



# Legislative Report

## Deaf and Hard of Hearing Services Division Biennial Report

January 1, 2021

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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 required the Department of Human Services to prepare a 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. The initial report, covering state fiscal year 2018, was submitted to the Legislature in 2019. A link to that document can be found in [Appendix A](#). This is the second report covering state fiscal years 2019 and 2020. Subsequent reports will cover two-year time periods and be submitted biennially.

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

- Comparison of DHHSD's regional service delivery

FY19: 25% of one-to-one client services were provided in-person at a DHHSD work site, 33% were provided in-person at an off-site location, and 42% were provided through the use of technology.

FY20: 14% of one-to-one client services were provided in-person at a DHHSD work site, 24% were provided in-person at an off-site location, and 62% were provided through the use of technology.

- Listing of DHHSD's partners for off-site services

FY19: 177 cities and 50 different types of locations (medical clinics, libraries, senior centers, cafes, and others) offered sites for DHHSD staff to use for one-to-one services.

FY20: 164 cities and 25 different types of locations (medical clinics, libraries, senior centers, cafes, and others) offered sites for DHHSD staff to use for one-to-one services.

- Accommodating staff communication access needs

FY19: 3.8% of DHHSD's budget was used to provide reasonable accommodations for staff.

FY20: 6.4% of DHHSD's budget was used to provide reasonable accommodations for staff.

- Technology demonstrations and hands-on exploration

FY19: 301 people tried out a variety of technology designed for people with hearing loss.

FY20: 100 people tried out a variety of technology designed for people with hearing loss.

- Training on the impact of hearing loss, adjustment and communication strategies, exercising one's rights to accommodations

FY19: 2680 people participated in 143 different training events.

FY20: 2191<sup>1</sup> people participated in 83 different training events. <sup>1</sup>In light of the COVID-19 pandemic, the Division saw a drop in number of trainings for the fourth quarter of FY20.

- Waiting list for services

FY19: 118 people were on a waiting list on June 30; of those, 25 were waiting for DHHSD direct services and 93 were waiting for one of DHHSD's grant-funded services.

FY20: 179 people were on a waiting list on June 30; of those, 84 were waiting for DHHSD direct services and 95 were waiting for one of DHHSD's grant-funded services.

- Travel time to provide direct services around the state

FY19: 1,848 travel hours were needed to provide regional direct services and mental health services.

FY20: 1,254<sup>2</sup> travel hours were needed to provide regional direct services and mental health services. <sup>2</sup>In light of COVID-19 pandemic, the Division saw a drop in number of hours for the fourth quarter of FY20.

- Advisory committees help to identify regional and statewide needs

FY19 and FY20: Needs identified across the majority of advisory committees included:

- Access to emergency notification systems for local issues that arise
- Training/education about the communication needs of people who are deaf, deafblind, and hard of hearing needs to reach more people
- Ongoing individual and systematic advocacy is needed so that service providers—including health care providers and county services—understand their obligation to provide reasonable accommodations so that people who are deaf, deafblind, and hard of hearing are able to access programs and services
- Increase number and quality of American Sign Language (ASL) interpreters working in a variety of settings

## 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 co-located, 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 (DHHS) of the Minnesota Department of Human Services (DHS) was established to address the developmental and social-emotional needs of persons who are deaf, deafblind, and hard of hearing. This is accomplished through a statewide network of regional services.

The DHHS provides direct services through its regional offices and oversees grant-funded services designed for high need/low incidence population groups such as people who are deafblind 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 DHHS. The first report was submitted in state fiscal year 2019 a link to that document can be found in [Appendix A](#). This second report covers state fiscal years 2019 and 2020.

## Purpose of report

This report provides the Minnesota Legislature with data about the services provided by the DHS DHHS.

## 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.” A fund of information is a person’s knowledge repository 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 understanding how to create healthy relationships and the tools needed to maintain them. This can also lead to language and learning challenges.

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 of information come through incidental learning — listening to how our parents work through disagreements, overhearing siblings and friends discussing which school rules are flexible and which are not, 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 DHHS’s network of regional services is designed to assist people who are deaf, deafblind, and hard of hearing overcome the barriers they face in their regions and throughout the State of Minnesota. It provides culturally affirmative services statewide. For DHHS’s purposes, “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 or 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 2020, section 237.50 - 237.56](#)),
- 4) General Fund allocations that support grant 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. Rural Real Time Captioning (RRTC) grant program is through the Minnesota Department of Commerce Telecommunications Access Minnesota (TAM) — Special Revenue appropriation. This grant provides funds to four regional-based television stations to provide closed captioning 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 years 2019 and 2020. The 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. This help may include training, consultation, direct assistance, advocacy, and 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.
  - Assist individuals who use sign language interpreting services in advocating for reasonable accommodations.
  - Educate agencies and service providers about their obligations 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.
- Train mental health service providers on working successfully with persons who are deaf, deafblind, or hard of hearing.
- Telephone Equipment Distribution 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 telecommunication equipment to persons who qualify for the program.
  - Outreach about telecommunication relay services.
  - Provide guidance and consultation on assistive technology equipment.

## A note about the data for this second report

During state fiscal year 2019, DHHS was completing a three-year organizational redesign effort. The primary objective of the redesign was to change the Division's organizational structure and approach to providing those services while keeping the scope of services DHHS provides to the deaf, deafblind, and hard of hearing communities intact.

The redesign effort is evident in the implementation of a new database management software application. DHHS's programs transitioned to the new application in fiscal year 2020. This data outlines services provided by individual programs (Mental Health, Regional Services and the Telephone Equipment Distribution program) and additional auxiliary services (information and referral, and advocacy) which are provided to people and agencies.

This report utilizes data from both the old and new database management system. How the data is reported between FY19 and FY20 will differ slightly due to this redesign.

While the Division began updating its data collection and database management system, it modified its internal structure to better meet the new requirements from the 2017 legislative session, following [Minnesota Statutes 2018, section 256C.233, subdivision \(8\)](#). The Division established a statewide central point of contact for phone, videophone, and email to make it easier for people to contact the Division staff from wherever they live in the state. This new service is called Information and Referral (I&R). Data on this service is included in this report. To bring the Division's services to more Minnesotans, the Division hired two new deaf and hard of hearing regional specialists and a clinical psychologist.

In the third quarter of fiscal year 2020, the State of Minnesota was affected by the novel coronavirus 2019 (COVID-19). In response to COVID-19, Governor Walz issued Executive Orders establishing peacetime emergency in the State of Minnesota. DHHS service provisions were impacted in terms of reduced direct client services in-person. Data reflecting this is outlined in this report. DHHS continues to explore new ways to use technology to deliver services to the deaf, deafblind and hard of hearing communities in Minnesota as we respond to COVID-19 safeguards.

## Report preparation and organization

This report was prepared by DHHSD staff. DHHSD program managers contributed data. [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 FY20.

## IV. DHHSD Program Data

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

- regional service sites and staff
- on-site and off-site service provision and waiting lists
- costs for reasonable accommodations for staff
- technology demonstration labs
- training and outreach activities and outcomes
- grant funded programs, services, outcomes and waiting lists
- travel time needed to deliver services
- regional needs identified by DHHSD advisory committees.

### A. Regional service sites and staff

Please see [Appendix B](#) for a map of the DHHSD regions in FY20.

Table 1 shows the number of direct service staff in each DHHSD region, the office location, and other agencies, service providers, etc. that are in the same building. Two new locations were established during this report period. In 2019, a satellite office was established in Rochester. In 2020, an office was established in Hibbing. All of the DHHSD regional offices are co-located with a variety of agencies.

**Table 1. DHHSD regional staff positions and locations in Fiscal Years 2019 and 2020**

Staff positions	DHHSD Location	Services co-located
<b>FY19 and FY20</b> Interpreter coordinator - 1 Mental health specialist - 1 Regional DHHS specialist - 1 TED specialist – 1	Duluth Duluth Technology Village	<ul style="list-style-type: none"> <li>• MN Department of Health</li> <li>• Office of Ombudsman for Mental Health &amp; Development Disabilities</li> <li>• Explore MN Tourism</li> <li>• Office of Administrative Hearings</li> <li>• Private businesses</li> </ul>
<b>FY20</b> Regional DHHS specialist - 1	Hibbing WorkForce Center	<ul style="list-style-type: none"> <li>• WorkForce Center</li> <li>• State Services for the Blind</li> <li>• NE MN Office of Job Training</li> <li>• Arrowhead Economic Opportunity Agency, Inc.</li> <li>• Private businesses</li> </ul>

Staff positions	DHHSD Location	Services co-located
<p><b>FY19</b> Mental health specialist – 1 Regional DHHS specialists - 1 TED specialist – 1</p> <p><b>FY20</b> Regional DHHS specialists - 1</p>	<p>Mankato Civic Center Plaza</p>	<ul style="list-style-type: none"> <li>• MN Dept. of Employment &amp; Economic Development Vocational Rehabilitation</li> <li>• MN Dept. of Corrections</li> <li>• MN Dept. of Health</li> <li>• MN Dept. of Labor &amp; Industry</li> <li>• Social Security</li> <li>• Non-profit legal agency</li> <li>• Private businesses</li> </ul>
<p><b>FY19</b> Administrative assistant - 1 Interpreter coordinator - 1 Mental health specialist – 1 Regional DHHS specialist – 1 Lead specialist – 1 TED specialist – 1</p> <p><b>FY20</b> Interpreter coordinator - 1 Mental health specialist – 1 Regional DHHS specialist – 1 Lead specialist – 1 TED specialist – 1</p>	<p>Moorhead Family Service Center of Clay County</p>	<ul style="list-style-type: none"> <li>• Clay County Social Services</li> <li>• MN Dept. of Employment &amp; Economic Development</li> <li>• Non-profit social services</li> </ul>
<p><b>FY19 and FY20</b> Regional DHHS specialist – 1</p>	<p>Rochester WorkForce Center</p>	<ul style="list-style-type: none"> <li>• Vocational Rehabilitation</li> <li>• Job Services</li> <li>• WorkForce Center</li> </ul>
<p><b>FY19</b> Mental health specialist – 1 Regional DHHS specialist - 2 TED specialist – 1</p> <p><b>FY20</b> Mental health specialist – 1 Regional DHHS specialist - 1 TED specialist – 1</p>	<p>St. Cloud Midtown Building</p>	<ul style="list-style-type: none"> <li>• MN Dept. of Health</li> <li>• MN Dept. of Labor &amp; Industry</li> <li>• MN Dept. of Public Safety</li> <li>• University of MN Extension Services</li> <li>• Non-profit social services</li> <li>• Private businesses</li> </ul>
<p><b>FY19</b> Administrative assistants – 2 Mental health specialist – 1 Regional manager - 3 Regional DHHS specialists - 2 TED specialists – 4</p>	<p>St. Paul Golden Rule Building</p>	<ul style="list-style-type: none"> <li>• MN Commerce Dept.</li> <li>• MN Dept. of Health</li> <li>• Board of Accountancy</li> </ul>

Staff positions	DHHS Location	Services co-located
<b>FY20</b> Administrative assistants – 2 Mental health specialist – 2 Regional manager - 3 Regional DHHS specialists – 2 Information and Referral specialist – 1 TED specialists – 4		

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.

On-site and off-site service provision and waiting lists

### Number of direct service contacts

Tables 2 and 3 contain information on the number of contacts DHHS regional direct service staff provided services to. Between fiscal years 2019 and 2020, DHHS transitioned to a new database management system to track these services. This platform continues to evolve and improve with use. Future reports will reflect more information on the services DHHS provides.

DHHS staff travel to various communities in their respective regions to deliver services. The data in Tables 2 and 3 show how each staff person delivered services to individuals in fiscal years 2019 and 2020. The tables show the number of times a staff person provided in-person services to an individual at the DHHS office, the number of times in-person service was provided at a location other than the DHHS office, and the number of times a service was provided using technology.

**Table 2. Direct service contacts FY19**

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
<b>TOTAL FOR ALL LOCATIONS</b>	<b>1462</b>	<b>1917</b>	<b>2406</b>

#### Duluth

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Interpreter coordinator	32	82	60
Mental health specialist #1	9	46	12

Mental health specialist #2	127	102	94
Regional DHHS specialist	52	103	146
TED specialist	5	0	42
<b>TOTAL</b>	<b>225</b>	<b>333</b>	<b>354</b>

### Mankato

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Mental health specialist	138	260	70
Regional DHHS specialist	29	46	299
TED specialist	2	22	0
<b>TOTAL</b>	<b>169</b>	<b>328</b>	<b>369</b>

### Moorhead

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Interpreter coordinator	1	4	1
Mental health specialist	51	123	153
OASI DHHS	7	0	42
Regional DHHS lead specialist	24	78	249
Regional DHHS specialist	5	69	297
TED specialist	6	90	0
<b>TOTAL</b>	<b>94</b>	<b>364</b>	<b>742</b>

### St. Cloud

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Mental health specialist	150	92	18
Regional DHHS specialist #1	43	29	193
Regional DHHS specialist #2	8	78	30
TED specialist	9	29	0

TOTAL	210	228	241
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### St. Paul

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Interpreter coordinator	1	0	14
OASI DHHS	3	0	37
OASI TED	5	82	139
Planner	1	28	1
Mental health specialist	671	239	0
Regional DHHS specialist #1	33	17	190
Regional DHHS specialist #2	35	150	0
Regional DHHS Supervisor	4	0	17
TED lead specialist	0	2	0
TED Specialist #1	4	71	0
TED Specialist #2	5	45	0
TED specialist #3	1	3	0
TED Supervisor	1	6	0
TOTAL	764	643	398

### Rochester

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Regional DHHS specialist	0	21	302
TOTAL	0	21	302

**Table 3. Direct service contacts FY20**

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
<b>TOTAL FOR ALL LOCATIONS</b>	<b>810</b>	<b>1,375</b>	<b>3,520</b>

### Duluth

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Interpreter coordinator	1	0	1
Mental health specialist	81	47	234
Regional DHHS specialist	5	17	28
TED specialist	8	32	123
TOTAL	<b>95</b>	<b>96</b>	<b>386</b>

### Hibbing

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Regional DHHS specialist	2	24	41
TOTAL	<b>2</b>	<b>24</b>	<b>41</b>

### Mankato

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
TED specialist	0	40	22
Mental health specialist	7	79	3
TOTAL	<b>7</b>	<b>119</b>	<b>25</b>

### Moorhead

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Interpreter coordinator	2	0	30
Mental health specialist	17	58	130
Regional DHHS lead specialist	11	41	59
Regional DHHS specialist	15	74	404
TED specialist	8	171	120
TOTAL	<b>53</b>	<b>344</b>	<b>743</b>



<b>TOTAL FOR ALL LOCATIONS</b>	<b>810</b>	<b>1,375</b>	<b>3,520</b>
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### St. Cloud

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Mental health specialist	192	100	213
Regional DHHS specialist	20	2	138
TED specialist	17	41	96
<b>TOTAL</b>	<b>229</b>	<b>143</b>	<b>447</b>

### St. Paul

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Interpreter coordinator	0	0	18
Mental health specialist #1	314	104	162
Mental health specialist #2	11	16	143
Regional DHHS specialist #1	13	2	104
Regional DHHS specialist #2	14	0	44
Regional DHHS Supervisor	1	0	11
TED lead specialist	0	0	13
TED Specialist #1	4	70	82
TED Specialist #2	39	129	331
TED specialist #3	2	2	410
TED Supervisor	22	2	5
<b>TOTAL</b>	<b>420</b>	<b>622</b>	<b>1,323</b>

### Rochester

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
Regional DHHS specialist	3	25	549
<b>TOTAL</b>	<b>3</b>	<b>25</b>	<b>549</b>

## Undetermined staff

Staff position	Number of service contacts made on-site	Number of service contacts made off-site, in-person	Number of service contacts using technology
TOTAL	1	2	6
<b>TOTAL FOR ALL LOCATIONS</b>	<b>810</b>	<b>1,375</b>	<b>3,520</b>

Tables 3 and 3 provide a breakdown of how each staff person delivered services to individuals in fiscal years 2019 and 2020. The tables 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.

## Locations where services were delivered

When DHHSD staff provide services outside of DHHSD offices, they use a variety of community facilities in different locations. Table 4 shows the locations DHHSD staff have used when delivering services outside of DHHSD offices.

**Table 4. Locations where services were delivered in Fiscal Year 2019**

City where services were delivered	Type of location where services were delivered	DHHSD program(s) delivering services
Aikin	Client home, library	Mental health, regional services, TED
Albert Lea	Client home	Regional services, TED
Alexandria	Assisted living facility, client home, client workplace, library, Senior's Expo	Mental health, regional services, TED
Anoka	Client home	TED
Apple Valley	Client home	TED
Arlington	Client home, client workplace	Regional services, TED
Aurora	Client home	Regional services, TED
Bagley	Nursing facility	Mental health
Barrett	Client home	TED
Barnum	Client home	Regional services, TED
Becker	Client home	Mental health
Belle Plaine	City Hall	Mental health
Bemidji	Client home, library, senior housing	Mental health, regional services, TED
Benton County	Government center	Mental health
Biwabik	Client home, friend home, relative home	Regional services, TED

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHHS program(s) delivering services</b>
Blackduck	Client home, high school	Regional services, TED
Blaine	Client home	TED
Bloomington	Client home, Social Security Office	Mental health, TED
Brahma	Client home, client workplace	Regional services
Breckenridge	Assisted living facility, client home	Regional services, TED
Brooklyn Center	Client home, library	Mental health, TED
Brooklyn Park	Client home	TED
Brook Park	Client home, client workplace	Regional services, TED
Burnsville	Client home, library, WorkForce Center	Mental health, regional services, TED
Buyck	Client home	Regional services
Carlton	Assisted living facility, client home	Mental health, regional services, TED
Carver	Client home	TED
Chaska	Client home	TED
Chisholm	Office	Regional services
Clearbrook	Client home	TED
Cloquet	Assisted living facility	Regional services, TED
Coon Rapids	Client home, mental health clinic	Mental health, TED
Crookston	Assisted living facility, client home, corrections, nursing home facility	Mental health, regional services, TED
Crosby	Client home	TED
Crystal	Client home	TED
Dassel	Client home	TED
Deer River	Assisted living facility	Mental health, regional services, TED
Dent	Client home	Regional services, TED
Detroit Lakes	Client home, government building, high school, non-profit	Mental health, regional services, TED
Dexter	Client home	Regional services
Dilworth	Client home	Regional services, TED
Eagan	Client home, coffee shop, county attorney	Mental health, regional services, TED

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHSD program(s) delivering services</b>
East Bethel	Client home	TED
East Grand Forks	Client home	Regional services, TED
Eden Prairie	Library	Mental health
Eden Valley	Client home	TED
Edina	Client home, client workplace	Mental health, TED
Elk River	Client home	Regional services, TED
Eveleth	Senior carnival	Regional services
Fairmont	Client home, Department of Public Safety	Regional services, TED
Fargo	Library, Social Security Office, VA hospital	Mental health, regional services, TED
Faribault	Café, client home, library, WorkForce Center, restaurant, school, senior living facility	Mental health, regional services
Fergus Falls	Client home	Regional services, TED
Fertile	Client home	Regional services
Floodwood	Client home	TED
Foley	County Office	Mental health, TED
Forest Lake	Client home	TED
Fosston	Client home	Regional services, TED
Frazee	Care center	Regional services
Gary	Assisted living facility	Regional services
Gaylord	Client home, client workplace, library	Regional services
Glencoe	Client workplace	Regional services
Golden Valley	Client home, health care clinic	Mental health, TED
Gonvick	Client home	Regional services, TED
Grand Portage	Client home	Regional services
Grand Rapids	Assisted living facility, client home, group home	Mental health, regional services
Hastings	Client home, library	Regional services, TED
Hawley	Adult foster care, client home	Mental health, TED
Hermantown	Assisted living facility, linkage line	Regional services

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHHS program(s) delivering services</b>
Hibbing	Client home, hotel, library	Regional services
Hills	Client home	Regional services
Hopkins	Client home	TED
Hugo	Client home	TED
International Falls	Assisted living facility, client home	Regional services, TED
Inver Grove Heights	Client home	TED
Kasson	Assisted living facility, client home	Regional services, TED
Kettle River	Client home	Regional services, TED
Knife River	Client home	Mental health
Lake City	Client home, group home	Mental health, regional services
Lakeville	Client home	TED
Le Center	Group home	Mental health
Little Canada	Client home	TED
Little Falls	Client home	TED
Littlefork	Client home	Regional services
Litchfield	Client home, library	Mental health, regional services, TED
Long Prairie	Client home	TED
Madelia	Client home	TED
Mankato	Client home, crisis center	Regional services, TED
Mantorville	Client home	TED
Maple Grove	Client home	TED
Maplewood	Client home	TED
Mapleview	Client home	Regional services
Marine on St. Croix	Client home	TED
Martin	Client home	TED
McKinley	Client home	TED
Melrose	Client home	TED
Menahga	Café	Regional services

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHHS program(s) delivering services</b>
Milaca	Health care clinic, library, title/abstract office, vital records office	Regional services, TED
Minneapolis	Client home, client workplace, health care clinic, psychiatrist office	Mental health, regional services, TED
Montgomery	Courthouse	Regional services
Minnetonka	Client home	TED
Montevideo	Client home	Regional services, TED
Monticello	Client home, library	Regional services, TED
Moorhead	Café, client home, client workplace, college, community center, community dining, Creative Care for Reaching Independence, Dorothy Day Center, high school, family service center, senior living center, social services	Mental health, regional services, TED
Mora	Client home, exhibit	Regional services
Mountain Lake	Client home	TED
Nashwauk	Client home, Mayor's office	Mental health, regional services, TED
New Hope	Client home	TED
New London	Client home	TED
New Prague	Client home, library	Regional services
New Ulm	Client home	TED
North Mankato	Client home	Regional services
North St. Paul	Client home	TED
Northfield	Client home	Regional services, TED
Norwood	Client home	TED
Oakdale	Client home	TED
Onamia	Client home	Regional Services
Owatonna	Client home	Regional services
Palo	Community center	Regional services
Park Rapids	Client home, library	Regional Services, TED
Paynesville	Senior center	Mental health

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHSD program(s) delivering services</b>
Pelican Rapids	Client home, library	Mental health, regional services, TED
Perham	Client home	Regional office, TED
Pequot Lakes	Client home, library	Mental health, regional services
Plainview	Client home	TED
Plymouth	Client home	TED
Princeton	Client home	Regional services, TED
Prior Lake	Client home, health care clinic	Mental health
Proctor	Client home	TED
Red Wing	Client home, county services	Mental health, regional services
Redwood Falls	Assisted living facility, client home	Regional services
Richfield	Client home	TED
Robbinsdale	Client home	Mental health
Rochester	Assisted living facility, bank, clinic, client home, community center, county human services, dental office, deli, lawyer's office, WorkForce Center, school, Social Security office	Regional services, TED
Roseau	Client home, community dining, library, victim services	Regional services, TED
Rose Creek	Client home	Regional services, TED
Rosemount	Client home	Mental health
Roseville	Client home	TED
Sartell	Client home	TED
Sauk Rapids	Client home	Regional services, TED
Savage	Café	Mental health
Shakopee	Client workplace, library	Mental health, regional services
Silver Bay	High school	Regional services
Slayton	Client home	Regional services
South St. Paul	Client home	Regional services
Spicer	Client home	TED

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHHS program(s) delivering services</b>
St. Cloud	Café, client home, college, high school	Mental health, regional services, TED
St. James	Client home	TED
St. Joseph	Client home	TED
St. Louis Park	Client home	TED
St. Paul	Client home, client worksite, hospital	Mental health, regional services, TED
St. Peter	Client home, library	Mental health, regional services
Tenstrike	Client home	TED
Thief River Falls	Client home	Regional services, TED
Twin Valley	Client home	TED
Two Harbors	Client home	TED
Two Inlets	Client home	Regional services
Vergas	Client home	Regional services
Virginia	WorkForce Center	Mental health
Wadena	Client home, client workplace, restaurant	Regional services, TED
Waconia	Client home	TED
Warroad	Client home	Regional services
Waubon	Client home	TED
Waite Park	Client home	Mental health
Walker	Senior living center	Regional services, TED
Waseca	Client home	Regional services
Watkins	Client home	TED
Wells	Client home	Regional services
West Duluth	Title/abstract company	Regional services
White Bear Lake	Client home	Regional services, TED
Willmar	Client home, client workplace, group home, library, WorkForce center	Mental health, regional services
Windom	Care center, client home	Regional services, TED
Winthrop	Client home	Regional services
Woodbury	Client home	TED



City where services were delivered	Type of location where services were delivered	DHHS program(s) delivering services
Virginia	Assisted living facility, care center, career force center, client home, father's home, restaurant	Mental health, regional services, TED
Zumbrota	Care center	Regional Services

Table 4 shows the cities in which DHHS staff delivered services, the type of space that was used for meetings with individuals, and the DHHS program that provided services in that setting and location in FY19.

**Table 5. Locations where services were delivered in Fiscal Year 2020**

City where services were delivered	Type of location where services were delivered	DHHS program(s) delivering services
Ada	Client home	Regional services, TED
Albert Lea	Client home	Regional services
Alexandria,	Assisted living facility, client home, nursing home, other	Mental health, regional services, TED
Anoka	Client home	TED
Apple Valley	Client home	TED
Arden Hills	Client home	TED
Arlington	Client home, client workplace	Mental health
Aurora	Client home	Regional services
Austin	Client home, WorkForce Center	Mental health, regional services, TED
Bagley	Assisted living facility, client home	Mental health, regional services, TED
Barnesville	Client home, nursing home	Regional services, TED
Battle Lake	Client home, Assisted living facility	Regional services, TED
Becker	Group home	Mental health
Bemidji	Assisted living facility, Client home	Regional services, TED
Blackduck	Client home, high school	TED
Blaine	Client home, library	Mental health, TED
Blooming Prairie	Client home	TED
Bloomington	Client home, county government office	Mental health, TED
Brahma	Client home, client workplace	Regional services

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHHS program(s) delivering services</b>
Breckenridge	Assisted living facility, client home	TED
Brooklyn Center	Client home, library	Mental health, TED
Brooklyn Park	Client home	TED
Brook Park	Client home, client workplace	Mental health, TED
Browerville	Client home	Regional service, TED
Burnsville	Client home	TED
Carlton	Client home	Regional services
Chaska	Client home	TED
Cloquet	Client home	TED
Columbia Heights	Client home	TED
Coon Rapids	Client home, psychiatric office	Mental health, TED
Crookston	Client home	Regional services, TED
Crystal	Client home, Café, library	Mental health, TED
Deer River	Client home	Regional services, TED
Deerwood	Client home	TED
Detroit Lakes	Assisted living facility, client home, government building, public setting, restaurant	Mental health, regional services, TED
Dilworth	Other	Regional services
Duluth	Client home, other	Regional service, TED
Dumont	Client home	TED
East Grand Forks	Client home,-assisted living facility	Regional services, TED
Edina	Client home,-library	Mental health, TED
Elk River	Client home	Regional services, TED
Ely	Government office	Mental health
Emmons	Client home	TED
Esko	Client home	TED
Evansville	Client home	TED
Fargo	Court/law enforcement, hospital, private business/organization	Mental health, regional services

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHSD program(s) delivering services</b>
Faribault	Client home, domestic violence center, WorkForce Center	Mental health, regional services, TED
Fergus Falls	Assisted living facility, client home	Regional services, TED
Fertile	Client home	Regional services, TED
Floodwood	Client home	TED
Foley	County Office	TED
Frazee	Client home, other	Regional services, TED
Freeport	Client home	TED
Fridley	Client home	TED
Gaylord	Client home, client workplace, library	TED
Glenwood	Client home	TED
Golden Valley	Client home, health care clinic	Mental health, TED
Grand Forks	Hospital	Mental health
Grand Rapids	Adult foster care home, assisted living facility, client home, library	Regional services, TED
Granite Falls	Client home	TED
Greenbush	Assisted living facility	Regional services, TED
Grove City	Community setting	TED
Hallock	Client home	TED
Halstad	Client home	TED
Hastings	Client home	TED
Hawley	Adult foster care, client home	Mental health, TED
Henning	Client home	TED
Hermantown	Client home	Regional services
Hilltop	Client home	TED
Hopkins	Client home	TED
Hutchinson	Client home	TED
International Falls	Client home	Regional services, TED
Inver Grove Heights	Client home	TED

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHSD program(s) delivering services</b>
Kasson	Client home	TED
Kimball	Client home	TED
Knife River	Client home	TED
Lakeville	Client home	TED
LaPorte	Client home	TED
Lindstrom	Client home	TED
Little Canada	Client home	TED
Little Falls	Client home	TED
Litchfield	Client home	TED
Lonsdale	Client home	TED
Luverne	Client home	TED
Mahnomen	Nursing home facility	Regional services
Mahtomedi	Client home	TED
Mankato	Assisted living facility, client home, community setting	Regional services, TED
Maple Grove	Client home	TED
Maplewood	Client home	TED
Marshall	Client home	TED
Mazeppa	Client home	Regional services
McGregor	Client home	TED
McIntosh	Nursing home facility	Regional services
Menahga	Café, Client home, other	Mental health, regional services, TED
Mendota Heights	Client home	TED
Miltona	Client home	TED
Minneapolis	Client home, library, psychiatrist office	Mental health, TED
Minnetonka	Client home	TED
Montevideo	Client home	TED
Monticello	Client home, library	Mental health, TED

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHHS program(s) delivering services</b>
Moorhead	Assisted living facility,-client home, client workplace, courts/law enforcement, government office, homeless shelter, nursing home facility, other, prison/correctional facility, private business school	Mental health, regional services, TED
Moose Lake	Assisted living facility	Regional services
Mounds View	Client home	TED
Mountain Lake	Assisted living facility	Regional services
Mt. Iron	Other	Regional services
Nevis	Client home	TED
New Hope	Client home	TED
New London	Client home	TED
New Prague	Client home, library	TED
New Ulm	Client home	TED
Nicollet	Client home	TED
North Mankato	Client home	TED
North St. Paul	Client home	TED
Northfield	Client home	Regional services, TED
Norwood	Client home	TED
Oakdale	Client home	TED
Oliva	Client home	TED
Orr	Client home	Regional office, TED
Owatonna	Client home	Regional services
Park Rapids	Assisted living facility	Regional Services, TED
Pelican Rapids	Assisted living facility	Regional services
Perham	Assisted living facility, nursing home	Regional office, TED
Pine River	Client home	TED
Plymouth	Client home	TED
Ponsford	Client home	TED

<b>City where services were delivered</b>	<b>Type of location where services were delivered</b>	<b>DHSD program(s) delivering services</b>
Prior Lake	Client home	Mental health, TED
Ramsey	Client home	TED
Robbinsdale	Client home	Mental health, TED
Rochester	Assisted living facility,-client home, government office	Mental health, regional services, TED
Roscoe	Client home	TED
Roseau	Client home	Regional services, TED
Rosemount	Client home	TED
Roseville	Client home	TED
Sauk Rapids	Community setting	TED
Shakopee	Client workplace, library	Mental health
South Haven	Client home	TED
South St. Paul	Client home	TED
Spicer	Client home	TED
St. Anthony	Client home	TED
St. Anthony Village	Client home	TED
St. Charles	Client home	TED
St. Cloud	Client home	Regional services, TED
St. James	Assisted living facility	Regional services
St. Louis Park	Client home	TED
St. Paul	Client home, client worksite	Mental health, regional services, TED
Strandquist	Client home	TED
Stillwater	Client home	TED
Thief River Falls	Client home	Regional services, TED
Two Harbors	Assisted living facility	TED
Ulen	Nursing home facility	Regional services
Vadnais Heights	Client home	TED
Virginia	Assisted living facility, client home, nursing home facility, other	Regional services, TED

City where services were delivered	Type of location where services were delivered	DHHS program(s) delivering services
Wadena	Assisted living facility, client home, school	Mental health, regional services, TED
Waite Park	Client home	Mental health
Warroad	Client home	TED
Walker	Assisted living facility	Regional services
Waseca	Client home	TED
West St. Paul	Client home, government office, library	Mental health, TED
Wheaton	Client home	Regional services
White Bear Lake	Client home	TED
Willmar	Client home, client workplace	Regional services
Winona	Client home, WorkForce Center	Regional services, TED
Woodbury	Client home, Other	Regional services, TED

Table 5 shows the cities in which DHHS staff delivered services, the type of space that was used for meetings with individuals, and the DHHS program that provided services in that setting and location in FY20.

### Number of people served in DHHS regional programs

DHHS has three primary services that currently have unduplicated data on the number of people served: DHHS Mental Health program, Regional Services, and Telephone Equipment Distribution program. The Division also provides separate and distinct auxiliary services that include Information and Referral to both clients and agencies; and Aging Eye Service for the Blind. The data is unduplicated within each program but may not be unduplicated across programs and services. For example, a person who received mental health services is counted in the mental health program. The same person may also participate in the TED program and would be counted in TED.

**Table 6. Number of people served in regional programs, Fiscal Year 2019**

Program / Service	Number of people served
Mental Health program	132
Regional Services	159
Telephone Equipment Distribution program	1296

Table 6 reports the number of people served in three of DHHS's programs: Mental Health, Regional Services, and TED.

In fiscal year 2020, DHHS utilized the new data management system to collect data. This system allowed us to further extrapolate the data into two categories: clients served, and agencies and organizations supported.

Table 7 reports the number of people served in three of DHHS's programs: Mental Health, Regional Services and TED. The data also includes the number of people served under the joint initiative with State Services for the Blind's Aging Eyes Initiative and auxiliary services through information and referral. Table 8 reports the number of agencies that received information and referral services.

**Table 7. Clients served in Fiscal Year 2020**

Program / Service	Number of people served
Information and referral	1604
Mental Health program	139
Regional Services	618
Telephone Equipment Distribution program	1257
Aging Eyes Initiative	101

Table 7 reports the number of people served in three of DHHS's programs: Mental Health, Regional Services, and TED as well as the number of people served under the joint initiative with State Services for the Blind's Aging Eyes Initiative. Auxiliary services through information and referral were also provided.

**Table 8. Agencies and organizations served in Fiscal Year 2020**

Program / Service	Number of agencies
Information and Referral	434
Regional assistance to agencies	35

Table 8 reports the number of agencies that received information and referral services.

### Waiting lists for direct services

This section includes waiting list information for DHHS direct services.

The DHHS direct service programs rarely have waiting lists. In fiscal year 2019, there was a waiting list of 14 people for mental health services in the Twin Cities St. Paul regional office. The waitlist was reduced to 0 in state fiscal year 2020 with the hiring of an additional mental health therapist. There were also 11 people on the waiting list to participate in a DHHS regional services Twin Cities training, due to the limited capacity at our Golden Rule Building location.

In fiscal year 2020, there were a total of 78 people on the waiting list for direct services. Most of these requests occurred at the end of the last quarter of the fiscal year when the State was under Governor Walz's Executive Order 19-22. That Executive Order severely limited the Division's in-person outreach efforts and services to provide assistance. As a result, the Division began to explore and implement strategies to provide assistance virtually. Of individuals on the waitlist for 1:1 regional assistance 40% are late-deafened and were not familiar



with the technologies to receive services remotely. The remaining 60% (69 people) are waiting for training opportunities to be provided in-person.

**Table 9. Number of people on a waiting list for DHHS direct services on June 30th of each fiscal year**

Duluth			
DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
Mental health program	Therapy	0	0
Mental health program	Related services	0	0
Regional specialists	1:1 assistance	0	0
Regional specialists	Information & referral, technical assistance	0	0
Regional specialists	Training	0	0
Telephone Equipment Distribution program	Assessment	0	0
Telephone Equipment Distribution program	Equipment	0	0
Telephone Equipment Distribution program	Training on equipment	0	0

Hibbing			
DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
Regional specialists	1:1 assistance	n/a	0
Regional specialists	Information & referral, technical assistance	n/a	0
Regional specialists	Training	n/a	1

Mankato			
DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
Mental health program	Therapy	0	0

DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
Mental health program	Related services	0	0
Regional specialists	1:1 assistance	0	0
Regional specialists	Information & referral, technical assistance	0	0
Regional specialists	Training	0	2
Telephone Equipment Distribution program	Assessment	0	0
Telephone Equipment Distribution program	Equipment	0	0
Telephone Equipment Distribution program	Training on equipment	0	1

### Moorhead

DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
Mental health program	Therapy	0	0
Mental health program	Related services	0	0
Regional specialists	1:1 assistance	0	8
Regional specialists	Information & referral, technical assistance	0	0
Regional specialists	Training	0	4
Telephone Equipment Distribution program	Assessment	0	0
Telephone Equipment Distribution program	Equipment	0	0
Telephone Equipment Distribution program	Training on equipment	0	7

### Rochester

DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
Regional specialists	1:1 assistance	n/a	0
Regional specialists	Information & referral, technical assistance	n/a	0

<b>DHHS direct service program</b>	<b>Service</b>	<b>Number of people on waiting list FY19</b>	<b>Number of people on waiting list FY20</b>
Regional specialists	Training	n/a	0

#### St. Cloud

<b>DHHS direct service program</b>	<b>Service</b>	<b>Number of people on waiting list FY19</b>	<b>Number of people on waiting list FY20</b>
Mental health program	Therapy	0	0
Mental health program	Related services	0	0
Regional specialists	1:1 assistance	0	1
Regional specialists	Information & referral, technical assistance	0	0
Regional specialists	Training	0	1
Telephone Equipment Distribution program	Assessment	0	0
Telephone Equipment Distribution program	Equipment	0	0
Telephone Equipment Distribution program	Training on equipment	0	4

#### St. Paul

<b>DHHS direct service program</b>	<b>Service</b>	<b>Number of people on waiting list FY19</b>	<b>Number of people on waiting list FY20</b>
Mental health program	Therapy	14	0
Mental health program	Related services	0	0
Regional specialists	1:1 assistance	0	6
Regional specialists	Information & referral, technical assistance	0	0
Regional specialists	Training	11	12
Telephone Equipment Distribution program	Assessment	0	0
Telephone Equipment Distribution program	Equipment	0	0
Telephone Equipment Distribution program	Training on equipment	0	37

DHHS direct service program	Service	Number of people on waiting list FY19	Number of people on waiting list FY20
<b>TOTAL</b>		<b>25</b>	<b>84</b>

Table 9 shows the number of people on a waiting list for DHHS services as of June 30 of the corresponding fiscal year. The list is broken down by DHHS region and program and the main services offered in each program.

## B. Costs for reasonable accommodations for staff

The percentage of staff at DHHS who are deaf or hard of hearing increased from 50% in FY19 to 58% in FY20. The Division provides a variety of types of reasonable accommodations for staff including sign language interpreting services and Communication Access Realtime Translation (CART) services. FY20 cost to the Division for providing these accommodations was 6.4% of its total operations budget.

A portion of the Division’s administrative costs for reasonable accommodations is reimbursed under the [Minnesota Department of Administration’s Communication Access Fund \(CAF\)](#). The CAF is allowed to reimburse up to 50% of a program’s accommodation costs. However, the actual amount reimbursed is usually less due to CAF’s limited budget. DHHS salary costs for full-time staff sign language interpreters are not eligible for CAF reimbursement.

**Table 10. DHHS spending on staff accommodations in Fiscal Years 2019 and 2020**

Type of cost	Amount of spending	Percent of total DHHS budget
FY19 Salary - staff interpreters	\$183,173	2.03%
FY19 Administrative - independent contractor services <sup>3</sup>	\$96,155	1.81%
FY20 Salary - staff interpreters	\$199,040	4.57%
FY20 Administrative - independent contractor services <sup>4</sup>	\$79,053	1.81%

Table 10 shows the actual dollar amount and percent of total budget spent on reasonable accommodations for staff in FY19 and FY20.

<sup>3</sup>\$38,662 of DHHS’s administrative accommodation expenses were reimbursed by CAF. <sup>4</sup>\$53,194 of DHHS’s administrative accommodation expenses were reimbursed by CAF. These costs were incurred by hiring freelance sign language interpreters.

## C. Technology demonstration labs

Technology and assistive devices are important resources and tools for accommodating hearing loss. The DHHS regional sites each have a variety of devices on display for demonstration purposes. In addition, Division staff demonstrate equipment and devices during trainings, presentations, booths and expos.

DHHS provides telecommunications devices and products to individuals through the TED program. For other types of equipment not covered under the TED program, the Division provides suggestions for where equipment may be purchased.

**Table 11. Demonstration lab usage**

Fiscal Year	Total number of people who tried out equipment in a DHHS technology lab
2019	301
2020	100 <sup>5</sup>

Table 11 indicates how many people tried devices in DHHS’s regional offices’ demonstration labs for the corresponding fiscal year.

**Table 12. Events including technology information**

State Fiscal Year	Total number of events	Total number of people who participated in events such as presentations, training, booths, expos where information on equipment was presented
2019	59	4,059
2020	99	2,191 <sup>6</sup>

Table 12 shows how many people participated in events where information on equipment and devices was included.

<sup>5 & 6</sup> In 2020, COVID-19 restrictions affected face-to-face in person service delivery of all client programs (Mental Health, Regional Services, and TED). In addition, trainings were greatly curtailed due to state office work being moved exclusively to telework and no physical sites being available for trainings of any kind.

## D. Training activities and outcomes

An important part of the DHHS’s mission includes educating agencies, service providers, employers, families and other individuals about people who are deaf, deafblind, and hard of hearing, the impact of hearing loss, and the options and strategies available for mitigating the impact of hearing loss.

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

to provide training. The COVID-19 pandemic has mobilized the Division to put a greater focus on providing services through videoconferencing.

Tables 13 and 14 show the number of DHHS training activities, number of participants, and training topics broken down by the method of delivery for fiscal years 2019 and 2020, respectively. Evaluation data for in-person trainings are also compiled with results, below.

**Table 13. Training activities in Fiscal Year 2019**

Method of delivery	Number of training sessions	Number of participants
<b>TOTAL</b>	<b>143</b>	<b>2,680</b>

Presented by 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; impact of hearing loss on activities of daily living and independence; legal rights to communication access; legal obligation to provide reasonable accommodations

Method of delivery	Number of training sessions	Number of participants
In-person	136	2462
Via technology	2	83
<b>TOTAL</b>	<b>138</b>	<b>2,545</b>

Presented by Mental health specialists

Mental health needs and services for people who are deaf, deafblind, hard of hearing; impact of hearing loss

Method of delivery	Number of training sessions	Number of participants
In-person	5	135
Via technology	0	0
<b>TOTAL</b>	<b>5</b>	<b>135</b>

Table 13 shows the number of DHHS training activities and participants and training topics broken down by the method of delivery for fiscal year 2019.

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 2019.

**Training Delivered In-Person**

- Self-reported knowledge of the impact of hearing loss, resources, communication strategies

- BEFORE training: 35% rated their knowledge as satisfactory, very good, excellent
- AFTER training: 92% rated their knowledge as satisfactory, very good, excellent
- Feel confident applying what I learned
  - AFTER training: 75% felt confident or very confident applying what they learned
- Would recommend the training to co-worker
  - AFTER training: 91% are likely or very likely to recommend the training

### Training Delivered Via Technology

No evaluation results were collect for trainings provided via technology. The Division will shift its trainings online and expects to provide evaluation results on trainings offered through technology in the next biennial report.

**Table 14. Training activities in Fiscal Year 2020**

Method of delivery	Number of training sessions	Number of participants
<b>TOTAL</b>	<b>83</b>	<b>1,385</b>

### Presented by 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; impact of hearing loss on activities of daily living and independence; legal rights to communication access; legal obligation to provide reasonable accommodations

Method of delivery	Number of training sessions	Number of participants
In-person	73	1,156
Via technology	3	45
Combination of in-person and via technology	2	80
<b>TOTAL</b>	<b>78</b>	<b>1,281</b>

### Presented by Mental health specialists

Mental health needs and services for people who are deaf, deafblind, hard of hearing; impact of hearing loss

Method of delivery	Number of training sessions	Number of participants
In-person	2	39
Via technology	2	25
Combination of in-person and via technology	1	40
<b>TOTAL</b>	<b>5</b>	<b>104</b>

Table 14 shows the number of DHHSD training activities and participants and training topics broken down by the method of delivery for fiscal year 2020.

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 2020.

### Training Delivered In-Person

- Self-reported knowledge of the impact of hearing loss, resources, communication strategies
  - BEFORE training: 37% rated their knowledge as satisfactory, very good, excellent
  - AFTER training: 97% rated their knowledge as satisfactory, very good, excellent
- Feel confident applying what I learned
  - AFTER training: 99% felt confident or very confident applying what they learned
- Would recommend the training to co-worker
  - AFTER training: 100% are likely or very likely to recommend the training

### Training Delivered Via Technology

No evaluation results were collected for trainings provided through technology. The Division will shift its trainings online and expects to provide evaluation results on trainings offered through technology in the next biennial report.

## E. Grant-funded programs, services and waitlists

This section provides information about the grant-funded programs and services provided by DHHSD. The majority of DHHSD grants are funded by the state's General Fund; a few are funded through the Minnesota Department of Commerce Telecommunications Access Minnesota (TAM) — Special Revenue fund appropriation.

### General Fund Grants

The 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

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<b>Grantee:</b>	ASL Interpreting Services (ASLIS)
<b>Program:</b>	Training in ProTactile and other communication systems for people who are deafblind
<b>Contract amount:</b>	FY19 \$20,000
	FY20 \$20,000



Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>• 9 individuals who are deafblind and 7 speaking deafblind individuals participated in ProTactile communication training.</li> <li>• 47 sign language interpreters, 16 interveners and 16 Support Service Providers (SSP) participated in ProTactile training.</li> </ul>	<ul style="list-style-type: none"> <li>• 7 individuals who are deafblind and 3 speaking deafblind individuals participated in ProTactile communication training.</li> <li>• 77 sign language interpreters, 5 interveners and 4 Support Service Providers (SSP) participated in ProTactile training.</li> <li>• 13 Deaf and Hard of Hearing teachers/instructors as well as 11 other services providers participated in ProTactile training.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 100% of attendees found the event beneficial or very beneficial.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of attendees found the event beneficial or very beneficial.</li> </ul>

**Grantee:** Consumer Directions, Inc. (CDI)

**Program:** Administers DeafBlind Consumer Directed Services Program (DBCDS) and Technology and Training Access Program (TTAP)

**Contract amount:** FY19 \$438,000  
FY20 \$438,000

Activity	FY19	FY20
<b>Results summary DBCDS</b>	<ul style="list-style-type: none"> <li>• 35 people who are deafblind were served under the DBCDS program.</li> </ul>	<ul style="list-style-type: none"> <li>• 40 people who are deafblind were served under the DBCDS program.</li> </ul>
<b>Evaluations summary DBCDS</b>	<ul style="list-style-type: none"> <li>• 88% of participants are likely to refer the program to family and friends.</li> <li>• 76% are satisfied or very satisfied with the timeliness of CDI's services.</li> </ul>	<ul style="list-style-type: none"> <li>• 91% of participants are likely to refer the program to family and friends.</li> <li>• 91% are satisfied or very satisfied with the timeliness of CDI's services.</li> </ul>
<b>Results summary TTAP</b>	<ul style="list-style-type: none"> <li>• 27 people who are deafblind were served under the TTAP program.</li> </ul>	<ul style="list-style-type: none"> <li>• 30 people who are deafblind were served under the TTAP program.</li> </ul>
<b>Evaluations summary TTAP</b>	<ul style="list-style-type: none"> <li>• 71% of participants are likely to refer the program to family and friends.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of participants are likely to refer the program to family and friends.</li> </ul>

Activity	FY19	FY20
	<ul style="list-style-type: none"> <li>• 86% are satisfied or very satisfied with the timeliness of CDI's services.</li> <li>• 86% are satisfied or very satisfied overall with the services of CDI's TTAP</li> </ul>	<ul style="list-style-type: none"> <li>• 100% are satisfied or very satisfied with the timeliness of CDI's services.</li> <li>• 100% are satisfied or very satisfied overall with the services of CDI's TTAP</li> </ul>

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**Grantee:** DeafBlind Services Minnesota (DBSM)  
**Program:** Adult Community Services; Children, Youth and Family Services  
**Contract amount:** FY19 \$620,756  
FY20 \$620,756

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>• 52 adults received Support Service Provider (SSP) services throughout the year.</li> <li>• 42 children/youth received intervener services throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>• 47 adults received Support Service Provider (SSP) services throughout the year.</li> <li>• 51 children/youth received intervener services throughout the year</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 100% of adults are likely or very likely to recommend the program to others.</li> <li>• 95% of families are likely or very likely to recommend the program to others.</li> <li>• 100% of families report the intervener services has improved their child's integration with family and/or community.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of adults are likely or very likely to recommend the program to others.</li> <li>• 95% of families are likely or very likely to recommend the program to others.</li> <li>• 100% of families report the intervener services has improved their child's integration with family and/or community.</li> </ul>

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**Grantee:** Minnesota DeafBlind Association  
**Program:** Communication access and community integration  
**Contract amount:** FY19 \$18,000  
FY20 \$18,000

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>• 105 people who are deafblind participated in educational and community integration events.</li> </ul>	<ul style="list-style-type: none"> <li>• 80 people who are deafblind participated in educational and community integration events</li> </ul>

Activity	FY19	FY20
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 100% of workshop participants reported the content was helpful and interesting.</li> <li>• 100% of participants were satisfied with the timeliness of information about events.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of workshop participants reported the content was helpful and interesting.</li> <li>• 100% of participants were satisfied with the timeliness of information about events.</li> </ul>

## 2) Greater Minnesota sign language interpreting services capacity building

**Grantee:** ASL Interpreting Services (ASLIS)

**Program:** Greater Minnesota sign language interpreting service availability capacity building

**Contract amount:** FY19 \$290,966

FY20 \$290,966

Activity	FY19	FY20
<b>Results summary: Capacity building</b>	<ul style="list-style-type: none"> <li>• 256 participants attended trainings aimed to increase knowledge and skills for practicing interpreters.</li> <li>• 3 interpreters participated in the Education to Excellence (E2E) program; grant pays for training and mentors to prepare interpreters working in educational settings for community interpreting work.</li> <li>• 16 interpreters participated in the MedStart program.</li> <li>• 12 Specialty program MedMaster program.</li> <li>• 4 Deaf individuals participated in training to prepare for national credentialing exam as Certified Deaf Interpreters (CDI); 100% passed the first phase of the exam and accepted 21 interpreting jobs.</li> </ul>	<ul style="list-style-type: none"> <li>• 404 participants attended trainings aimed to increase knowledge and skills for practicing interpreters.</li> <li>• 8 interpreters participated in the Education to Excellence (E2E) program; grant pays for training and mentors to prepare interpreters working in educational settings for community interpreting work.</li> <li>• 0 interpreters participated in the MedStart program.</li> <li>• 17 Specialty program MedMaster program.</li> <li>• 4 Deaf individuals participated in training to prepare for national credentialing exam as Certified Deaf Interpreters (CDI); 100% passed the first phase of the exam and accepted 16 interpreting jobs.</li> </ul>
<b>12 - Step Meetings</b>	<ul style="list-style-type: none"> <li>• 100% of 254 requests for interpreting services for 12-step meetings were filled; grant pays the interpreting service cost.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of 293 requests for interpreting services for 12-step meetings were filled; grant pays the interpreting service cost.</li> </ul>

Activity	FY19	FY20
<b>Funerals</b>	<ul style="list-style-type: none"> <li>93% of 56 requests for funerals were filled; grant pays the interpreting service cost</li> </ul>	<ul style="list-style-type: none"> <li>100% of 32 requests for funerals were filled; grant pays the interpreting service cost</li> </ul>
<b>Travel</b>	<ul style="list-style-type: none"> <li>100% of 34 requests for travel were filled.</li> </ul>	<ul style="list-style-type: none"> <li>100% of 106 requests for travel were filled.</li> </ul>
<b>Video Remote Interpreting</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>10 interpreters in Greater MN received support to become an independent VRI provider. Service added in FY20 in response to COVID-19 pandemic causing increase in number of VRI requests state-wide.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>MedStart and MedMaster participants report increased confidence and willingness to provide medical setting interpreting services.</li> <li>100% of travel requests successfully connected a consumer with an interpreter.</li> </ul>	<ul style="list-style-type: none"> <li>100% of MedStart and MedMaster participants report they will apply what they have learned in this program to continue growing their medical interpreting skills.</li> <li>100% of travel requests successfully connected a consumer with an interpreter</li> </ul>

**Grantee:** Jamillah Hollman, independent contractor

**Program:** Mini Grant for an ASL Interpreting Student Internship Stipend Program Coordinator. This coordinator assists ASL interns that take an internship in Greater Minnesota with completing program requirements for stipend.

**Contract amount:** FY19 n/a  
FY20 \$6,290

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Grant cycle started June of 2020. No data collected prior to this report.</li> </ul>

**Grantee:** ZenMation

**Program:** Development of digital educational materials about video remote interpreting (VRI) for providers and consumers.

**Contract amount:** FY19 n/a  
FY20 \$3,325

Activity	FY19	FY20
Results summary	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>
Evaluations summary	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Grant cycle started June of 2020. No data collected prior to this report.</li> </ul>

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

**Grantee:** Certified mental health peer support specialists services

**Program:** Development of digital educational materials about video remote interpreting (VRI) for providers and consumers.

**Contract amount:** FY19 \$79,272

FY20 \$80,000

Activity	FY19	FY20
Results summary	<ul style="list-style-type: none"> <li>26 people who are deaf received peer support services.</li> <li>79% of individualized recovery goals were achieved or are in good progress.</li> <li>83% of peers receiving services have completed or are making good progress on their recovery goals.</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>27 people who are deaf received peer support services.</li> <li>85% of individualized recovery goals were achieved or are in good progress.</li> <li>92% of peers receiving services have completed or are making good progress on their recovery goals</li> </ul>
<p><b>Evaluations summary:</b> Due to the nature of this grant both in the population that it serves, as well as the variety of service providers involved, traditional surveys are not collected. Instead peer success stories are collected to provide a snapshot of the impact this grant has on participants.</p>	<ul style="list-style-type: none"> <li>A CPSS shared that one of his peers had worked hard to get his life in order since moving to the United States six years ago from another country. CPSS worked closely with other providers to further support this peer to ensure this peer receives wraparound services, including getting services from People Incorporated. This peer is currently focused on getting citizenship with CPSS' support.</li> <li>A CPSS successfully supported a peer to learn how to stop her</li> </ul>	<ul style="list-style-type: none"> <li>A peer has a history of self-harm and suicidal ideations/intent. The CPSS worked hard on establishing consistency for this peer in terms of having at least three support systems every week (i.e., therapist, CPSS, friends). This CPSS has also worked with her on developing and maintaining hobbies such as crocheting, which was a source of hope for this peer, and she had something to look forward to weekly. The CPSS described that the peer often appeared to be excited and</li> </ul>

Activity	FY19	FY20
	<p>racing and anxious thoughts. The CPSS focused on encouraging the peer to express her feelings through writing journals at night and creating a list of ideas on how to establish boundaries with others.</p> <ul style="list-style-type: none"> <li>A CPSS reported that a peer had come a long way in overcoming adversities from her past life. The peer has greatly improved with a gained understanding of how she wants to navigate in her life, including how to cope with her past. More recently, the CPSS and peer had a team meeting, and the peer's goal was to receive an upgraded cell phone. The team decided to grant the peer a new cell phone because of her significant progress in treatment.</li> </ul>	<p>showing off her artwork to the CPSS. More recently, the peer's health declined, leading to her hospitalization. The CPSS helped the peer to develop hope that will keep this peer strong during her hospital stay as well as her support system that has been put in place as a result of the CPSS' hard work.</p> <ul style="list-style-type: none"> <li>A hard of hearing CPSS has been working with a hard of hearing peer for about a year and a half. The peer needed to make a career change, but had never really applied for a job before. The CPSS worked with the peer to develop a plan for a job search and helped to connect him with some community services. Within a month, the peer had found employment and had since passed his probationary period, received a raise, and been moved to a position beyond his entry-level position. The peer is happy with his job. The CPSS and the peer continue to work on other goals, but employment has made a huge difference in the peer's independence and self-esteem.</li> </ul>

**Grantee:** Life Connect Health  
**Program:** Psychiatric services provide via Telehealth (Telepsychiatry)  
**Contract amount:** FY19 \$48,923  
FY20 \$68,665

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>5 people who are deaf or hard of hearing received psychiatric services from March to June 2019.</li> </ul>	<ul style="list-style-type: none"> <li>11 people who are deaf or hard of hearing received psychiatric services in FY20, totaling 164 hours of psychiatric-related services.</li> </ul>

Activity	FY19	FY20
		<ul style="list-style-type: none"> <li>• 159 contacts made throughout fiscal year.</li> <li>• 100% of the patients seen have been compliant with prescribed medications and have chosen to continue the medications.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• No evaluations conducted in FY19 due to contract starting late in March 2019</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient results due to low response rate.<sup>7</sup></li> <li>• Improved data collection process will allow evaluation reporting in FY21.</li> </ul>

<sup>7</sup>LifeConnect Health initially developed a satisfaction survey through an online platform. They received one response and did not have sufficient patients to report on the statistics agreed upon (sample of 20 patients). LifeConnect Health decided to change the format of requesting feedback by emailing the individuals directly and providing the link to the survey in the email. The results will be reported in FY21.

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**Grantee:** Metropolitan Educational Cooperative Service Unit  
**Program:** Psychological assessment and follow - up services  
**Contract amount:** FY19 \$122,000  
FY20 \$146,323

Activity	FY19	FY20
<b>Results summary</b>	<ol style="list-style-type: none"> <li>1) 27 children and youth received psychological assessments and follow-up planning.</li> <li>2) 21 cities/towns in Greater Minnesota were served.</li> <li>3) 97% of participants' individualized treatment goals were achieved or are in good progress.</li> <li>4) 95% of participants completed or are making good progress on their goals.</li> </ol>	<ol style="list-style-type: none"> <li>1) 31 children and youth received psychological assessments and follow-up planning.</li> <li>2) 22 cities/towns in Greater Minnesota were served.</li> <li>3) 92% of participants' individualized treatment goals were achieved or are in good progress.</li> <li>4) 87% of participants completed or are making good progress on their goals.</li> </ol>
<b>Evaluations summary:</b>	100% of families participating in the program reported the overall evaluation process as very good or excellent.	100% of families participating in the program reported the overall evaluation process as very good or excellent.

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**Grantee:** People Incorporated

**Program:** Deaf Mental Health Services drop-in center and independent living services  
**Contract amount:** FY19 \$80,000  
 FY20 \$80,000

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>• 36 people participated in the programs.</li> <li>• 85% of participants' individualized treatment goals were achieved or are in good progress.</li> <li>• 82% of participants completed or are making good progress on their goals.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• 25 people participated in the programs.</li> <li>• 83% of participants' individualized treatment goals were achieved or are in good progress.</li> <li>• 85% of participants completed or are making good progress on their goals.</li> <li>•</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 91% of participants reported an improved ability to manage their own life and manage their symptoms.</li> <li>• 100% of survey respondents are satisfied with the quality of the mental health services they received.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of participants reported an improved ability to manage their own life and manage their symptoms.</li> <li>• 100% of survey respondents are satisfied with the quality of the mental health services they received.</li> </ul>

**Grantee:** Regions Hospital  
**Program:** Health and Wellness Program (HWP) for people who are deaf, deafblind, hard of hearing  
**Contract amount:** FY19 \$109,292  
 FY20 \$110,000

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>• 101 people received services.</li> <li>• 92% of individualized treatment goals of the people receiving services were achieved or are in good progress.</li> <li>• 94% of service recipients completed or are making good progress on their goals.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• 103 people received services.</li> <li>• 89% of individualized treatment goals of the people receiving services were achieved or are in good progress.</li> <li>• 96% of service recipients completed or are making good progress on their goals.</li> <li>•</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 94% of survey respondents rated the help they received as very good or excellent</li> </ul>	<ul style="list-style-type: none"> <li>• Results are not available due to COVID-19 pandemic. HWP is working on converting their</li> </ul>



Activity	FY19	FY20
	<ul style="list-style-type: none"> <li>94% of respondents would recommend the program to others</li> <li>91% of respondents rated the timeliness of services and very good or excellent.</li> </ul>	surveys to an online platform. HWP expects to have data for FY21. <sup>8</sup>

<sup>8</sup>HWP was unable to submit the results of FY20 satisfaction surveys due to COVID-19 changing how HWP delivered their services (from face-to-face to video). All of their surveys are paper-based, and HWP is working on developing online surveys. They expect to start collecting online surveys in the first and second quarters of FY21.

**Grantee:** Therapeutic Services Agency (TSA)

**Program:** Mental health services for children and youth who are deaf, deafblind, hard of hearing

**Contract amount:** FY19 \$386,496

FY20 \$410,819

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>29 children and youth received services.</li> <li>90% of individualized treatment goals of the individuals receiving services were achieved or are in good progress.</li> <li>90% of service recipients completed or are making good progress on their goals.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>32 children and youth received services.</li> <li>88% of individualized treatment goals of the individuals receiving services were achieved or are in good progress.</li> <li>90% of service recipients completed or are making good progress on their goals.</li> <li></li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>94% of parents reported overall satisfaction with services.</li> <li>84% of students reported overall satisfaction with services.</li> </ul>	<ul style="list-style-type: none"> <li>90% of parents reported overall satisfaction with services.</li> <li>84% of students reported overall satisfaction with services.</li> </ul>

**Grantee:** Volunteers of America – Minnesota and Wisconsin

**Program:** VONA for children and youth who are deaf, deafblind, hard of hearing

**Contract amount:** FY19 \$441,375

FY20 \$441,375

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>60 children and youth received services.</li> <li>90% of individualized treatment goals of the individuals receiving</li> </ul>	<ul style="list-style-type: none"> <li>59 children and youth received services.</li> <li>84% of individualized treatment goals of the individuals receiving</li> </ul>

Activity	FY19	FY20
	services were achieved or are in good progress. <ul style="list-style-type: none"> <li>• 89% of service recipients completed or are making good progress on their goals.</li> <li>•</li> </ul>	services were achieved or are in good progress. <ul style="list-style-type: none"> <li>• 85% of service recipients completed or are making good progress on their goals.</li> <li>•</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 91% of parents reported overall satisfaction with services.</li> <li>• 89% of families reported overall satisfaction with psychiatric services.</li> </ul>	<ul style="list-style-type: none"> <li>• 96% of parents reported overall satisfaction with services.</li> <li>• 89% of families reported overall satisfaction with psychiatric services.</li> <li>•</li> </ul>

#### 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

**Contract amount:** FY19 \$196,112  
FY20 \$196,112

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>• 43 families with children who are deaf or hard of hearing received services.</li> <li>• 91% of parents reported improved communication with their child who has hearing loss.</li> <li>• 89% reported their child's life has improved since joining the program.</li> </ul>	<ul style="list-style-type: none"> <li>• 43 families with children who are deaf or hard of hearing received services.</li> <li>• 95% of parents reported improved communication with their child who has hearing loss.</li> <li>• 92% reported their child's life has improved since joining the program.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>• 96% of program participants are satisfied or highly satisfied with services.</li> <li>• 89% reported their mentor's schedule met their family's needs.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% reported their mentor's schedule met their family's needs.</li> <li>• 100% reported their mentor's schedule met their family's needs.</li> </ul>

#### 5) Telecommunications Access Minnesota — Special Revenue Grants

Although the majority of DHHS grant contracts are funded by the state's General Fund; a few are funded through the Minnesota Department of Commerce Telecommunications Access Minnesota (TAM) — Special Revenue fund appropriation. This funding supports Rural Real-Time Captioning of live local news broadcasts in

small television markets in Greater Minnesota and statewide news programming. Four television station grantees provided a total of 2030.5 hours of closed captioning in FY19 and 2037 hours of closed captioning in FY20.

**Grantee:** KAAL-TV, Rochester  
**Program:** Real-time captioning of live local news  
**Contract amount:** FY19 \$79,000  
 FY20 \$79,000

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>615.5 hours of news programming were captioned.</li> </ul>	<ul style="list-style-type: none"> <li>608.5 hours of news programming were captioned.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>

**Grantee:** KBJR-TV, Duluth  
**Program:** Real-time captioning of live local news  
**Contract amount:** FY19 \$139,572  
 FY20 \$139,572

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>1,228 hours of news programming were captioned.</li> </ul>	<ul style="list-style-type: none"> <li>1,233 hours of news programming were captioned.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>

**Grantee:** Lakeland TV, Bemidji  
**Program:** Real-time captioning of live local news  
**Contract amount:** FY19 \$30,130  
 FY20 \$28,897

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>128.5 hours of news programming was captioned.</li> </ul>	<ul style="list-style-type: none"> <li>128.5 hours of news programming was captioned.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>100% of sample survey respondents report being highly satisfied with the captioning services.</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>

**Grantee:** TPT – Twin Cities Public Television  
**Program:** Real-time captioning of live statewide news programming

**Contract amount:** FY19 \$17,177  
 FY20 \$17,177

Activity	FY19	FY20
<b>Results summary</b>	<ul style="list-style-type: none"> <li>58.5 hours of news programming was captioned.</li> </ul>	<ul style="list-style-type: none"> <li>67 hours of news programming was captioned.</li> </ul>
<b>Evaluations summary</b>	<ul style="list-style-type: none"> <li>21% of viewing audience surveyed reported they used the captioning services.</li> </ul>	<ul style="list-style-type: none"> <li>22% of viewing audience surveyed reported they used the captioning services.</li> </ul>

## Waitlist for Grants

### General Fund Grants

Over the years, several DHHS grant-funded programs established formal waiting lists for their services when the demand for services has surpassed the grantee’s capacity to deliver services due to funding limitations. Table 15 has information on waitlists for General Fund grant programs.

DeafBlind Services Minnesota LLC’s (DBSM) state-wide program for support service providers (SSP) and intervener services’ wait list reflects people who need the program’s services. Both children and adults in the program have been approved for SSP or intervener services, and are awaiting qualified providers to access those services.

ASL Interpreting Services’ (ASLIS) ProTactile communication training program provides ProTactile and other communication systems training to individuals who are deafblind, interpreters, interveners, and support services providers. Those communication systems require one-on-one close physical contact. The FY19 wait list was caused by the combination of a limited number of qualified trainers and high interest in the program. In FY20, waitlist numbers increased due to the COVID-19 pandemic. COVID-19 hindered ASLIS’ in-person trainings, causing the suspension of sessions until alternative training approaches could be implemented.

Consumer Directions, Inc.’s DeafBlind Consumer Directed Services (DBCDS) program wait-list reflects people who are waiting for the program’s permanent service slots. All of the people on the waiting list were able to temporarily receive some level of services. In the DBCDS program, each permanent participant has the same maximum dollar amount available each year. Some participants use their full allocation; others only use part of their allocation. Funding not used by those who only need partial allocations is made available to people on the waiting list. It is time-limited and only available for that specific fiscal year. At the beginning of each new fiscal year, each permanent participant may begin another year of services with the full allocation amount available to them.

Lifetrack’s waitlist exists due to the increased demand in services. Once families have been accepted to the program, they are matched with a Deaf mentor. The demand currently exceeds qualified available mentors. Families on this waiting list are waiting for a mentor to be available to them.

Metro ECSU’s waitlist decreased between FY19 and FY20 due to additional allocated funding.

**Table 15. Number of people on a waiting list for DHHS grant-funded services on June 30th of each fiscal year**

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
<b>TOTAL</b>	<b>93</b>	<b>95</b>

**ASL Interpreting Services (ASLIS)**

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Educational presentations	0	0
Education 2 Excellence/Med Start/MedMaster	0	0
Developing Deaf Interpreters	0	0
12-step meeting interpreters		
Interpreters for funeral services	0	0
Interpreter travel costs	0	0
Video Remote Interpreting (VRI)	n/a	0
ProTactile and other communication methods training	57	62

**Consumer Directions, Inc.**

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Certified mental health peer support services	0	0
Fiscal entity for DeafBlind Consumer Directed Services program (DBCDS)	9	0
Technology and Training Access Program (TTAP)		

**DeafBlind Services Minnesota**

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Adult community services (SSP)	2	0
Children, youth & family services (intervener)	8	5

### Jamillah Hollman

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Interpreter internship stipend	n/a	0

### Life Connect

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Psychiatric services	0	0

### Lifetrack

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Family mentors and role models	0	24

### Metro Educational Cooperative Service Unit

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Psychological assessment services	16	4
Follow-up services	0	0

### Minnesota DeafBlind Association

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Educational and community integration events	0	0

### People, Inc.

Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Drop-in center	0	0
Independent living services	0	0

Regions Hospital		
Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Health and Wellness Program	0	0

Therapeutic Services Agency		
Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
Mental health services	0	0
Educational presentations	0	0

Volunteers of America		
Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
VONA mental health services	0	0
Educational presentations	0	0

ZenMation		
Service or program	Number of people on waiting list FY19	Number of people on waiting list FY20
VRI training	n/a	0

Table 15 shows the number of people on a waiting list for DHHS grant-funded services as of June 30<sup>th</sup> of corresponding fiscal year. The list consists of DHHS grantees and the programs or main services they offer.

### Special Revenue Funded Grants

DHHS administers the Rural Real Time Captioning (RRTC) grant program through the Minnesota Department of Commerce Telecommunications Access Minnesota (TAM) — Special Revenue appropriation. This grant provides funds to four regional-based television stations to provide closed captioning services. There are no waiting lists.

## F. Travel time to deliver services

The best method for effective communication with people who are deaf, deafblind, and hard of hearing takes place in-person. For this reason, and because consumers are often live hours away from a DHHS regional site,

staff often travel to provide one-to-one services in person. The next table contains information on the hours staff spent traveling for one-to-one services.

**Table 16. DHHS staff travel time in FY19 and FY20**

Total Statewide		
DHHS program	Hours of travel time to deliver one-to-one client services (FY19)	Hours of travel time to deliver one-to-one client services (FY20)
Mental Health	1049	504
Regional Services	576	211
TED	223	538.8
<b>TOTAL</b>	<b>1,848</b>	<b>1,254</b>

East/West Central		
DHHS program	Hours of travel time to deliver one-to-one client services (FY19)	Hours of travel time to deliver one-to-one client services (FY20)
Mental Health	59.75	44.8
Regional Services	72.33	4.1
TED	18.00	42.6

Metro		
DHHS program	Hours of travel time to deliver one-to-one client services (FY19)	Hours of travel time to deliver one-to-one client services (FY20)
Mental Health	157	127.9
Regional Services	11.42	2.2
TED	56.88	158.1

Northeast		
DHHS program	Hours of travel time to deliver one-to-one client services (FY19)	Hours of travel time to deliver one-to-one client services (FY20)
Mental Health	142.25	57.2
Regional Services	175.07	45.7
TED	22	58.3



## Northwest

DHHS program	Hours of travel time to deliver one-to-one client services (FY19)	Hours of travel time to deliver one-to-one client services (FY20)
Mental health	302.00	73.8
Regional services	151.19	119.8
TED	99.43	203.6

## South

DHHS program	Hours of travel time to deliver one-to-one client services (FY19)	Hours of travel time to deliver one-to-one client services (FY20)
Mental Health	388.00 <sup>9</sup>	200.5
Regional Services	166.25	38.4
TED	26.33	76.3
Undetermined staff	n/a	.5

Table 16 shows the number of hours of travel time used for delivering one-to-one client services per fiscal year. The hours are broken down by DHHS program area and region; a statewide total for the program areas is included.

<sup>9</sup> FY19 MH staffing configuration in Rochester included three quarters.

## G. Regional needs identified by DHHS advisory committees

The Division has eight advisory committees: 1) Northwest, 2) Upper Northwest,<sup>10</sup> 3) Northeast, 4) East Central, 5) West Central, 6) Metro, 7) Southwest, and 8) Southeast. DHHS regions have at least one advisory committee. Please see [Appendix B](#) for a map of DHHS regions in FY20.

<sup>10</sup> A second advisory committee may be established based on the size of the region or how the population is dispersed within a region, as is the case for the Northwest region.

The purpose of the advisory committees is to advise the Division on the needs of persons who are deaf, deafblind and hard of hearing within the committee's region. Input from committee members helps the Division prioritize and focus the services it provides throughout the state, following [Minn. Stat., section 256C.24, subdivision \(3\)](#). Minnesota is a large state and people with hearing loss live in cities, towns and rural areas. The services and supports available in the larger metropolitan areas are far less available in the more remote parts of the state. The Division's advisory committees serve an important role in helping the Division tailor its regional resources and services on the unique and most critical needs of each region. The Department and the Division would like to thank community members throughout the State of Minnesota who volunteer to serve on the DHHS's eight regional advisory committees.

## Advisory Committees - Fiscal Year 2019

For fiscal year 2019, the common needs generally identified across all regions included:

- Access to emergency notification systems for local issues that arise;
- Wider outreach of training/education about the communication needs of people who are deaf, deafblind, and hard of hearing;
- Ongoing advocacy so that service providers, including health care providers and county services, understand their obligations to provide reasonable accommodations to people who are deaf, deafblind, and hard of hearing;
- Increased number and availability of qualified ASL interpreters working in a variety of settings

Advisory committee feedback on service gaps specific to each region are summarized below.

### Region: East/West Central

#### Needs

- Access to broadband/internet is not equipped to support telecommunication needs
- Immigrant African community needs more access to education and awareness related to education systems
- Hispanic community is experiencing language barriers
- Local movie theater employees don't know how to use captioning devices so movies are not always accessible
- Need for more certified interpreters in community and school settings
- Medical facilities are not providing interpreters for situations occurring overnight
- More resources are needed for the non-signing (oral) deafblind community;

#### Feedback for addressing gaps

- Advisory committee will send a letter to the county public health agency to explain why Video Remote Interpreting (VRI) is not always the best solution and that in-person interpreters are needed
- A local school district made their interpreter contract more competitive to attract more applicants and improved their recruitment process
- A school district is offering "Individualized Education Plan (IEP) Basics 101" to the African community
- DHHSD to follow-up with movie theaters about training for their employees on using caption equipment
- School districts are using new approaches for recruiting and hiring interpreters and are considering raising the pay to attract more applicants

### Region: Northeast

#### Needs

- Hearing loops are needed in more public locations like courtrooms, movie theaters, libraries and other public spaces

- Interpreters need more opportunities for professional development. Education 2 Excellence (E2E)<sup>8</sup> grant was good but had limited capacity of participants in the program. Interpreters not enrolled in E2E need access to workshops as well.
- People need to know about the importance of T-coils when they purchase hearing aids

<sup>8</sup>Education to Excellence (E2E) program; grant pays for training and mentors to prepare interpreters working in educational settings for community interpreting work.

### Feedback for addressing gaps

- No specific feedback for addressing needs were identified.

## Region: Northwest and Upper Northwest

### Needs

- Code Red text alerting is getting better but still requires improvements
- Hospitals are not aware that a patient with hearing loss needs an amplified phone in their room
- Increased awareness about DHHSD services and TED throughout the region
- Lack of internet access prevents the use of VOIP phones in rural areas
- People with hearing loss need information about environmental noises can affect hearing such as silverware and tableware noise in restaurants, traffic or train sounds, etc. and how a person with hearing loss may not hear signals that something is wrong such as squeaky car brakes or traffic approaching from behind
- People with hearing loss need on-time alerts and public service announcements related to floods
- More insurance coverage for hearing aids is needed
- Need adult deaf mentors to work with deaf youth who are interested in occupational fields
- Staff in public places need to be aware of how to accommodate communication needs, for example McDonald's has small laminated menus so a person can point to what they want to order but not all employees know about it
- School districts need more educational interpreters and teachers of the D/HH
- TV news alerts are not always captioned when the news is not pre-recorded and captions are sometimes covered up by text embedded in the news report
- Veterans in this area have difficulty getting hearing aids when they need them

### Feedback for addressing gaps

- DHHSD and TED services should be advertised in newsletters at senior centers and assistive living centers
- Distribute promotional magnets with DHHSD and TED information to increase awareness

## Region: Southwest and Southeast

### Needs

- Counties are not providing assistance to clients who need to fill out Medical Assistance (MA)

- Counties sometimes ask Minnesota State Academy for the Deaf to provide interpreting services when the counties should be paying for the service themselves and other counties don't provide interpreters at all
- Need for ASL interpreters for non-English speaking clients is increasing
- Need greater awareness throughout the region about the TED program
- Need for family interaction events like the ice skating event
- Social security paperwork is very difficult to fill out and people who are deaf could use help filling it out
- Some home care agencies and service providers won't accept clients who use sign language because they don't want to pay for interpreters

### Feedback for addressing gaps

- DHHS office to work with local Ombudsman to address home care providers who refuse to hire interpreters
- DHHS can coordinate with Southeastern Minnesota Center for Independent Living (SEMCIL) to ensure the supports SEMCIL provides communication access

## Region: Twin Cities Metro

### Needs

- Clinics need better visual access for hard of hearing patients so they can access healthcare needs
- Cultural awareness relating to hearing loss is needed in places of employment
- Education to immigrant communities is needed regarding fire safety
- Information about voting needs to be made accessible for people who are deaf, deafblind, and hard of hearing
- More sophisticated cell phones distributed by TED
- Need nursing homes that have communication access for seniors who use sign language;
- People with hearing loss from Greater Minnesota who want to move to the Twin Cities have difficulty finding affordable housing
- Self-advocacy training for consumers who are hard of hearing

### Feedback for addressing gaps

- More public places such as libraries need to install audio induction looping patrons can pair with their hearing aid
- ThinkSelf may be able to provide fire safety training to immigrant communities as part of their Adult Basic Education (ABE) classes
- To improve access to communication, medical facilities could use clipboards with hearing loops or flag a person's chart if they have hearing loss or for patients in the waiting room or they could use visual display screen shows which number is next for service

## Advisory Committees - Fiscal Year 2020

For fiscal year 2020, the common needs identified across regions were:

- Wider outreach for training/education about the communication needs of people who are deaf, deafblind, and hard of hearing
- Continued advocacy is needed so that service providers understand their obligation to provide reasonable accommodations that people who are deaf, deafblind, and hard of hearing need to access programs and services
- Increase number and quality of ASL interpreters working in a variety of settings
- People with hearing loss need on-time alerts and public service announcements for emergency information in real time

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

## Region: East/West Central

### Needs

- Consumers who use video relay services or captioned telephone services often reach an entity or person who does not understand either means of communication and calls are often mistakenly terminated
- Immigrant African community needs more access to education and awareness related to education systems
- Drivers education course needs to be made accessible
- Local movie theater employees don't know how to use captioning devices so movies are not always accessible
- Medical facilities are not providing interpreters for overnight medical needs
- More resources are needed for the non-signing (oral) deafblind community
- Need for more certified interpreters in community and school settings
- School districts are not informing parents that CART services can be used in educational settings for communication access
- Trouble connecting with staff at the St. Cloud office due to language barrier, building access and availability of staff

### Feedback for addressing gaps

- Connect people who want to take driver's education classes with instruction in ASL
- Members will reach out to theater to advocate that their staff be trained in how to use closed captioning
- Offer more training to persons who are deaf, deafblind, hard of hearing on strategies for getting accommodations at medical facilities
- School districts are increasing outreach efforts and increasing pay to fill interpreting positions
- DHHS is asking advisory committee members that currently use or might use CART to partake in the survey
- DHHS staff encouraged individuals to consider adaptive listening equipment (ALDs) for consumers who are hard of hearing and do not sign.

## Region: Northeast

### Needs

- Deaf Studies' program at University of Minnesota – Duluth (UMD) will have an opening due to the retirement of a long standing educator: community is concerned about being able to fill the position
- More professional development opportunities for sign language interpreters
- TV news is live captioned but when they are stored online, they are not always captioned

### Feedback for addressing gaps

- Members can promote the position at UMD

## Region: Northwest and Upper Northwest

### Needs

- Code Red text alerting is getting better but still requires improvements
- People with hearing loss need information about environmental noises can affect hearing
- People with hearing loss need on-time alerts and public service announcements related to floods
- Text to 911 program has experienced issues in rural communities
- Veterans in this area have difficulty getting hearing aids when they need them

### Feedback for addressing gaps

- Educate people who are deaf about the pros and cons of video remote interpreting services versus in-person interpreting services

## Region: Southwest and Southeast

### Needs

- Communication access is not being provided for public events
- Hearing aids need to be more affordable and readily available
- Lack of DHHSD staff in Mankato office
- People with hearing loss need on-time alerts and public service announcements for emergency information
- TV captioning is provided for nightly news but not morning news
- Need for more certified ASL Interpreters

### Feedback for addressing gaps

- DHHSD staff acknowledges staffing shortages and actively working to fill vacancies
- DHHSD is administering a grant for internship stipends in Greater Minnesota for ASL interpreting students aiming to increasing number of interpreters in Greater Minnesota.

- Interpreter Referral Agencies should offer incentives to interpreters to move to the area.

## Region: Twin Cities Metro

### Needs

- Communication barriers in medical settings including; lack of ASL interpreters, CART services, iPads/tablets, or other assistive listening devices are not being provided
- Medical/dental providers should be trained on how to work with deaf, deafblind, hard of hearing patients
- Hearing loops are needed in more public locations like courtrooms, movie theaters, libraries, etc.
- Need for nursing homes to house seniors who use ASL

### Feedback for addressing gaps

- Suggestions included using clipboards with hearing loops, flagging a person's chart if they have a hearing loss.
- At the Department of Motor Vehicles, visitors take a number and the display screen alerts directs them when their name is called. Doctor offices could do something similar with visual displays
- Work place sites need to receive cultural awareness related to hearing loss
- Self-advocacy training needs to be available to consumers.

## VI. Conclusion

The Minnesota Department of Human Services, Deaf and Hard of Hearing Services Division was first established in 1980. Since then, access to communication in Minnesota and across the country has changed, providing greater opportunities for people who are deaf, deafblind and hard of hearing to be fully engaged community members and citizens. However, the work toward equitable services and opportunities continues. Full access to communication can only be achieved by eliminating remaining barriers, advancing technology and ensuring equitable access to human services. The department looks forward to continuing its work with people who are deaf, deafblind, and hard of hearing to advance equity in services and opportunities for these Minnesotans through the programs and services of the DHHSD.



# 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](#)
- [LifeConnect Health](#)
- [Lifetrack](#)
- [Metro Educational Cooperative Service Unit \(ECSU\)](#)
- [Minnesota DeafBlind Association](#)
- [People, Inc. Deaf Mental Health Services](#)
- [Regions Hospital – Health and Wellness Program](#)
- [Therapeutic Services Agency](#)
- [TPT TV](#)
- [Volunteers of America – VONA](#)
- [ZenMation](#)

## Minnesota Statutes

### Deaf and Hard of Hearing Services Division

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

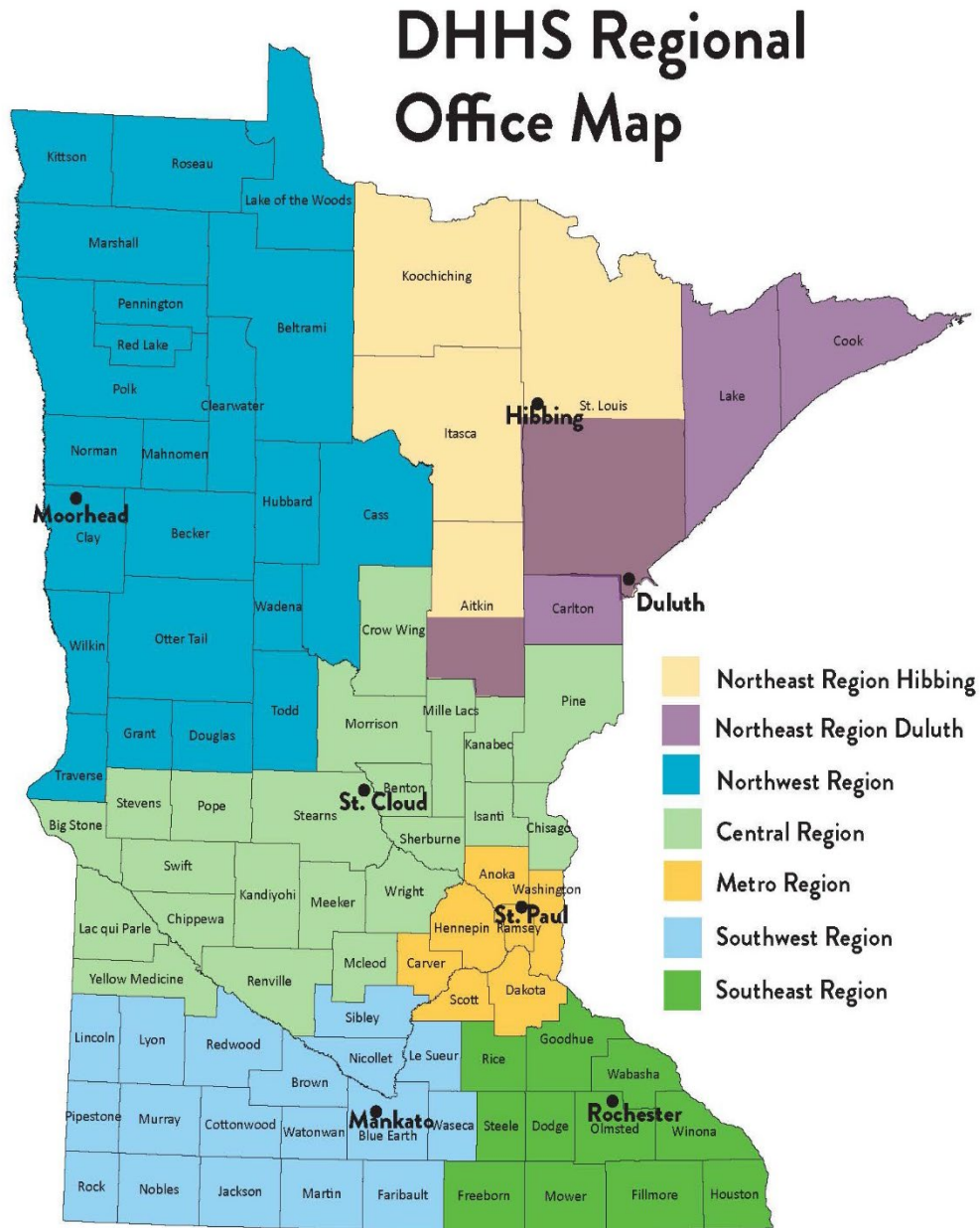
### Other Deaf and Hard of Hearing Services Legislative Reports

- [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](#)

- [January 2019 Deaf and Hard of Hearing Services Division Biennial Report \(2017-2018\)](#)
- [July 2019 Assessment of the Statewide Supply and Demand for Communication Access Realtime Translation \(CART\) Captioning Services](#)

# IX. Appendix B

## Map of Deaf and Hard of Hearing Services Regions: FY20



Map of Minnesota showing counties served by Moorhead, Hibbing, Duluth, St. Cloud, St. Paul, Mankato and Rochester offices. Full list of counties in each region available from Deaf and Hard of Hearing Services Division.