVICES FOR TRADITIONALLY UNDERSERVED PEOPLE WHO ARE DEAF AS PROPOSED BY THE COMMUNITY ACTION COMMITTEE (CAC).

RECOMMENDATION #3: THAT STAFF FROM THE MN. DEPT. OF ECONOMIC SECURITY, INCLUDING STATE SERVICES FOR THE BLIND AND VISUALLY HANDICAPPED, THE DEAF AND HARD OF HEARING SERVICES DIVISION OF DHS, AND THE MN. DEPARTMENT OF EDUCATION MEET WITH DEAF, DEAF-BLIND, AND HARD OF HEARING MINNESOTANS TO DEVELOP INTER-AGENCY PARTNERSHIPS AND WORK INITIATIVES WHICH WILL RESULT IN A MEASURABLE INCREASE IN THE EMPLOYMENT OF AND JOB ADVANCEMENT OPPORTUNITIES FOR WORKERS WHO ARE DEAF, DEAF AND BLIND, AND HARD OF HEARING.

Note: We propose an inter-departmental approach to this problem because the cause of under- and unemployment is by nature complex and multifaceted. We believe that meaningful solutions will not be found if the problem is viewed only as a vocational or

human service or educational concern.

RECOMMENDATION #4: THAT THE LEGISLATURE APPROPRIATE MONEY FOR AN ADA ADVOCATE FOR DEAF AND HARD OF HEARING MINNESOTANS.

CONCERN #3: The existing budgetary system for state agencies contains disincentives for managers to provide needed accommodations for state employees and for consumers who are deaf, deaf-blind, and hard of hearing.

Presently, most state agencies have either an affirmative action office or designee. However, these offices have limited budgets. Funds to accommodate the needs of staff and consumers with disabilities usually come out of individual program or division budgets.

This arrangement presents state managers with a disincentive for hiring employees with disabilities who need on-going accommodations (e.g. interpreter services).

Since money for these accommodations must come out of managers' individual program budgets, managers have less programming money if they pay for accommodations. Therefore, managers often find reasons not to hire, much less recruit, people with disabilities. Similarly, there is little incentive for managers to proactively consider the possible need for accommodations at public meetings since this would again involve the expenditure of the managers' program funds.

If additional money to pay for needed accommodations was set aside in each state agency's affirmative action budget, "accommodation" money would not have to compete with "program" money. This would greatly reduce the financial disincentives for managers to consider and provide needed accommodations.

For these reasons, the Commission recommends:

RECOMMENDATION #5: THAT THE GOVERNOR ORDER ALL STATE AGENCIES TO SET ASIDE ADEQUATE FUNDS FOR ADA COMPLIANCE IN THEIR AFFIRMATIVE ACTION BUDGETS SO THAT STATE AGENCY MANAGERS ARE NOT "PENALIZED" WHEN THEY ACCOMMODATE THE NEEDS OF DEAF OR HARD OF HEARING EMPLOYEES AND/OR CONSUMERS.

HUMAN SERVICE CONCERNS AND RECOMMENDATIONS

Listed below are 4 on-going concerns related to human services that MCDHH has identified as needing attention during 1995 and 1996. Also listed are the Commission's recommendations for addressing the identified concerns and needs.

CONCERN #1: Social isolation and lack of communicatively accessible living and working environments for people who are deaf and developmentally disabled.

We continue to receive reports that many people who are deaf and developmentally disabled lack the option of living and working in environments which are communicatively accessible to them.

In all too many situations, people who are deaf and developmentally disabled live and work without access to natural, on-going communication with staff and fellow workers and residents. Few opportunities exist to discuss day-to-day social, emotional, vocational, and recreational needs and concerns because hearing co-workers, residents, and staff often have little, if any, skill in sign language. As a result, many of these deaf individuals are under- and/or inappropriately served.

In addition, we believe that too many behavioral intervention plans are written and implemented for this population. Our perception is that "behavioral problems" often arise for people who are deaf and developmentally disabled because of staff's inability to adequately understand their needs and concerns.

Finally, because deafness is a relatively low incidence disability, there is not a widespread understanding of its implications among either service providers or county case managers. This lack of knowledge contributes to the placement of people who are deaf and developmentally disabled in environments which may not meet their individual communication, language, and socialization needs.

For these reasons, we believe that it is crucial for the Department of Human Services to provide additional guidance to county case managers and service providers about how to meet the needs of this population.

We congratulate and thank the DHS Deaf and Hard of Hearing Services and Developmental Disabilities Divisions for the work that they have done during the past two years in an attempt to begin addressing these concerns. However, much remains to be done and the DD/DHHS work plan does not address all of our concerns. For these reasons, we recommend:

RECOMMENDATION #1: THAT THE DEVELOPMENTAL DISABILITIES (DD) AND THE DEAF AND HARD OF HEARING DIVISIONS OF THE DEPARTMENT OF HUMAN SERVICES CONTINUE WORKING TO INCREASE COMMUNICATION OPTIONS FOR PEOPLE WHO ARE DEAF AND DEVELOPMENTALLY DISABLED IN RESIDENTIAL AND WORK ENVIRONMENTS.

To help implement this recommendation, we suggest that the Department of Human Services, through the Deaf and Developmental Disabilities Divisions, consider doing the following:

- 1) Develop and distribute to counties a DHS policy stating that community placements of persons who are deaf and developmentally disabled must address the need for communicatively accessible residential and habilitation services as the primary need in their Individual Service Plan.
- 2) Prepare and disseminate to counties a policy statement urging them to identify specific case managers to work with this population. These case managers should have or could be offered special training concerning the needs of people who are deaf and developmentally disabled.
- 3) Provide on-going in-service training to residential and day programming staff concerning the "state of the art" practices for working with people who are deaf and developmentally disabled. This could be done either by seeking federal monies to hire itinerant staff for this purpose or by otherwise assigning this responsibility to existing staff. We suggest that this include the development of a "best practices" and resource manual for county and provider staff, including information about communication options other than picture boards.
- 4) Develop and distribute to counties an informational bulletin mandating that communication and other assessments for persons who are deaf and developmentally disabled be done by professionals who are knowledgeable about deafness and about the full range of communication options which are needed for these individuals to receive fully accessible communication in their environments (e.g. people who will consider more options than picture boards and who will make recommendations based upon needs, not just based upon what's currently available).
- 5) Require that all county case managers (outside of the St. Paul/Minneapolis area) who have clients who are deaf or hard of hearing and developmentally disabled contact their local Regional Service Center for Deaf and Hard of Hearing People for help with identifying appropriate resources for communication and other assessments.

6) Offer training to the staff of the MN. Disability Law Center concerning the full range of communication options for persons who are deaf and developmentally disabled.

CONCERN #2: Lack of physical and program accommodations in residential and community based programs for persons who are deaf and hard of hearing.

People who are deaf or hard of hearing and either mentally ill, chemically dependent, or developmentally disabled need special assistive devices and services in residential and community based programs. This includes visual warning signals for fires and other emergencies, telecommunication devices, sign language interpreting services, and money for special staff training.

Because there are no special funds to pay for these assistive devices or services, often these services are either not provided or are paid for with money that would otherwise go to pay for direct care. In either case, people who are deaf and hard of hearing are often denied equally effective services.

We are also told that when some residential providers are asked to provide such services for people with hearing loss, they refuse to accept the person into their program because of the cost of the accommodations.

For these reasons, the Commission recommends:

RECOMMENDATION #2: THAT THE DEPARTMENT OF HUMAN SERVICES AND/OR THE DEPARTMENT OF HEALTH BUILD INTO THEIR RATE SETTING PROCESS THE UNIQUE PROGRAM AND PHYSICAL/COMMUNICATION ACCOMODATION COSTS OF SERVING PERSONS WHO ARE DEAF AND HARD OF HEARING SO THAT FINANCIAL INCENTIVES EXIST FOR MENTAL HEALTH, CHEMICAL DEPENDENCY, AND DEVELOPMENTAL DISABILITY PROVIDERS TO ADEQUATELY AND APPROPRIATELY SERVE THESE PEOPLE.

CONCERN #3: Lack of any funding stream to provide services for people who are deaf and unable to function independently but who do not fit the definition of developmentally disabled, mentally retarded, or severe and persistently mentally ill.

The Commission of Education of the Deaf (COED) estimates that about 100,000 deaf people in the United States are unemployed or underemployed due to difficulties in language, vocational, social, and psychological development. Often, these developmental problems arise because of medical conditions (often rubella-related) associated with the onset of deafness.

At different times, these people have been labeled as "low achieving" or "multiply handicapped" or "low functioning". However described, all of these deaf people experience problems associated with independent living, including problems related to money management, poor problem solving skills, lack of knowledge about and access to various parent support services, not knowing how to use public transportation, etc.

Although these people often exhibit symptoms and behaviors compatible with a diagnosis of mental illness, mental retardation, or developmental disability, they often fail to meet the specific criteria to qualify for social services under both federal and state definitions.

As a result, these deaf people go without independent living support services needed to help them either obtain employment, retain employment, or simply maintain an independent life style in the community.

Without the availability of support services to help with such crises, these people often lose their jobs and significant state and county services and resources are then needed to bring life back to normal. Many of these people become "revolving door clients" for financial assistance programs and DRS services.

For these reasons, the Commission recommends:

RECOMMENDATION #3: THAT THE LEGISLATURE PROVIDE FUNDS FOR SPECIALIZED INDEPENDENT LIVING SUPPORT SERVICES FOR TRADITIONALLY UNDERSERVED PEOPLE WHO ARE DEAF AS PROPOSED BY THE COMMUNITY ACTION COMMITTEE (CAC).

CONCERN #4: Many of the community-based mental health needs of persons who are deaf and hard of hearing and seriously and persistently mentally ill are not being met.

When federal Block Grant funding recently ran out and resulted in the closing of a program serving this population, mental health service providers said that other problems exist with the state mental health delivery system as it exists for deaf people. Some

programs are underutilized, others are not communicationally accessible, some don't have staff knowledgeable about the psycho- social aspects of deafness, and some continue to exist based on outdated service models.

As a result and much to their credit, the DHS Mental Health Division has established a work group consisting of representatives from the DHHS of DHS, MCDHH, and service providers. This group is in the process of assessing the needs of deaf and hard of hearing people with serious and persistent mental illness. They will then develop recommendations about how the entire system can be improved.

RECOMMENDATION #4: THAT THE DEPARTMENT OF HUMAN SERVICES ADOPT THE RECOMMENDATIONS TO BE DEVELOPED BY THE DHS DHHS/MENTAL HEALTH WORK GROUP.

EDUCATIONAL CONCERNS AND RECOMMENDATIONS

Listed below are 7 on-going concerns related to the education of deaf and hard of hearing students that MCDHH has identified as needing attention during 1995 and 1996. Also listed are the Commission's recommendations for addressing these issues.

CONCERN #1: The lack of statewide access to professionals who are qualified to assess the educational needs and strengths of deaf, hard of hearing, and deaf-blind students.

Teachers in rural Minnesota have told us about another pressing, on-going need related to the education of students who are deaf and hard of hearing. This is the need for access to appropriately trained professionals who can help assess the language, communication, social, emotional, and academic strengths and weaknesses of their students who are deaf, deaf and blind, and hard of hearing.

Parents confirm the lack of, but need for, such assessment services.

For example, in Crookston parents who had moved to rural Minnesota told us that while living in New Mexico their deaf child had been assessed every three years by a team of skilled professionals from the School for the Deaf in Santa Fe.

No such resource exists in Minnesota.

This gap in educational services is critical. Accurate and reliable educational assessments are the backbone of the individual educational program (IEP) for all students with disabilities.

Literature in the field states that assessments of students who are deaf, deaf and blind, and hard of hearing should be done by professionals who (a) have special knowledge of the full range of education and communication options for students who are deaf, deaf and blind, and hard of hearing, and (b) have knowledge of the unique social, psychological, and academic impact that hearing loss can have upon students.

In addition, professionals should be skilled in American Sign Language (ASL) if they are to appropriately assess students whose first language is ASL.

Many school districts and parents, especially those in rural Minnesota, do not have access to professionals with these skills and knowledge.

For these reasons, MCDHH recommends:

RECOMMENDATION #1: THAT THE LEGISLATURE APPROPRIATE MONEY TO HELP PROVIDE STATEWIDE ACCESS TO APPROPRIATE EDUCATIONAL ASSESSMENT SERVICES (INCLUDING ASSESSMENT OF INTELLECTUAL, LANGUAGE, COMMUNICATION, SOCIAL, EMOTIONAL, ACADEMIC, TRANSITIONAL, AND FUNCTIONAL SKILLS) FOR DEAF, DEAF-BLIND, AND HARD OF HEARING STUDENTS.

CONCERN #2: The need for parents and school districts throughout Minnesota to perceive that the Resource Center:Deaf & Hard of Hearing will continue to provide technical assistance and training free of any methodological or philosophical bias.

By statute (M.S.A. 128A.021), the Resource Center:Deaf & Hard of Hearing is presently a part of the MN. State Academy for the Deaf (MSAD). The law also says that the advisory council for MSAD is also the advisory council for the Resource Center.

During the recent re-examination of MSAD's administrative structure, MCDHH has heard some teachers and parents raise concerns about the aforementioned relationship between MSAD and the Resource Center. They are concerned that the mandated relationship between the Resource Center and MSAD could result in the Resource Center having a bias in favor of educational philosophies or methodologies used at MSAD and/or that in a time of limited resources, students at MSAD could receive more attention and services from the Resource Center than would students in more remote parts of Minnesota.

Given the historic controversy concerning the "best" way to educate deaf and hard of hearing students, we believe that it is crucial that parents and educators not perceive the Resource Center as favoring any one particular educational methodology or philosophy over another. Parents and school personnel must believe that the Resource Center has and is willing to share information about the wide variety of educational options which should be considered when attempting to meet the unique needs of individual deaf and hard of hearing students.

One way to enhance the Resource Center's "independence" would be to establish a separate advisory committee for the Resource Center with membership representing the broad spectrum of interests in the field of deaf education. An independent advisory

council would ensure school districts and parents statewide that their concerns and needs would be heard. A separate advisory committee would also help remove any perception that the Resource Center may be philosophically or methodologically attuned with MSAD.

In addition, we believe that the Resource Center should report to the Department of Education rather than to MSAD. Again, this would reinforce the notion that the Resource center is not controlled by MSAD and that it exists to serve all school districts.

At the same time, we believe the Resource Center should remain housed on the campus of MSAD. This acknowledges MSAD as the historical center of deaf education in the state, it allows for important networking between staff of the Resource Center and MSAD, and it will hopefully make it more difficult for the Department of Education to absorb or dilute the Resource Center's mission by assigning it responsibilities unrelated to deaf education.

Finally, in this day of limited state resources and the need to do more with less, it makes sense to leverage the services of the Resource Center by taking advantage of the offices, expertise, and services available through other agencies and programs.

The Regional Service Centers for Deaf and Hard of Hearing People, a program of the DHS Deaf & Hard of Hearing Services Division, are one such resource. With offices in Virginia, Duluth, Crookston, Fergus Falls, St. Cloud, Rochester, St. Peter, and St. Paul, an interagency agreement between the Resource Center and the RSCs could result in interagency sharing and coordination of resources for deaf and hard of hearing students, their parents, and school districts. For example, such an agreement could result in the Resource Center and the RSCs coordinating their work plans and priorities so as to maximize existing resources for the benefit of everyone.

For these reasons, the Commission recommends:

RECOMMENDATION #2: THAT THE LEGISLATURE AMEND M.S.A. 128A.021 TO (1) ESTABLISH A SEPARATE STATEWIDE ADVISORY COUNCIL FOR THE RESOURCE CENTER:DEAF AND HARD OF HEARING COMPRISED OF REPRESENTATIVES OF THE BROAD SPECTRUM OF INTERESTS IN THE EDUCATION OF DEAF AND HARD OF HEARING CHILDREN (including parents, teachers, and educational professionals in the field of deaf education); (2) PROVIDE THAT THE RESOURCE CENTER SHALL REPORT TO THE DEPARTMENT OF EDUCATION BUT CONTINUE TO BE

HOUSED ON THE CAMPUS OF THE MN. STATE ACADEMY OF THE DEAF (MSAD); AND (3) THAT THE DEPARTMENT OF EDUCATION AND THE RESOURCE CENTER ENTER INTO AN INTERAGENCY AGREEMENT WITH THE DEAF AND HARD OF HEARING SERVICES DIVISION (DHSD) OF DHS TO MAXIMIZE THE USE OF EXISTING RESOURCES AND EXPERTISE. FINALLY, THAT THE LEGISLATURE PROVIDE BASE-LEVEL FUNDING FOR THE RESOURCE CENTER TO ALLOW IT TO ACCOMPLISH ITS STATUTORY MANDATE.

CONCERN #3: The lack of any state mandate to assure that infants and newborns with hearing loss are detected at the earliest age possible.

The prevalence of newborn and infant hearing loss is estimated to range from 1.5 to 6.0 per 1,000 live births. On the average, children in the U.S. with severe hearing loss are not identified until 2 1/2 years of age. Children with milder, but nonetheless significantly detrimental hearing losses are frequently not identified until 5 to 6 years of age.

In Minnesota, children are not tested for hearing loss on the average until the age of 18 months for severe to profound loss and at age 4 for mild to moderate loss.

Experts uniformly agree that such testing should happen within the first 12 months of life and preferably within the first 3 months.

When hearing loss is not detected at an early age, a child suffers severe handicaps in language and cognitive development which are often difficult to overcome. For this reason, the expenditure of a small amount of money to initially detect hearing loss can have huge paybacks in terms of fewer special education and other rehabilitation services needed in later years.

RECOMMENDATION #3: THAT THE LEGISLATURE ADOPT A MANDATE REQUIRING THAT ALL INFANTS AND NEWBORNS BE SCREENED FOR HEARING LOSS PRIOR TO THE AGE OF 6 MONTHS.

CONCERN #4: Unless more is done to promote the teaching of American Sign Language (ASL) in our public schools, few classes will be offered and deaf Minnesotans will continue to experience communication problems in their jobs, in school, and in social settings.

Expanded teaching of American Sign Language (ASL) at the elementary and high school level would benefit deaf Minnesotans in many ways.

Deaf workers would find themselves less isolated and better able to communicate with their co-workers if ASL was taught as a matter of course in our schools. More people wanting to become interpreters would enter interpreter training programs with existing ASL language skills rather than having to learn the language as part of the training curriculum. And finally, deaf Minnesotans would find themselves with increased socialization opportunities if more people were able to communicate in ASL in social settings.

Currently American Sign Language (ASL) can be taught in Minnesota public schools for credit. However, few such classes are taught around the state, especially at the elementary level.

We imagine that this is so for several reasons. First, school personnel are uncertain as to who is qualified to teach American Sign Language. Second, some schools don't know that curriculum exists to teach ASL. Third, financial disincentives may exist.

Whatever the reasons that inhibit the teaching of ASL in the public schools, MCDHH recommends:

RECOMMENDATION #4: THAT THE STATE BOARD OF EDUCATION AND THE STATE BOARD OF TEACHING DO WHATEVER POSSIBLE TO PROMOTE MORE TEACHING OF SIGN LANGUAGE, INCLUDING ASL, IN THE PUBLIC SCHOOLS. ALSO THAT THEY STUDY AND ADDRESS THE POSSIBLE NEED FOR CERTIFICATION FOR TEACHERS OF ASL IN THE PUBLIC SCHOOLS.

CONCERN #5: That American Sign Language (ASL) be included as a second language which can be used to fulfill the Department of Education's new graduation rule concerning competency in a second language.

American Sign Language (ASL) is a recognized language with its own vocabulary, grammar, and syntax. We are concerned that it be included as a second language which would fulfill any second language graduation requirement that the Department of Education may establish.

Such acceptance would do much to promote the learning of ASL for hearing students and it would also benefit deaf students whose native language is ASL and whose second language is English.

For these reasons, we recommend:

RECOMMENDATION #5: THAT THE MN. DEPARTMENT OF EDUCATION AND/OR THE STATE BOARD OF EDUCATION ADOPT NECESSARY POLICIES TO ASSURE THAT AMERICAN SIGN LANGUAGE BE CONSIDERED A "LANGUAGE OTHER THAN ENGLISH" FOR THE PURPOSE OF SATISFYING ANY SECOND-LANGUAGE REQUIREMENT IN THE NEW MDE GRADUATION RULE.

CONCERN #6: That scarce resources for helping parents, teachers, and school interpreters improve their sign language skills are not always made available to other groups who could benefit from them.

With recent requirements for teachers of deaf and hard of hearing students to improve their ASL skills and for school interpreters to get certification, various organizations (including state agencies) have begun to develop workshops to help teachers and interpreters improve their skills. Usually these workshops are open only to teachers or only to interpreters. Parents of deaf children, who also need to improve their ASL skills so that they can better communicate with their children at home, usually cannot attend these workshops.

Although we recognize that some skill training offered might be focused on the needs of teachers or interpreters, parents are hungry for the opportunity to be in any environment where signing occurs. They feel that they would benefit from these workshops even if the subject matter did not specifically address their concerns or needs.

For these reasons, we recommend:

RECOMMENDATION #6: THAT ALL STATE AGENCIES WHICH SPONSOR AMERICAN SIGN LANGUAGE SKILL BUILDING WORKSHOPS FOR INTERPRETERS, TEACHERS, AND PARENTS OF DEAF AND HARD OF HEARING CHILDREN COLLABORATE IN THE DEVELOPMENT OF THEIR WORKSHOPS SO THAT TO THE MAXIMUM EXTENT POSSIBLE ALL THREE GROUPS MAY PARTICIPATE AND BENEFIT.

CONCERN #7: Many people graduate from interpreter training programs without the skills needed to accurately and effectively interpret and/or transliterate for deaf people in many settings.

RECOMMENDATION #7: THAT THE STATE BOARD OF EDUCATION, THE DEPARTMENT OF EDUCATION, AND THE STATE BOARD OF TEACHING STUDY THE NEED FOR ESTABLISHING STANDARDS FOR INTERPRETER TRAINING PROGRAMS AND FOR TEACHERS WHO TRAIN INTERPRETERS AND TRANSLITERATORS.

ACCESS AND SELF-ADVOCACY CONCERNS AND RECOMMENDATIONS

Listed below are five concerns related to issues of access and self-advocacy which MCDHH has identified as needing attention during 1995 and 1996. Also listed are the Commission's recommendations for addressing these concerns.

CONCERN #1: Lack of auditory accommodations for people who are deaf and hard of hearing and residents of nursing homes.

Research indicates that as many as 80 - 90% of nursing home residents have hearing impairments.*

Nonetheless, we are told that few services are provided in nursing home to accommodate the needs of these residents.

For example, few nursing homes have decoders on their television sets to receive programs which are closed captioned; many homes don't have amplified headsets on public telephones or TDDs (telecommunication devices for the deaf); and few homes have assistive listening systems available to help residents who are hard of hearing gain access to social, recreation, and other events.

In addition, staff of nursing homes are not required to receive any specific training about hearing loss, hearing amplification, the psychological impact of hearing loss, or communication strategies to use with people who are hard of hearing and deaf. (See MN Rules Chpt. 4655 and 42 CFR Pt. 483)

As a result, nursing home staff often make false assumptions about what residents can or cannot hear with their hearing aids; they often misinterpret lack of hearing on the part of a resident as senility; they often do not properly assist residents with the care and maintenance of their hearing aids; and they often fail to convey important information to residents because of communication barriers.

* See "Rehabilitation Needs of Nursing Home Patients", 28 Rehabilitation Literature, No. 12, 1967, p. 377-382 and "Hearing Levels Among Elderly Nursing Home Residents", XLV Journal of Speech and Hearing Disorders, Febr, 1980, p. 124- 132.

For these reasons, nursing home residents with hearing loss often do not receive information critical to their care; they often are denied equal access to or nursing home services (e.g. public phones, televisions, and activities); and they often don't get needed help with their personal assistive listening devices.

Therefore, the Commission recommends:

RECOMMENDATION #1: THAT THE LEGISLATURE REQUIRE THAT NURSING HOME STAFF AND PROFESSIONALS RECEIVE TRAINING ABOUT ISSUES RELATED TO HEARING LOSS AND APPROPRIATE ACCOMODATIONS THAT CAN AND SHOULD BE MADE FOR DEAF AND HARD OF HEARING RESIDENTS.

RECOMMENDATION #2: ALSO, THAT THE DEPARTMENT OF HUMAN SERVICES AND/OR THE DEPARTMENT OF HEALTH (a) ADJUST THE REIMBURSEMENT RATE STRUCTURE FOR NURSING HOMES TO ACCOUNT FOR THE ADDITIONAL EXPENSE OF PROVIDING PROGRAM AND PHYSICAL ACCOMMODATIONS FOR DEAF AND HARD OF HEARING RESIDENTS, OR (b) THAT DHS AND/OR MDH ESTABLISH A FUND TO HELP NURSING HOMES PAY SUCH COSTS.

CONCERN #2: Consumers lack easy-to-access information about hearing loss, the variety of assistive listening devices currently available (including hearing aids), and how to be a smart consumer of such products. Information exists about all these topics but consumers don't have easy access to it.

For this reason, we recommend:

RECOMMENDATION #3: THAT STAFF OF THE REGIONAL SERVICE CENTERS FOR DEAF AND HARD OF HEARING PEOPLE (RSCs), IN COOPERATION WITH THE DEPARTMENT OF HEALTH (MDH), CONSOLIDATE INFORMATION ABOUT THE FOLLOWING TOPICS INTO A SINGLE BROCHURE:
(a) WHO TO CONTACT TO OBTAIN INFORMATION ABOUT SPECIFIC PROBLEMS RELATED TO HEARING LOSS,
(b) INFORMATION ABOUT THE LIMITATIONS OF HEARING AIDS AND HOW OTHER DEVICES (ALDs) CAN HELP

PEOPLE WITH HEARING LOSS (c) HOW TO BE A SMART CONSUMER WHEN PURCHASING A HEARING AID OR OTHER ASSISTIVE LISTENING DEVICE, and (d) HOW TO ASK FOR AND RECEIVE "AFTER-THE-SALE" SERVICE TO FACILITATE USE OF AND ADJUSTMENT TO HEARING INSTRUMENT(S).

NOTE: If necessary and/or desired, MCDHH will support DHHSD/RSC and MDH in seeking a grant to fund the development and distribution of such a brochure.

CONCERN #3: Many video tapes owned or used by state entities are communicationally inaccessible to people who are deaf and hard of hearing.

Many State of Minnesota agencies, departments, commissions, commissions, etc. produce or purchase video tapes for educational and informational purposes. Individuals who are deaf or hard of hearing and either work for the state or who view the video tapes as consumers often do not have equal access to the information on these tapes since they are seldom captioned. When interpreters are provided, information can still be lost in the translation. In addition, sign language interpretation does not accommodate most hard of hearing people.

If videotapes were open captioned, Minnesotans who are deaf and hard of hearing would have equal communication access to the videos.

We are aware that several agencies have developed policies concerning the captioning of videotapes that they may purchase or produce in the future. However, to our knowledge, agencies are not addressing the need to caption existing videos which may be used on a regular basis. We believe that the state could save considerable money and increase its compliance with the Americans with Disabilities Act by purchasing the captioning equipment and making captioning services available to all state agencies. The alternative is to contract with private vendors to caption a multitude of videos on an on-going basis.

For these reasons, the Commission recommends:

RECOMMENDATION #4: THAT THE GOVERNOR DESIGNATE ONE STATE AGENCY TO (A) PURCHASE THE NECESSARY EQUIPMENT AND (B) ASSIGN THE NECESSARY PERSONNEL TO PROVIDE OPEN CAPTION SERVICES

**TO ALL STATE AGENCIES, DEPARTMENTS,
COUNCILS, COMMISSIONS, ETC.**

**ALSO, THAT THE GOVERNOR'S OFFICE ISSUE AN
EXECUTIVE ORDER INFORMING ALL STATE AGENCIES
OF THESE SERVICES AND URGING THEM TO USE
SUCH SERVICES AS ANOTHER MEANS BY WHICH TO
FURTHER THEIR COMPLIANCE WITH THE ADA.**

**CONCERN #4: Lack of qualified interpreters in rural Minnesota to provide
access for deaf people to needed services.**

At our town meetings, deaf consumers in rural Minnesota told us that they lack access to qualified interpreters for employment, education, and other governmental services. Some deaf people said they cannot take advantage of continuing education classes, workshops, and seminars because there are not qualified interpreters in their areas. As a result, their opportunities for personal and professional development are greatly restricted.

The Department of Human Services is proposing an increase in state funding for interpreter referral services. If appropriated, this money will allow the RSCs to contract with persons to do interpreter referral work so that their own skilled interpreters who presently do the referral work can be more available in the community to do needed interpreting.

For this reason, we recommend:

**RECOMMENDATION #5: THAT THE LEGISLATURE FUND THE DHS REQUEST
THAT AN ADDITIONAL \$100,000 BE DESIGNATED FOR
INTERPRETER REFERRAL SERVICES FOR RURAL
MINNESOTA.**

**CONCERN #5: Lack of interpreters who can accurately, effectively, and
impartially interpret and transliterate, both receptively and
expressively, for deaf people in employment, post secondary
education, courtroom, and other settings.**

Without accurate, effective, and impartial interpreting, deaf people are denied the opportunity to equally participate in and benefit from most day-to-day situations. Despite

this, the state offers nothing to assure deaf people that the people employed to interpret for them in employment, medical, educational (other than K-12), legal and other settings are qualified. Through licensing or certification, the state offers that assurance to consumers who use doctors, dentists, lawyers, social workers, psychologists, dentists, teachers, and the like.

In 1994, the state established certification requirements for interpreters and transliterators in only one area -- K-12 education. Deaf people want and deserve to have similar state protection offered to them in the other areas of their lives where they are dependent upon interpreters and transliterators for communication (e.g. medical, legal, employment, and other areas).

For this reason, the Commission recommends:

RECOMMENDATION #6: THAT THE LEGISLATURE ADOPT QUALITY ASSURANCE MANDATES FOR ALL INTERPRETERS.

RECOMMENDATIONS CONCERNING OTHER LEGISLATIVE INITIATIVES WHICH WILL AFFECT DEAF AND HARD OF HEARING MINNESOTANS

- 1) **Self Help for Hard of Hearing (SHHH)** - We recommend support for SHHH's proposal which would require that audiologists and sellers of hearing aids inform consumers of the potential benefits of T-switches (T-coils) in hearing aids.
- 2) **MN. Association of Deaf Citizens (MADC)** - We recommend support for MADC's proposal which would require that all videos distributed, sold, or rented in Minnesota after some future date would have to be captioned and therein accessible to deaf and hard of hearing consumers.
- 3) **MN. State Academy for the Deaf (MSAD)** - We recommend support for MSAD's requests that (a) the legislature expand the MSAD school year by 10 - 20 days per school year and that (b) the legislature provide funding for a residential program for children who are deaf and who have emotional and behavioral disorders.
- 4) **Telecommunications Access for Communicationally Impaired Persons Board (TACIP) Initiatives** - We recommend that (a) the TACIP surcharge cap be raised from 20 to 25 cents so that the PUC and TACIP have to flexibility to ensure that the message relay service is able to comply with FCC mandates, (b) that the surcharge also be collected from cellular phone users, (c) that the age limitation be removed from the equipment distribution guidelines and that "ability to eventually benefit from" language be added in its place, and (d) that the consumer organization language be retained for the operation of the message relay service but that TACIP be required to actively encourage and support a partnership between the MRS provider and a phone carrier.

MINNESOTA COMMISSION FOR THE DEAF AND HARD OF HEARING

1995 - 1996 GOALS

The Commission uses the recommendations contained within this report as the basis of its work plan. In essence, the recommendations found herein are the specific goals that we will work to accomplish during the next two years. All of our activities will relate to the accomplishment of these goals.

At our January, 1995 business meeting our sub-committees will develop specific workplans, strategies, and timelines to accomplish these goals. We will be happy to share those work plans with any interested persons or organizations. In addition, copies of our 1993 - 1994 work plan is available to anyone who would like to review it.

In addition, at their 1992 strategic planning retreat, MCDHH members established long range (5 year) goals which provide overall guidance to the work of the Commission. Those goals are as follows:

MCDHH FIVE-YEAR GOALS

- 1) MCDHH will work to build more bridges between constituency groups representing and serving persons who are deaf, hard of hearing, and hearing.
- 2) MCDHH will work with other groups and individuals to attain greater communication accessibility to the full array of public and private services and programs for Minnesotans who are deaf and hard of hearing.
- 3) MCDHH will work with other groups and individuals to assure that the educational system offers students who are deaf and hard of hearing the full array of educational options.
- 4) MCDHH will work with other groups and individuals to assure that professionals serving Minnesotans who are deaf and hard of hearing have the needed skills, training, and knowledge to assure that they provide appropriate and quality services.
- 5) MCDHH will work with other groups and individuals to assure that people throughout the state have equal access to needed information about services and programs that are available to assist Minnesotans who are deaf and hard of hearing.

MINNESOTA COMMISSION FOR THE DEAF AND HARD OF HEARING

FINANCIAL REPORT (1993 - 1994)

In both Fiscal Year 1993 and 1994, the Minnesota Commission for the Deaf and hard of hearing was appropriated state dollars for operation. Support services were provided by the Department of Human Services. The Commission received no other funding.

Our F.Y. 1994 budget was considerably less than our F.Y. 1993 budget because of staff and administrative budget cuts experienced by the Deaf & Hard of Hearing Services Division of DHS.

| STATE FISCAL YEAR 1993 | Budget | Expend. | Balance |
|-------------------------------|-----------------|-----------------|-----------------|
| Personnel Services | \$69,209* | 67,096 | 2,113 |
| Expenses/Contractual Services | 7,644 | 6,539 | 1,105 |
| Misc. Operating Expenses | 10,000 | 11,452 | -1,452 |
| Supplies & Materials | <u>1,500</u> | <u>625</u> | <u>875</u> |
| Totals | \$88,353 | \$85,712 | +\$2,641 |

* Included a part-time secretary provided by DHHSD of DHS.

| STATE FISCAL YEAR 1994 | Budget | Expend. | Balance |
|-------------------------------|-----------------|-----------------|-----------------|
| Personnel Services | \$51,600 | 51,397 | + 203 |
| Expenses/Contractual Services | 7,000 | 2,000 | + 5,000 |
| Misc. Operating Expenses | 2,500 | 5,840 | - 3,340 |
| Supplies & Materials | <u>500</u> | <u>700</u> | <u>- 200</u> |
| Totals | \$61,600 | \$59,937 | +\$1,663 |

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