



Legislative Report

Deaf and Hard of Hearing Services Division Biennial Report

January 1, 2019

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$8,000.

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I. Executive summary

The 2017 Minnesota Legislature asked the Department of Human Services to prepare this report on programs and services provided by the department's Deaf and Hard of Hearing Services Division (DHHSD). The DHHSD offers direct services to Minnesotans who are deaf, deafblind, and hard of hearing; their families; service providers and policy makers; and the general public. This initial report is for fiscal year 2018. Subsequent reports will cover two-year time periods and be submitted biennially.

The report contains a broad range of information about the DHHSD's services and staffing, including:

- Comparison of DHHSD's regional service delivery
 - 35% of one-to-one services are provided in-person at a DHHSD work site, 29% are provided in-person at an off-site location, and 37% are provided through the use of technology.
- Listing of DHHSD's partners for off-site services
 - 74 cities and 34 different types of locations (medical clinics, libraries, senior centers, cafes, etc.) offered sites for DHHSD staff to use for one-to-one services.
- Travel time to deliver direct services around the state
 - 1,700 hours of travel were needed to provide regional direct services and mental health services.
- Technology demonstrations and hands-on exploration
 - 271 people tried out a variety of technology designed for people with hearing loss.
- Training on the impact of hearing loss, coping and communication strategies, exercising one's rights to accommodations
 - 4,672 people participated in 142 different training events.
- Waiting list for services
 - 85 people were on a waiting list on June 30; of those, 25 were waiting for DHHSD direct services and 60 were waiting for one of DHHSD's grant-funded services. Nearly all were expected to begin services in fiscal year 2019.
- Accommodating staff communication access needs
 - 5% of DHHSD's budget is used to provide reasonable accommodations for staff.
- Advisory committees help to identify regional and statewide needs
 - Needs identified across almost all advisory committees include:

- Training/education about the communication needs of people who are deaf, deafblind, and hard of hearing needs to reach more people
- Continued advocacy is needed so that service providers, including health care providers, understand their obligation to provide reasonable accommodations so that people who are deaf, deafblind, and hard of hearing have access to communication
- Hearing aids need to be affordable
- Internet service needs to be affordable; this is especially important for people who rely on visual language and visual means for communication access.

II. Legislation

[Minnesota Statutes 2018, section 256C.233, subdivision \(8\)](#) directs the Department of Human Services to:

(8) report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services biennially, beginning on January 1, 2019, on the following:

(i) the number of regional service center staff, the location of the office of each staff person, other service providers with which they are colocated, the number of people served by each staff person and a breakdown of whether each person was served on-site or off-site, and for those served off-site, a list of locations where services were delivered and the number who were served in-person and the number who were served via technology;

(ii) the amount and percentage of the division budget spent on reasonable accommodations for staff;

(iii) the number of people who use demonstration equipment and consumer evaluations of the experience;

(iv) the number of training sessions provided by division staff, the topics covered, the number of participants, and consumer evaluations, including a breakdown by delivery method such as in-person or via technology;

(v) the number of training sessions hosted at a division location provided by another service provider, the topics covered, the number of participants, and consumer evaluations, including a breakdown by delivery method such as in-person or via technology;

(vi) for each grant awarded, the amount awarded to the grantee and a summary of the grantee's results, including consumer evaluations of the services or products provided;

(vii) the number of people on waiting lists for any services provided by division staff or for services or equipment funded through grants awarded by the division;

(viii) the amount of time staff spent driving to appointments to deliver direct one-to-one client services in locations outside of the regional service centers; and

(ix) the regional needs and feedback on addressing service gaps identified by the advisory committees.

III. Introduction

In 1980 the Minnesota Legislature recognized the unique needs of Minnesotans who are deaf, deafblind, or hard of hearing and established the Deaf and Hard of Hearing Services Act in [Minnesota Statutes §256C.21 - 256C.30](#). The Deaf and Hard of Hearing Services Division (DHHSD) of the Minnesota Department of Human Services (DHS) was established to address the developmental and social-emotional needs of persons who are deaf, persons who are deafblind, and persons who are hard of hearing. This is accomplished through a statewide network of services.

The DHHSD provides direct services through its regional offices and oversees grant-funded services designed for high need/low incidence population groups such as people with deafblindness and people who are deaf and have a mental illness.

The 2017 legislature asked DHS to report biennially on the services and programs offered through the DHHSD. This is the first of those reports. DHHSD staff compiled state fiscal year 2018 data and prepared this report. Future reports will present biennial data.

Purpose of report

This report provides the Minnesota Legislature with data specifically requested in Minn. Stat. [§256C.233](#) about the services provided by the DHS DHHSD.

Background information

People with hearing loss often experience barriers to communication and the acquisition of information which can lead to deficits in a person's 'fund of information.' This in turn can lead to language and learning challenges. A fund of information is a person's intellectual storehouse that is used to understand how the world works, how systems work and effective ways to navigate them, how to manage and cope with life's everyday challenges, and what healthy relationships are and the tools needed to maintain them.

Much of the information in a person's fund of information comes from intentional learning such as reading books, taking classes, researching online, and so on. At the same time, many of the 'deposits' into a person's fund come through incidental learning – listening to how our parents work through disagreements, overhearing siblings discussing which school rules are flexible and which aren't, hearing co-workers discuss remedies for health care system barriers as we wait for the copy machine, and picking up on social cues through everyday conversations.

Language development and a deep fund of information require exposure to communication. Many people with hearing loss lack full exposure to language and communication and as a result may face many barriers to reaching their full potential as they navigate through life.

The DHHSD's network of regionally-based services is designed to assist people who are deaf, people who are deafblind, and people who are hard of hearing with the barriers they face. It provides culturally affirmative services statewide. For purposes of the DHHSD, "culturally affirmative" is defined as services that are designed and delivered within the context of the culture, language, and life experiences of a person who is deaf, a person who is deafblind, and a person who is hard of hearing.

Services include:

- 1) Specialists who work with individuals who are deaf, deafblind, or hard of hearing and their families to advocate for individuals' rights to communication and reasonable accommodations and assist a person in navigating service systems,
- 2) Mental health clinicians who provide culturally affirmative mental health services for adults whose primary language is American Sign Language (ASL),
- 3) Telephone Equipment Distribution (TED) program which provides specialized telecommunications equipment to people with communication disabilities (the TED program is established in Minnesota Statutes 2018, section 237.50 – 237.56),
- 4) Grant-funded programs and services targeted to people who are deafblind; families with children who are deaf or hard of hearing; children and adults who deaf, deafblind or hard of hearing and have mental health needs; and people in Greater Minnesota who use sign language interpreting services.

Direct service staff of the Deaf and Hard of Hearing Services Division

This report contains information about the direct services provided by the DHHSD in state fiscal year 2018. The basic services offered in DHHSD's regional offices include:

- Deaf and hard of hearing regional specialists
 - Assist individuals and families in navigating complex service systems so they can continue to live independently and productively in their home communities.
 - Help persons who are deaf, deafblind, and hard of hearing to get the information and support they need to make informed decisions which may include training, consultation, direct assistance, advocacy, collaboration.
 - Provide training and technical assistance to providers on how to make services accessible.
 - Provide technical assistance for the development of community and in-home service options that meet the needs of persons who are deaf, deafblind, or hard of hearing.
- Interpreter coordinators
 - Provide sign language interpreting services for staff members and community agencies in Greater Minnesota when no community interpreter is available.
 - Assist individuals who use interpreting services in advocating for reasonable accommodations.
 - Educate agencies, service providers about their obligation to provide accommodations and provide information about how to arrange interpreting services

- Mental health specialists
 - Provide culturally affirmative mental health therapy and counseling in American Sign Language to adults who are deaf and have mental health needs.
 - Crisis intervention, case coordination, after-care planning, and community placement assistance.
 - Training to mental health service providers about working successfully with persons who are deaf, deafblind, or hard of hearing.
- Regional managers
 - May deliver some of the same services as deaf and hard of hearing regional specialists but to a limited extent.
 - Identify regional barriers to equitable services for persons who are deaf, deafblind, or hard of hearing; create solutions.
 - Supervise regional teams.
- TED specialists
 - Assess telecommunications needs of persons who are deaf, deafblind, or hard of hearing or who have a physical or speech disability and need adaptive equipment to use the telephone.
 - Provide long-term loans of telecommunications equipment to persons who qualify for the program.
 - Outreach about telecommunications relay services.

A note about the data for this first report

Some of the specific data needed for this report were readily available for fiscal year 2018. However, for some of the reporting requirements the DHHS had not previously collected the needed data. Several temporary collection protocols were implemented to generate the data for this report. The temporary protocols were developed during the first quarter of FY 2018 and implemented in quarters two, three and four.

Temporary solutions were used because at the same time as this report was mandated, the DHHS had just begun development of a new software application for its data collection and management. The TED program had been using an outdated data base for its program and it was not feasible to make modifications to collect this new data when the outdated system was on track to be replaced by the summer of 2018. Until the division can fully transition to the new application, its data will be a blend of old system, temporary protocol, and new system data. The division's new application is expected to be ready across all four DHHS business areas by June 2019.

At the same time the division is updating its data collection and management system, it is also redesigning how it will deliver services and its internal structure to better meet new requirements from the 2017 legislative session. . The division will establish a central point of contact for phone, videophone, and email to make it easier for people to contact us from wherever they live in the state. To bring the division's services to more Minnesotans, it is adding two new deaf and hard of hearing regional specialists and is also exploring new ways to use technology to deliver services.

Report preparation and organization

This report was prepared by DHHSD staff. Managers for each of the DHHSD program areas contributed data. The organization of the report follows the criteria listed in statute. [Appendix A](#) has a list of hyperlinks to websites for DHHSD, its grantees, and other resources. [Appendix B](#) has a map of the DHHSD regions in FY18.

IV. DHHS Program Data

This section of the report contains information and data on various aspects of the DHHS’s work including

- regional service sites and staff
- locations where one-to-one services are provided
- cost of reasonable accommodations for staff
- demonstration of assistive technology
- training and outreach events and outcomes
- grant funded services and outcomes
- waiting lists for services
- travel time needed to delivery services
- feedback from regional advisory committees.

A. Regional service locations and staffing

Please see [Appendix B](#) for a map of the DHHS regions in FY18.

This first table shows the number of direct service staff in each DHHS region, the office location, and other agencies, service providers, etc. that are in the same building. The only office in fiscal year 2018 that was co-located within another agency was the Virginia office. That office closed when the DHHS staff member retired.

Table 1. DHHS regional staff positions and locations - fiscal year 2018

Staff positions	DHHS Location	Services co-located
Interpreter coordinator - 1 Mental health specialist - 1 Regional DHHS specialist - 1 TED specialist – 1	Duluth Duluth Technology Village	<ul style="list-style-type: none"> · MN Department of Health · Office of Ombudsman for Mental Health & Development Disabilities · Explore MN Tourism · Office of Administrative Hearings · Private businesses

Staff positions	DHHS Location	Services co-located
Mental health specialist – 1 Regional manager - 1 Regional DHHS specialists - 2 TED specialist – 1 Administrative assistant - 1	Mankato Civic Center Plaza	<ul style="list-style-type: none"> · MN Dept. of Employment & Economic Development Vocational Rehabilitation · MN Dept. of Corrections · MN Dept. of Health · MN Dept. of Labor & Industry · Social Security · Non-profit legal agency · Private businesses
Administrative assistant - 1 Interpreter coordinator - 1 Mental health specialist – 1 Regional manager - 1 Regional DHHS specialist - 1 TED specialist - 1	Moorhead Family Service Center of Clay County	<ul style="list-style-type: none"> · Clay County Social Services · MN Dept. of Employment & Economic Development · Non-profit social services
Administrative assistant - 1 Mental health specialist – 1 Regional manager - 1 Regional DHHS specialist - 1 TED specialist - 1	St. Cloud Midtown Building	<ul style="list-style-type: none"> · MN Dept. of Health · MN Dept. of Labor & Industry · MN Dept. of Public Safety · University of MN Extension Services · Non-profit social services · Private businesses
Administrative assistants – 2 Mental health specialist – 1 Regional manager - 1 Regional DHHS specialists - 2 TED specialists – 2	St. Paul Golden Rule Building	<ul style="list-style-type: none"> · MN Commerce Dept. · MN Dept. of Health · Board of Accountancy
Regional DHHS specialist – 1	Virginia WorkForce Center	<ul style="list-style-type: none"> · Dept. of Employment and Economic Development - Vocational Rehabilitation

Table 1 shows the type and number of staff positions included in each of DHHS’s regions, the worksite location of the staff members, and the type of service providers with whom they are co-located, if any.

B. On-site and off-site service provision

This next table contains information about the number of contacts each DHHS regional direct service staff person had with individuals to provide services. These are data the division currently has available although they are not the exact data mandated by the legislature. Once the DHHS completes its transition to a new data system, this table will contain a count of the number of people served by each staff person rather than the number of service contacts.

DHHS staff often travel to various communities in their respective regions to deliver services. The data in this table are broken down by whether a service was provided on-site in a DHHS office or off-site in another

location. For services provided off-site, the table also shows how many of those services were provided in-person and how many were provided using technology when the person receiving the service was not in a DHHS office.

The Telephone Equipment Distribution program does not have these data for fiscal year 2018. The TED data will be available in the new DHHS data system.

Table 2. Number of direct service contacts - fiscal year 2018 quarters 2, 3 and 4

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
DULUTH			
Interpreter coordinator	21	181	72
Mental health specialist	156	89	105
Regional DHHS specialist	26	16	52
TOTAL	203	286	229
MANKATO			
Mental health specialist	112	152	9
Regional DHHS specialist #1	36	165	51
Regional DHHS specialist #2 (resigned early 2 nd quarter)	0	15	36
Regional manager	13	15	61
TOTAL	161	347	157
MOORHEAD			
Mental health specialist	49	181	72
Regional DHHS specialist	5	31	99
Regional manager/DHHS specialist	14	46	116
TOTAL	68	258	287
ST. CLOUD			
Mental health specialist	241	109	74
Regional DHHS specialist	31	30	188
Regional manager	0	2	3
TOTAL	272	143	265
ST. PAUL			
Interpreter coordinator	0	0	19
Mental health specialist	620	108	0
Regional DHHS specialist #1	29	9	200
Regional DHHS specialist #2	21	2	132
Regional DHHS specialist #3	10	6	191
Regional manager	0	0	7
TOTAL	680	125	549
VIRGINIA			
Regional DHHS specialist (retired during the year)	16	6	1
TOTAL FOR ALL LOCATIONS	1,400	1,165	1,488

Table 2 provides a breakdown of how each staff person delivered services to individuals. The table shows the number of times a staff person provided in-person services to an individual at the DHHSD office, the number of times an in-person service was provided at a location other than the DHHSD office, and the number of times a service was provided using technology.

The following table shows the locations that have been used by DHHSD staff when delivering services outside of DHHSD offices. The Telephone Equipment Distribution program does not have these data for fiscal year 2018. The TED data will be available in the new DHHSD data system.

Table 3. Locations where services were delivered - fiscal year 2018 quarters 2, 3 and 4

City where services were delivered	Type of location where services were delivered	Which DHHSD program (regional services or mental health)
Alexandria	Assisted living facility, client workplace, library	Regional services, mental health
Arlington	Client home	Regional services
Austin	WorkForce Center, client home	Regional services, mental health
Bagley	Client home	Mental health
Battle Lake	Client home	Regional services
Bemidji	Library, café	Mental health
Big Lake	Data not available	Mental health
Brainerd	Data not available	Mental health
Breckenridge	Assisted living facility	Mental health
Brooklyn Center	Care center, client home	Mental health
Brooklyn Park	Community center	Mental health
Burnsville	Client home, library	Regional services, mental health
Cambridge	County family services	Regional services
Canby	Nursing facility	Regional services
Coon Rapids	Mental health clinic	Mental health
Crookston	Assisted living facility, group home, client home	Mental health
Detroit Lakes	Health care clinic, client home, county office	Regional services, mental health
Duluth	Client home, Duluth Choice Unlimited, REM, TBI	Regional services, mental health
Eagan	Client home, business, H&R Block	Regional services, mental health
East Grand Forks	Client home	Regional services
Elk River	Coffee shop	Regional services
Erhard	Client home	Mental health
Fargo	VA hospital, hospital	Regional services, mental health
Faribault	WorkForce Center, client home, county services, Hope Center, HRA office	Regional services, mental health
Fergus Falls	Client home, county jail, county courthouse	Regional services, mental health
Frazee	School	Regional services

City where services were delivered	Type of location where services were delivered	Which DHHSD program (regional services or mental health)
Gaylord	Client home	Regional services
Hawley	Client home	Regional services, mental health
Hibbing	Client home	Regional services
International Falls	Client home, WorkForce Center	Regional services
Jeffers	Client home	Regional services
Kettle River	Client home	Regional services
Litchfield	County courthouse, Wal-Mart	Regional services
Maple Grove	Psychiatrist office	Mental health
McIntosh	Client home	Regional services, mental health
Menahga	Client home, café	Regional services
Minneapolis	Client home, health care clinic	Regional services, mental health
Minnetonka	Client home	Mental health
Montevideo	Café	Regional services
Monticello	Client home	Regional services
Montrose	Client home	Regional services
Moorhead	Home care agency, client home, college, county courthouse, county family services, county social services, Dept. of Motor Vehicles, Dorothy Day Center, library, mental health center, police dept., senior living center, WorkForce Center	Regional services, mental health
Morris	Assisted living	Regional services
New Hope	VOA office	Mental health
New Prague	Client home, library	Regional services, mental health
New Ulm	Client home	Regional services
New York Mills	Client home	Regional services
North Branch	Client home	Regional services
Northfield	Client home	Regional services
Olivia	Data not available	Mental health
Owatonna	Client home, library	Regional services
Park Rapids	County services	Mental health
Paynesville	Client home, senior center	Regional services, mental health
Pelican Rapids	Home care agency, library	Regional services, mental health
Perham	Client home	Regional office
Pine City	Client home	Regional services
Princeton	Coffee shop	Regional services
Prior Lake	Clinic	Mental health
Rochester	Community center, Mayo Clinic, client home, dental office, deli, WorkForce Center, bank, Social Security office, InterCultural Mutual Assistance Agency, county human services, lawyer's office	Regional services

City where services were delivered	Type of location where services were delivered	Which DHHS program (regional services or mental health)
Roseau	Library	Mental health
Rosemount	Client home	Mental health
Sauk Rapids	Nursing facility	Regional services
Shakopee	Library	Regional services, mental health
South St. Paul	Client home	Regional services
St. Cloud	Client home, school library, St. Cloud State University	Regional services, mental health
St. Paul	Client home, client worksite, hospital	Regional services, mental health
St. Peter	Library, MN Sex Offender Program	Mental health
Thief River Falls	Client home	Regional services
Vergas	Client home	Regional services
Virginia	WorkForce Center	Mental health
Waite Park	Café, health care center	Regional services, mental health
Willmar	Client workplace, county human services	Regional services, mental health
Winona	Client home, dental clinic	Regional services, mental health

Table 3 shows the cities in which DHHS staff delivered services, the type of space that was used for meeting with individuals, and the DHHS program that provided services in that location.

DHHS has three primary services that currently have unduplicated data on the number of people served: 1) DHHS mental health program, 2) regional one-to-one assistance for complex needs, and 3) Telephone Equipment Distribution program. The data is unduplicated within each program but may not be unduplicated across programs. For example, a person who received mental health services is counted as '1' in the mental health program. The same person may also participate in the TED program and would be counted as '1' in TED.

Table 4. Number of people served in DHHS regional programs - fiscal year 2018

Program / Service	Number of people served
Mental health program	156
Regional one-to-one complex assistance	179
Telephone Equipment Distribution program	1,588

Table 4 reports the number of people served in three of DHHS's programs: mental health, regional 1:1 complex assistance, and TED.

C. Costs for reasonable accommodations for staff

Approximately 40% of the staff of the DHHS are deaf or hard of hearing. The division provides a variety of types of reasonable accommodations for staff including sign language interpreting services and Communication Access Realtime Translation (CART) services and spent 5% of its total operations budget in FY 2018 on accommodations for staff.

A portion of the division’s administrative costs for reasonable accommodations is reimbursed under the Minnesota Department of Administration Communication Access Fund (CAF). The CAF is allowed to reimburse up to 50% of a program’s accommodation costs but the actual amount reimbursed is usually less due to CAF’s limited budget. Salary costs for sign language interpreters are not eligible for any CAF reimbursement. In fiscal year 2018, \$52,399 of DHHSD’s administrative accommodation expenses were reimbursed by CAF.

Table 5. DHHSD spending on reasonable accommodations for staff - fiscal year 2018

Type of cost	Amount of spending	Percent of total DHHSD budget
Salary - staff interpreters	\$96,400	2.7%
Administrative - independent contractor services	\$117,724	2.3%

Table 5 shows the actual dollar amount and percent of total budget spent on reasonable accommodations for staff.

D. Technology demonstration labs

Technology and assistive devices play an important role as tools for accommodating hearing loss. The DHHSD regional sites each have a variety of devices on display for people to try out and learn about. In addition, division staff demonstrate equipment and devices during events such as trainings, presentations, booths, and expos.

The only equipment the division actually provides to individuals is telecommunications devices and products through the TED program. For other types of equipment, the division has information available on where assistive technology can be purchased.

As part of the DHHSD’s transition to a new data system, a standard evaluation process will be established to measure the value of the experience of people who try out the demonstration equipment.

Table 6. Demonstration lab usage - fiscal year 2018 quarters 2, 3 and 4

Regional DHHSD site	Number of people who tried out equipment in a DHHSD technology lab
Duluth	43
Mankato	149
Moorhead	24
St. Cloud	30
St. Paul	25
TOTAL	271

Table 6 shows how many people tried devices in each region’s demonstration lab.

Table 7. Events including technology information - fiscal year 2018 quarters 2, 3 and 4

Regional DHHSD site	Number of people who participated in events such as presentations, training, booths, expos where information on equipment was presented
Duluth	751
Mankato	744

Regional DHHS site	Number of people who participated in events such as presentations, training, booths, expos where information on equipment was presented
Moorhead	674
St. Cloud	765
St. Paul	3,869
TOTAL	6,803

Table 7 shows how many people participated in events where information on equipment and devices was included; data is reported by region.

E. Training activities and outcomes

An important part of the DHHS mission is teaching others about people who are deaf, deafblind, and hard of hearing, the impact of hearing loss in day-to-day life, and the options and strategies available for mitigating the impact of hearing loss.

Traditionally, the DHHS has provided the vast majority of its training opportunities in-person. As an approach to reach more people cost-effectively, the DHHS is also experimenting with ways to use technology, such as webinars, to deliver training.

Table 8. Training activities provided by DHHS Staff - fiscal year 2018 quarters 2, 3 and 4

Presented by which staff	Topics	Method of delivery	Number of training sessions	Number of participants
Regional DHHS specialists, TED specialists	Deaf Culture and American Sign Language; best practices for serving people who are deaf, deafblind, hard of hearing; communication challenges associated with hearing loss; communication strategies; impact of hearing loss on activities of daily living and independence; impacts of age-related hearing loss; legal rights to communication access; legal obligation to provide reasonable accommodations	In-person	129	2,936
		Via technology	5	1,645
Mental health specialists	Mental health needs and services for people who are deaf, deafblind, hard of hearing	In-person	6	91
		Via technology	0	0
TOTAL			140	4,672

Table 8 shows the number of DHHS training activities and participants and training topics broken down by the method of delivery.

Training participants are asked to evaluate what they learned, whether they feel confident applying what they've learned, and whether they would recommend the training to a co-worker or other person. The following are average overall results for fiscal year 2018.

Training Delivered In-Person

- Self-reported knowledge of the impact of hearing loss, resources, communication strategies
 - BEFORE training: 39% rated their knowledge as satisfactory, very good, excellent
 - AFTER training: 93% rated their knowledge as satisfactory, very good, excellent
- Feel confident applying what I learned
 - AFTER training: 73% felt confident or very confident applying what they learned
- Would recommend the training to co-worker
 - AFTER training: 89% are likely or very likely to recommend the training

Training Delivered Via Technology

- Self-reported knowledge of the impact of hearing loss, resources, communication strategies
 - BEFORE training: 33% rated their knowledge as satisfactory, very good, excellent
 - AFTER training: 76% rated their knowledge as satisfactory, very good, excellent
- Feel confident applying what I learned
 - AFTER training: 38% felt confident or very confident applying what they learned
- Would recommend the training to co-worker
 - AFTER training: 66% are likely or very likely to recommend the training

The majority of DHHSD regional offices have work spaces for staff and small conference rooms that are not suitable for providing training. They also lack the infrastructure needed to provide training through the use of technology. As a result, most DHHSD regional locations do not conduct training on-site and do not host trainings provided by others. This next table has data on training provided by others at a DHHSD location.

Table 9. Training provided by others hosted at DHHSD - fiscal year 2018 quarters 2, 3 and 4

Topics	Method of delivery	Number of training sessions	Number of participants
Impact of hearing loss	In-person	2	48
	Via technology	0	0

Table 9 shows the number of participants at trainings where the training was provided by someone other than DHHSD staff and the training event was hosted at a DHHSD location.

For these training sessions provided by someone other than DHHSD staff, 41% of the participants rated their knowledge of the impact of hearing loss as satisfactory, very good, or excellent before the training. After the training, 92% of the participants rated their knowledge as satisfactory, very good, or excellent.

F. Grant-funded programs and services

The next section of the report provides information about the grant-funded programs and services in the DHHS. The majority of DHHS grants are funded by the state’s General Fund; a few are funded through the Telecommunications Access Minnesota Special Revenue account.

General Fund Grants

The main areas of focus for Deaf and Hard of Hearing Grants funded through the state’s General Fund are: 1) services for people who are deafblind, 2) programs to fill gaps in the availability of sign language interpreting services in Greater Minnesota, 3) services for people who are deaf, deafblind, or hard of hearing and who need mental health services, and 4) mentors and role models for families with children who are deaf or hard of hearing.

1) Services for people who are deafblind

Grantee	ASL Interpreting Services (ASLIS)
Program	Training in ProTactile and other communication systems for people who are deafblind
FY18 contract amount	\$30,000
Results summary	1) Ten (10) individuals who are deafblind participated ProTactile communication training. 2) 32 sign language interpreters and one intervener participated in ProTactile training.
Evaluations summary	<ul style="list-style-type: none"> 98% of participants rated the workshops they attended as good or very good.

Grantee	Consumer Directions, Inc. (CDI)
Program	Fiscal entity for the DHHS DeafBlind Consumer Directed Services Program
FY18 contract amount	\$227,815
Results summary	1) 35 people who are deafblind were served.
Evaluations summary	<ul style="list-style-type: none"> 88% of participants are likely to refer the program to family and friends. 86% are satisfied or very satisfied with the timeliness of CDI’s services. 100% rated CDI staff as very good or excellent.

Grantee	DeafBlind Services Minnesota (DBSM)
Programs	Adult Community Services; Children, Youth and Family Services
FY18 contract amount	\$680,756
Results summary	1) 48 adults received Support Service Provider (SSP) services throughout the year.

Grantee	DeafBlind Services Minnesota (DBSM)
	2) 54 children/youth received intervener services throughout the year.
Evaluations summary	<ul style="list-style-type: none"> • 100% of adults are likely or very likely to recommend the program to others. • 100% of families are likely or very likely to recommend the program to others. • 71% of families report their intervener's schedule meets their family's needs.

Grantee	DeafBlind Services Minnesota (DBSM)
Programs	Technology and training access
FY18 contract amount	\$150,000
Results summary	<ol style="list-style-type: none"> 1) 100% of survey respondents report the equipment and training access they received helped them to maintain or improve their independence. 2) 93% of respondents were able to achieve the goals they set for themselves through the program.
Evaluations summary	<ul style="list-style-type: none"> • 100% of respondents were satisfied or very satisfied with the program and staff.

Grantee	Minnesota DeafBlind Association
Program	Communication access and community integration
FY18 contract amount	\$38,000
Results summary	1) 31 people who are deafblind participated in educational and community integration events.
Evaluations summary	<ul style="list-style-type: none"> • 92% of workshop participants reported the content was helpful and interesting. • 100% of participants were satisfied with the timeliness of information about events.

2) Greater Minnesota sign language interpreting services capacity building

Grantee	ASL Interpreting Services (ASLIS)
Program	Greater Minnesota sign language interpreting service availability capacity building
FY18 contract amount	\$190,966
Results summary	<ol style="list-style-type: none"> 1) 504 requests for interpreting services were filled by interpreter participants in the Education to Excellence (E2E) program; grant pays for training and mentors to prepare interpreters working in educational settings for community interpreting work. 2) 99% of 178 requests for interpreting services for 12-step meetings were filled; grant pays the interpreting service cost. 3) 96% of 45 requests for funerals were filled; grant pays the interpreting service cost.

Grantee	ASL Interpreting Services (ASLIS)
	4) Seven (7) Deaf individuals participated in training to prepare for national credentialing exam as Certified Deaf Interpreters (CDI); five passed the first phase of the exam.
Evaluations summary	<ul style="list-style-type: none"> E2E participants report increased confidence and willingness to provide community interpreting services. 98% of participants in CDI training rated the training events as good or very good.

3) Services for people who are deaf, deafblind, or hard of hearing and need mental health services

Grantee	Consumer Directions, Inc. (CDI)
Program	Certified mental health peer support specialists services
FY18 contract amount	\$79,584
Results summary	<ol style="list-style-type: none"> 29 people who are deaf received peer support services. 81% of individualized recovery goals were achieved or are in good progress. 86% of peers receiving services have completed or are making good progress on their recovery goals.
Evaluations summary	<ul style="list-style-type: none"> 86% of survey respondents are happy with their services and would refer others to the program. 86% of respondents report it is easy to contact their peer support specialist when needed. 100% of respondents report their peer support specialist listens to them, respects them, and is easy to communicate with

Grantee	Metropolitan Educational Service Cooperative
Program	Greater Minnesota LaunchPAD
FY18 contract amount	\$122,000
Results summary	<ol style="list-style-type: none"> 26 children and youth received psychological assessments and follow-up planning. 87% of participants' individualized treatment goals were achieved or are in good progress. 92% of participants completed or are making good progress on their goals.
Evaluations summary	<ul style="list-style-type: none"> 100% of families participating in the program reported the overall evaluation process as very good or excellent.

Grantee	People, Inc.
Programs	Deaf Mental Health Services drop-in center and independent living services
FY18 contract amount	\$79,585

Grantee	People, Inc.
Results summary	<ol style="list-style-type: none"> 1) 62 people participated in the programs. 2) 81% of participants' individualized treatment goals were achieved or are in good progress. 3) 75% of participants completed or are making good progress on their goals. 4) 91% of participants reported an improved ability to manage their own life and manage their symptoms.
Evaluations summary	<ul style="list-style-type: none"> • 85% of survey respondents are satisfied with the quality of the mental health services they received. • 43% of respondents would refer a friend to the program.

Grantee	Regions Hospital
Program	Health and Wellness Program for people who are deaf, deafblind, hard of hearing
FY18 contract amount	\$109,295
Results summary	<ol style="list-style-type: none"> 1) 92 people received services. 2) 89% of individualized treatment goals of the people receiving services were achieved or are in good progress. 3) 85% of service recipients completed or are making good progress on their goals. 4) 88% of service recipients reported that services often or always help to improve their life.
Evaluations summary	<ul style="list-style-type: none"> • 94% of survey respondents rated the help they received as very good or excellent. • 94% of respondents would recommend the program to others. • 91% of respondents rated the timeliness of services as very good or excellent.

Grantee	Therapeutic Services Agency (TSA)
Program	Mental health services for children and youth who are deaf, deafblind, hard of hearing
FY18 contract amount	\$250,000
Results summary	<ol style="list-style-type: none"> 1) 20 children and youth received services. 2) 92% of individualized treatment goals of the individuals receiving services were achieved or are in good progress. 3) 100% of service recipients completed or are making good progress on their goals.
Evaluations summary	<ul style="list-style-type: none"> • 100% of families reported overall satisfaction with services. • An average of 88% of teachers and principals reported overall satisfaction with services.

Grantee	Volunteers of America
Program	VONA for children and youth who are deaf, deafblind, hard of hearing
FY18 contract amount	\$441,375
Results summary	<ol style="list-style-type: none"> 1) 61 children and youth received services. 2) 90% of individualized treatment goals of the individuals receiving services were achieved or are in good progress. 3) 93% of service recipients completed or are making good progress on their goals.
Evaluations summary	<ul style="list-style-type: none"> • 89% of students reported overall satisfaction with services. • 93% of parents reported overall satisfaction with services. • 87% of families reported overall satisfaction with psychiatric services.

4) Mentors and role models for families with children who are deaf or hard of hearing

Grantee	Lifetrack
Program	Mentor services for families with children who are deaf or hard of hearing
FY18 contract amount	\$196,112
Results summary	<ol style="list-style-type: none"> 1) 43 families that have children who are deaf or hard of hearing received services. 2) 92% of parents reported improved communication with their child who has hearing loss. 3) 88% reported their child's life has improved since joining the program.
Evaluations summary	<ul style="list-style-type: none"> • 100% of program participants are satisfied or highly satisfied with services. • 100% reported their mentor's schedule met their family's needs.

Telecommunications Access Minnesota Special Revenue Grants

These grants provide live captioning of local news broadcasts in small television markets in Greater Minnesota and of statewide news programming.

Grantee	KAAL-TV, Rochester
Program	Real-time captioning of live local news
FY18 contract amount	\$79,000
Results summary	608 hours of news programming was captioned.

Grantee	KBJR-TV, Duluth
Program	Real-time captioning of live local news
FY18 contract amount	\$139,572
Results summary	1,219 hours of news programming was captioned.

Grantee	Lakeland TV, Bemidji
Program	Real-time captioning of live local news
FY18 contract amount	\$30,386
Results summary	128 hours of news programming was captioned.
Evaluations summary	80% of sample survey respondents report being highly satisfied with the captioning services.

Grantee	TPT – Twin Cities Public Television
Program	Real-time captioning of live statewide news programming
FY18 contract amount	\$17,177
Results summary	62 hours of news programming was captioned.
Evaluations summary	22% of viewing audience reported they used the captioning services.

G. Waiting lists for services

The next section of the report includes waiting list information for DHHSD grant-funded programs and for the DHHSD’s own direct services. Table 10 focuses on DHHSD’s direct services; Table 11 has information about grant-funded programs.

Over the years, several of DHHSD grant-funded programs have needed formal waiting lists for their services when the demand for services has surpassed the grantee’s capacity to deliver services due to funding limitations.

On June 30, 2018, the DeafBlind Consumer Directed Services (DBCDS) program waiting list reflects people who are waiting for the program’s ‘permanent’ service slots. However, all of the people on the waiting list were able to receive some level of service temporarily. In the DBCDS program, each ‘permanent’ participant has the same maximum dollar amount available each year. Some participants use their full allocation; others only need part of their allocation. The funding that is unused from those who only need partial allocations is made available to people on the waiting list. It is time-limited and only available for that fiscal year because at the beginning of a new fiscal year, each permanent participant starts over again with their full allocation amount available.

The “Technology and training access” program had a waiting list on June 30 because it had ran out of funding for the year. Participants receive one-time funding for their technology and training access needs. People on the waiting list at the end of the year are first served at the beginning of the following fiscal year. People who have been served once can re-apply for the program if their needs change and additional technology or training is needed.

The waiting list for the “Greater Minnesota Launch PAD” program is due mostly to budget limitations. Services are provided throughout the state and the amount of travel needed varies from year to year depending on who

applies for the program. In those years when travel costs are lower, more families can be served. Families on the waiting list at the end of a fiscal year are first to be served in the next year.

For newly established grant programs, there may be a waiting list at the end of the year while new services are getting established. This was the case for the “ProTactile and other communications training” grant. This was a new, first-time grant awarded late in the fiscal year that is expected to have a tapering demand as more people complete the training.

The main purpose of the children’s mental health programs of Therapeutic Services Agency and Volunteers of America is to provide therapy and therapy-related services. Offering educational presentations is not a priority so these programs have waiting lists for presentations when the demand for therapeutic services is high.

The DHHSD direct service programs rarely have waiting lists. In fiscal year 2018 there was a waiting list of 14 people for mental health services in the Twin Cities’ regional office. The DHHSD mental health program in St. Paul has one therapist and at times the need for services is more than the one therapist can accommodate. In those cases, DHHSD offers alternatives to people on the waiting list such as getting services via telemental health through a DHHSD therapist in another location or from a DHHSD grant-funded program. Some people may choose the alternative; other choose to stay on the waiting list for an appointment with the Twin Cities’ therapist.

There were also 13 people on the waiting list to participate in a DHHSD regional services’ Twin Cities training which was due to the training site’s capacity limit. The Moorhead regional office helps facilitate a hearing aid bank that is funded with donations; the hearing aid bank had a waiting list of 9 people as of June 30, 2018, and will be able to serve those people if additional donations come in.

Table 10. Number of people on a waiting list for DHHSD direct services on June 30, 2018

DHHSD direct service program	Service	Number of people on waiting list
DULUTH		
Mental health program	Therapy	0
	Related services	0
Regional specialists	1:1 assistance	0
	Information & referral, technical assistance	0
	Training	0
Telephone Equipment Distribution program	Assessment	0
	Equipment	0
	Training on equipment	0
MANKATO		
Mental health program	Therapy	2
	Related services	0
Regional specialists	1:1 assistance	0

DHHS direct service program	Service	Number of people on waiting list
	Information & referral, technical assistance	0
	Training	0
Telephone Equipment Distribution program	Assessment	0
	Equipment	0
	Training on equipment	0
MOORHEAD		
Mental health program	Therapy	0
	Related services	0
Regional specialists	1:1 assistance	0
	Information & referral, technical assistance	0
	Training	0
Telephone Equipment Distribution program	Assessment	0
	Equipment	0
	Training on equipment	0
Hearing aid bank		9
ST. CLOUD		
Mental health program	Therapy	0
	Related services	0
Regional specialists	1:1 assistance	0
	Information & referral, technical assistance	0
	Training	0
Telephone Equipment Distribution program	Assessment	0
	Equipment	0
	Training on equipment	0
ST. PAUL		
Mental health program	Therapy	14
	Related services	0
Regional specialists	1:1 assistance	0
	Information & referral, technical assistance	0
	Training	13
Telephone Equipment Distribution program	Assessment	0
	Equipment	0
	Training on equipment	0

Table 10 shows the number of people on a waiting list for DHHS services as of June 30, 2018. The list is broken down by DHHS region and program and the main services offered in each program.

Table 11. Number of people on a waiting list for DHHS grant-funded services on June 30, 2018

DHHS grantee	Service or program	Number of people on waiting list
ASL Interpreting Services (ASLIS)	Education 2 Excellence	0
	Interpreter travel costs	0
	12-step meeting interpreters	0
	Interpreters for funeral services	0
	Developing Deaf Interpreters	0
ASL Interpreting Services (ASLIS)	ProTactile and other communication methods training	20
Consumer Directions, Inc.	Certified mental health peer support services	0
Consumer Directions, Inc.	Fiscal entity for DeafBlind Consumer Directed Services program	12
DeafBlind Services Minnesota	Adult community services	0
	Children, youth & family services	4
DeafBlind Services Minnesota	Technology and Training Access Program	7
Lifetrack	Family mentors and role models	2
Metro Educational Cooperative Service Unit	Greater Minnesota LaunchPAD	5
Minnesota DeafBlind Association	Educational and community integration events	0
People, Inc.	Drop-in center	0
	Independent living services	0
Regions Hospital	Health and Wellness Program	0
Therapeutic Services Agency	Mental health services	0
	Educational presentations	6
Volunteers of America	VONA mental health services	0
	Educational presentations	4

Table 11 shows the number of people on a waiting list for DHHS grant-funded services as of June 30, 2018. The list is broken down by DHHS grantee and the programs or main services they offer.

H. Travel time to deliver services

Often the best method for clear communication with people who are deaf, deafblind, and hard of hearing is in-person. This is especially true when a person relies on vision (e.g., sign language, speechreading) more than hearing for communication. For this reason and because consumers are often hours away from a DHHS regional site, staff often travel to deliver one-to-one services.

The next table contains information on the staff hours spent traveling to deliver one-to-one client services. The Telephone Equipment Distribution program does not have these data for fiscal year 2018. The TED data will be available in the new DHHS data system.

Table 12. DHHS staff travel time - fiscal year 2018 quarters 2, 3 and 4

DHHS program	Hours of travel time to deliver one-to-one client services
DULUTH	
Mental health	89
Regional services	90
MANKATO	
Mental health	242
Regional services	501
MOORHEAD	
Mental health	339
Regional services	95
ST. CLOUD	
Mental health	101
Regional services	64
ST. PAUL	
Mental health	93
Regional services	8
VIRGINIA	
Regional services	80
TOTAL STATEWIDE	
Mental health	863
Regional services	838

Table 12 shows the number of hours of travel time used for delivering one-to-one client services. The hours are broken down by DHHS program area and region; a statewide total for the program areas is included.

I. Regional needs identified by DHHS advisory committees

During fiscal year 2018 the DHHS had eight advisory committees: 1) Northwest, 2) Upper Northwest, 3) Northeast, 4) East Central, 5) West Central, 6) Metro, 7) Southwest, and 8) Southeast. DHHS regions have at least one committee and second advisory committees may be established based on size of the region or how the population is dispersed within a region. Please see [Appendix B](#) for a map of DHHS regions in FY18.

The purpose of the committees is to advise the DHHS director on the needs of persons who are deaf, deafblind, and hard of hearing within the committee’s region. The input from committees helps the division prioritize and focus the services it provides throughout the state.

For fiscal year 2018, the common needs identified across almost all regions were:

- Training/education about the communication needs of people who are deaf, deafblind, and hard of hearing needs to reach more people
- Continued advocacy is needed so that service providers, including health care providers, understand their obligation to provide reasonable accommodations that people who are deaf, deafblind, and hard of hearing need to access programs and services
- Hearing aids need to be affordable
- Internet service, which people who rely on a visual language need for communication access, needs to be affordable

The needs and feedback on addressing service gaps specific to each region are summarized below.

Region: East/West Central

Needs

- Accommodations such as sign language interpreters at local hospitals and health care facilities
- Accessible chemical dependency services
- Captioning at movie theaters
- Culturally affirmative and linguistically accessible psychiatry services
- Culturally affirmative and linguistically accessible community health workers
- Housing services
- Sign language interpreters for professional networking opportunities

Feedback for addressing gaps

- Offer more training to persons who are deaf, deafblind, hard of hearing on strategies for getting accommodations at medical facilities
- Offer more workshops on how a person can assert his or her rights

Region: Northeast

Needs

- Communication accommodations to be readily available when a person needs county services
- Safety device to alert drivers who are deaf when an emergency vehicle is approaching from behind

Feedback for addressing gaps

- Collaboration between DHHSD and St. Louis County on a training module for county employees is proving effective

Region: Northwest and Upper Northwest

Needs

- Assistance to those who are obligated to provide reasonable accommodations about how to fulfill their obligation and where to find resources
- Education to health care providers about communication accommodations for people who are hard of hearing and do not use sign language
- Fix compatibility issues between telephone lines and fiber optic cables to diminish the sound interference that occurs for people with hearing loss, especially those with cochlear implants
- Make hearing aids more affordable
- More audiologists and hearing aid dispensers who accept Medical Assistance
- Options for learning American Sign Language
- Purchasers of interpreting services need to understand the best practices for when to use and when not to use video remote interpreting

Feedback for addressing gaps

- Creative solutions are needed for educating community members because it's challenging to draw people to in-person events
- Educate people who are deaf about the pros and cons of video remote interpreting services versus in-person interpreting services
- Northwest hearing aid bank is helpful but because it relies on private donations, there is always a waiting list
- One-to-one assistance when a person comes to a DHHS office works well but other people need information too
- Providing training to health care staff is helpful and in one situation it was very effective when staff demonstrated how Communication Access Realtime Translation (CART) could be used in health care settings

Region: Southwest and Southeast

Needs

- Affordable or free emergency alerting system is needed for people with hearing loss
- Design of services for refugees who are deaf is challenging because in many countries people who are deaf do not learn a sign language or other effective communication strategies
- Hearing aids need to be more affordable and readily available; southern area hearing aid bank always has a waiting list
- Interpreters skilled in working with the unique language needs of refugees are needed
- People who rely on assistive technology and have an equipment breakdown need a way to borrow temporary equipment until theirs can be fixed or replaced

Feedback for addressing gaps

- Diversity training would be helpful in those communities where the population of refugees is increasing
- One Twin Cities agency that specialize in serving people who are deaf, deafblind, and hard of hearing started offering its basic skills training that is delivered using American Sign Language on video which makes it easier for people in Greater Minnesota to get the training

Region: Twin Cities Metro

Needs

- Culturally affirmative and linguistically accessible Adult Day, assisted living, foster care, and hospice services are needed
- Education about chemical health issues is needed for people who are deaf
- Housing options are needed for people completing chemical dependency treatment
- Internet services that are affordable
- Law enforcement need training on how to safely identify drivers who are deaf and hard of hearing and how to interact with citizens who are deaf, deafblind and hard of hearing
- More people need to take DHHS training
- Self-advocacy training is needed for individuals

Feedback for addressing gaps

- Assist people who are deaf, deafblind, hard of hearing with applying for internet service monthly cost reduction programs
- Use more online delivery of DHHS training to reach a wider audience

VI. Conclusion

The Minnesota Department of Human Services Deaf and Hard of Hearing Services Division was first established in 1980. Since then, the landscape in Minnesota and across the country has changed, providing greater opportunity for people with disabilities to be fully engaged community members and citizens. The work toward equitable services and opportunities is not done and the department looks forward to continuing its work with people who are deaf, deafblind, and hard of hearing to advance equity in services and in opportunities for these Minnesotans through the programs and services of the DHHSD.

The redesign of the Deaf and Hard of Hearing Services will bring direct service staff to new locations in the state including Grand Rapids, Rochester, and possibly Detroit Lakes. Some staff positions will be redirected to focus on improving connections with the communities we serve, making it easier for Minnesota's citizens to find and access our services, and improving how the division provides training both in-person and through the use of technology. The division's new stand-alone website, with more content in American Sign Language, will increase the ease with which people can locate DHHSD's information resources.

The department and the division would like to thank community members throughout the state who volunteer to serve on the DHHSD's eight regional advisory committees. The committees advise the division on the regional needs of people who are deaf, deafblind, or hard of hearing and the service gaps that exist within each region. Minnesota is a large state and people with hearing loss live in all cities, towns and rural areas. The services and supports available in the larger metropolitan areas can be few and far between in the more remote parts of the state. The division's advisory committees serve an important role in helping the division focus its regional resources on the unique and most critical needs of each region.

VIII. Appendix A

DHS Deaf and Hard of Hearing Services website

- [DHHS web pages](#)
- [DHHS Fact Sheet in DHS eDocs](#)
- [DHHS general services brochure](#)
- [TED program brochure](#)

DHHS Grantee Partners

- [ASL Interpreting Services \(ASLIS\)](#)
- Consumer Directions, Inc.
 - [DeafBlind Consumer Directed Services Program and Technology and Training Assistance Program](#)
 - [Mental Health Certified Peer Support Specialists](#)
- [DeafBlind Services Minnesota](#)
- [KAAL TV – Rochester](#)
- [KBJR TV – Duluth](#)
- [Lakeland PBS – Bemidji](#)
- [Lifetrack](#)
- [Metro Educational Cooperative Service Unit \(ECSU\) - Greater MN Launch PAD](#)
- [Minnesota DeafBlind Association](#)
- [People, Inc. Deaf Mental Health Services](#)
- [Regions Hospital – Health and Wellness Program](#)
- [Therapeutic Services Agency](#)
- [TPT TV](#)
- [Volunteers of America – VONA](#)

Minnesota Statutes

Deaf and Hard of Hearing Services Division

- [DHHS and regional services](#)
- [Telephone Equipment Distribution program](#)

Other Deaf and Hard of Hearing Services Legislative Reports

- [January 2017 Analysis of Deaf, DeafBlind and Hard of Hearing Services](#)
- [January 2018 Modernizing Minnesota’s Telephone Equipment Distribution Program](#)
- [March 2018 Deaf and Hard of Hearing Services Division Mental Health Program Analysis of Potential Costs and Benefits of Billing for Services](#)

Appendix B

Map of Deaf and Hard of Hearing Services FY18 Regions

