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# Legislative Report

Deaf and Hard of Hearing Services Division Biennial Report

8/01/2023

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As requested by Minnesota Statute 3.197: This report cost approximately \$6,279.00 to prepare, including staff time, printing and mailing expenses.

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## I. Executive Summary

The 2017 Minnesota Legislature directed the Department of Human Services (DHS) to prepare a biennial report on programs and services provided by the department's Deaf and Hard of Hearing Services Division (DHHSD). DHHSD provides direct services statewide to Minnesotans who are deaf, deafblind, and hard of hearing, their families, service providers, and the general public. The initial report covered state fiscal year (SFY) 2018 and was submitted to the Legislature in 2019. The second report covered SFYs 2019 and 2020 and was submitted to the Legislature in 2021. Links to these two reports can be found in [Appendix A](#). This third report covers SFYs 2021 and 2022.

This report contains a broad range of information about DHHSD's services and staffing. Table 1 provides a summary of report highlights.

Table 1 – Report highlights for SFYs 2021 and 2022

Report Section	Summary for SFY 2021	Summary for SFY 2022
<a href="#">Direct services</a>	<p>DHHSD office locations were based in Duluth, Hibbing, Mankato, Moorhead, Rochester, St. Cloud, and St. Paul.</p> <p>The Deaf and Hard of Hearing (DHH) Regional program served 562 unduplicated individuals, the Mental Health program served 126 unduplicated individuals, and the Telephone Equipment Distribution (TED) program served 3,736 unduplicated individuals.</p> <p>Most people were served online using technology (due to the COVID pandemic), so the DHH Regional program used 0 minutes of travel time, the Mental Health program used 680 minutes of travel time, and the TED program used 170 minutes of travel time to deliver services.</p>	<p>DHHSD office locations were based in Duluth, Hibbing, Mankato, Moorhead, Rochester, St. Cloud, and St. Paul.</p> <p>The Deaf and Hard of Hearing (DHH) Regional program served 519 unduplicated individuals, the Mental Health program served 134 unduplicated individuals, and the Telephone Equipment Distribution (TED) program served 3,342 unduplicated individuals.</p> <p>Most people were served online using technology (due to the COVID pandemic), so the DHH Regional program used 1,052 minutes of travel time, the Mental Health program used 117 minutes of travel time, and the TED program used 1,270 minutes of travel time to deliver services.</p>
<a href="#">Costs of reasonable accommodations for staff</a>	<p>4.58% of DHHSD's total budget was used to provide staff sign language interpreters for DHHSD's staff, and 1.27% of DHHSD's total budget was used to provide independent contractor services (including interpreting and real-time captioning services).</p>	<p>2.82% of DHHSD's total budget was used to provide staff sign language interpreters for DHHSD's staff, and 1.09% of DHHSD's total budget was used to provide independent contractor services (including interpreting and real-time captioning services).</p>

Report Section	Summary for SFY 2021	Summary for SFY 2022
<a href="#">Technology demonstration labs</a>	DHHS provided assistive technology demonstrations to 16 people.	DHHS provided assistive technology demonstrations to 8 people.
<a href="#">Training activities and outcomes</a>	DHHS provided 35 training activities attended by 506 people.	DHHS provided 18 training activities attended by 477 people.
<a href="#">Grant-funded services and waiting lists</a>	DHHS provided grant support and monitoring to four grantee services for people who are deafblind; three grantee services to increase the availability of sign language interpreting services in Greater Minnesota; one grantee service to provide deaf and hard of hearing mentors for families with children who are deaf and hard of hearing; seven grantee services for people who are deaf, deafblind and hard of hearing and who need mental health services; and four grantee services for real-time captioning of live local news programming.	DHHS provided grant support and monitoring to four grantee services for people who are deafblind; three grantee services to increase the availability of sign language interpreting services in Greater Minnesota; one grantee service to provide deaf and hard of hearing mentors for families with children who are deaf and hard of hearing; seven grantee services for people who are deaf, deafblind and hard of hearing and who need mental health services; and three grantee services for real-time captioning of live local news programming.
<a href="#">Regional service needs and gaps identified by DHHS's advisory committees</a>	<p>High-level service needs identified included:</p> <p>Increased access to interpreters and real-time captioning services (particularly in healthcare settings).</p> <p>Improved solutions for using technology to access communication (for example, online platforms can have video and audio issues).</p> <p>More effective communication access during the COVID-19 pandemic (for example, wearing masks created additional barriers to communication).</p>	<p>High-level service needs identified included:</p> <p>Increased access to interpreters and real-time captioning services (particularly in healthcare settings).</p> <p>More accessible resources and services for adults and children who are deaf, deafblind and hard of hearing, and their families.</p> <p>More education and training for service providers on serving people who are deaf, deafblind and hard of hearing.</p>

## II. Legislation

[Minnesota Statutes, section 256C.233, subdivision \(2\), clause \(8\)](#) directs the Department of Human Services to:

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

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

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

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

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

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

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

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

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

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

### **III. Introduction**

In 1980, the Minnesota Legislature recognized the unique needs of Minnesotans who are deaf, deafblind and hard of hearing and established the Deaf and Hard of Hearing Services Act ([MN Statutes, sections 256C.21-256C.26](#)). The Deaf and Hard of Hearing Division (DHHSD) in the Minnesota Department of Human Services (DHS) was established to address the developmental and social-emotional needs of people who are deaf, deafblind and hard of hearing through a statewide network of regional services and provide information and training about how best to serve people who are deaf, deafblind and hard of hearing. To meet the specialized service needs of Minnesotans who are deaf, deafblind and hard of hearing, DHHSD provides direct services through its regional offices and oversees grant-funded community-based services that are not provided by the Division.

## Purpose of report

This report provides the Minnesota Legislature with information about DHHSD's services and staffing.

## Overview of the Deaf and Hard of Hearing Services Division

### Programs and services

People with hearing loss often experience barriers in accessing effective communication due to external factors such as a lack of accommodations and other supports necessary for the successful sharing of information. This can negatively impact their language development and their “fund of information” growth where knowledge is gathered through both intentional learning (e.g., reading books, taking classes, researching online) and incidental learning (e.g., listening to others, having everyday conversations, picking up on social cues). Gaps in a person's language and “fund of information” can lead to challenges in understanding how the world works, how to create and maintain healthy relationships with others, and how to manage and cope with everyday challenges. As a result, people with hearing loss may need assistance to bridge these gaps in order to successfully navigate life and reach their full potential.

DHHSD has an established network of statewide programs and services to assist people who are deaf, deafblind and hard of hearing. These include culturally affirmative services, which are defined as services that are designed and delivered within the context of the culture, language and life experiences of people who are deaf, deafblind and hard of hearing.

DHHSD's statewide programs and services include:

1. A Deaf and Hard of Hearing (DHH) Regional program that provides services and supports to individuals who are deaf, deafblind and hard of hearing and their families to advocate for their rights to communication and reasonable accommodations and assist them with navigating service systems.
2. A Mental Health program that provides culturally affirmative mental health services for adults who are deaf, deafblind and hard of hearing and whose primary language is American Sign Language (ASL).
3. A Telephone Equipment Distribution (TED) program that provides specialized phone equipment to people with communication disabilities (this program is established in [MN Statutes, sections 237.50-237.56](#)).
4. Additional programs that include a division-wide Information and Referral service that provides information and referrals to both individuals and agencies, and an Aging Eyes service that is provided by the DHH Regional program on behalf of the State Services for the Blind (SSB) to people with both hearing and vision loss.
5. Monitoring and supporting programs and services that receive grant funding through General Fund allocations to serve: people who are deafblind; families with children who are deaf and hard of hearing; children and adults who are deaf, deafblind and hard of hearing and have mental health needs. Grant



contracts also provide support and coordination of sign language interpreting services in Greater Minnesota, and real-time closed captioning of live local news programming on regional television stations (through the Minnesota Department of Commerce's Telecommunications Access Minnesota [TAM] Special Revenue appropriation).

## **Direct service staff**

DHHS's direct service staff offer the following statewide services for people who are deaf, deafblind and hard of hearing:

- Deaf and Hard of Hearing (DHH) regional specialists
  - Assist people who are deaf, deafblind and hard of hearing in navigating complex service systems so that they can continue to live independently and productively in their homes, families, and/or communities.
  - Provide direct assistance, consultation, advocacy, training, and collaboration so that people can get the information and support that they need to make informed decisions.
  - Provide training and technical assistance to providers on how to make services accessible to people.
  - Provide technical assistance with the development of community and in-home service options that meet people's needs.
- Interpreter coordinators
  - Provide sign language interpreting services for DHHS staff.
  - Provide direct assistance to people who are deaf, deafblind and hard of hearing in advocating for reasonable accommodations that include sign language interpreting services.
  - Educate agencies and service providers on their obligations to provide reasonable accommodations and how to arrange sign language interpreting services.
- Mental Health specialists
  - Provide culturally affirmative mental health therapy and counseling in American Sign Language (ASL) to adults who are deaf, deafblind and hard of hearing and have mental health needs.
  - Provide crisis intervention, case coordination, after-care planning and community placement assistance.
  - Train other mental health service providers on how to work successfully with people who are deaf, deafblind and hard of hearing.
- Telephone Equipment Distribution (TED) specialists
  - Assess telecommunication needs of people who are deaf, deafblind and hard of hearing or who have a physical or speech disability and need adaptive equipment to use the phone.
  - Loan equipment for long-term use to people who qualify for the TED program.
  - Provide guidance and consultation on the use of assistive technology equipment.
  - Conduct outreach to inform people about available telecommunication relay services.

## A note about the data for this report

The COVID-19 pandemic that began in the third quarter of SFY 2020 and the State’s response in enacting safeguards for direct service delivery greatly impacted how DHHSD provided statewide services for SFYs 2021 and 2022. This resulted in a reduction of in-person services and an increase in virtual and telehealth services using technology, which is reflected in the data. DHHSD continues to explore new ways to use technology to enhance its ability to effectively and efficiently deliver services to people who are deaf, deafblind and hard of hearing in Minnesota.

## Report preparation and organization

This report was prepared by DHHSD staff, with both DHHSD program managers and staff contributing data.

[Appendix A](#) has links to websites for DHHSD, its grantees, and other resources.

[Appendix B](#) has a map of DHHSD’s regions in SFY 2022.

## IV. DHHSD Program Data

### A. Direct services

This section provides information on DHHSD’s direct services that were delivered statewide through its established network of programs and services for SFYs 2021 and 2022. DHHSD has designated service regions in Minnesota (see [Appendix B](#) for a map of DHHSD’s regions in SFY 2022), and most regional staff are assigned to serve a specific region. DHHSD managers oversee all regions. DHHSD also has a centralized Information and Referral process: people contact DHHSD’s Information and Referral specialist for initial assistance and are referred as needed to other DHHSD staff or external resources.

### Regional staff and office locations

Table 2 provides information about DHHSD’s regional staff positions<sup>1</sup> and office locations,<sup>2</sup> including other service providers that are co-located at DHHSD’s office locations. All DHHSD office locations are co-located with a wide variety of agencies and organizations.

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<sup>1</sup> Some regional staff positions will not have report data available due to normal staffing turnover in SFYs 2021 and 2022.

<sup>2</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, all DHHSD staff worked from home full-time from March 2020 through June 2022. This time period includes all of SFYs 2021 and 2022.

Table 2 – DHHSD office locations, regional staff positions and co-located service providers at each of DHHSD’s locations for SFYs 2021 and 2022

SFY	DHHSD office locations (city and building)	DHHSD regional staff positions	Service providers co-located at DHHSD office locations
2021	Duluth Duluth Technology Village	1 DHH Regional specialist 1 Interpreter coordinator 1 Mental Health specialist 1 TED specialist	MN Department of Health Office of Ombudsman for Mental Health & Development Disabilities Explore MN Tourism Office of Administrative Hearings Private businesses
2022	Duluth Duluth Technology Village	1 DHH Regional specialist 1 Interpreter Coordinator 1 Mental Health Specialist	MN Department of Health Office of Ombudsman for Mental Health & Development Disabilities Explore MN Tourism Office of Administrative Hearings Private businesses
2021	Hibbing Hibbing WorkForce Center	1 DHH Regional specialist	WorkForce Center State Services for the Blind NE MN Office of Job Training Arrowhead Economic Opportunity Agency, Inc. Private businesses

SFY	DHHS office locations (city and building)	DHHS regional staff positions	Service providers co-located at DHHS office locations
2022	Hibbing Hibbing WorkForce Center	1 DHH Regional specialist	WorkForce Center State Services for the Blind NE MN Office of Job Training Arrowhead Economic Opportunity Agency, Inc. Private businesses
2021	Mankato Civic Center Plaza	1 TED specialist	MN Dept. of Employment & Economic Development Vocational Rehabilitation MN Dept. of Corrections MN Dept. of Health MN Dept. of Labor & Industry Social Security Non-profit legal agency Private businesses
2022	Mankato Civic Center Plaza	1 TED specialist	MN Dept. of Employment & Economic Development Vocational Rehabilitation MN Dept. of Corrections MN Dept. of Health MN Dept. of Labor & Industry Social Security Non-profit legal agency Private businesses

SFY	DHHS office locations (city and building)	DHHS regional staff positions	Service providers co-located at DHHS office locations
2021	Moorhead Family Service Center of Clay County	2 DHH Regional specialists (1 lead) 1 Interpreter coordinator 1 Mental Health specialist 1 TED specialist	Clay County Social Services MN Dept. of Employment & Economic Development Non-profit social services
2022	Moorhead Family Service Center of Clay County	2 DHH Regional specialists (1 lead) 1 Interpreter coordinator 1 Mental Health specialist 1 TED specialist	Clay County Social Services MN Dept. of Employment & Economic Development Non-profit social services
2021	Rochester Rochester WorkForce Center	1 DHH Regional specialist	Vocational Rehabilitation Job Services WorkForce Center
2022	Rochester Rochester WorkForce Center	1 DHH Regional specialist	Vocational Rehabilitation Job Services WorkForce Center
2021	St. Cloud Midtown Square Mall	1 DHH Regional specialist 1 Mental Health specialist 1 TED specialist	MN Dept. of Health MN Dept. of Labor & Industry MN Dept. of Public Safety University of MN Extension Services Non-profit social services Private businesses

SFY	DHHS office locations (city and building)	DHHS regional staff positions	Service providers co-located at DHHS office locations
2022	St. Cloud  Midtown Square Mall	1 DHH Regional specialist  1 Mental Health specialist  1 TED specialist	MN Dept. of Health  MN Dept. of Labor & Industry  MN Dept. of Public Safety  University of MN Extension Services  Non-profit social services  Private businesses
2021	St. Paul  Golden Rule Building	2 DHH Regional specialists  1 Information and Referral specialist  2 Mental Health specialists  2 Program administrative assistants  3 Program managers (DHH Regional, Mental Health, TED)  4 TED specialists (1 coordinator)	MN Commerce Dept.  MN Dept. of Health  Board of Accountancy
2022	St. Paul  Golden Rule Building	2 DHH Regional specialists  1 Information and Referral specialist  2 Mental Health specialists  2 Program administrative assistants  3 Program managers (DHH Regional, Mental Health, TED)  4 TED specialists (1 coordinator)	MN Commerce Dept.  MN Dept. of Health  Board of Accountancy

## Individuals and agencies served by regional staff

DHHSD's regional staff provide individuals and agencies with a variety of direct services through DHHSD's programs, including the Deaf and Hard of Hearing (DHH) Regional, Mental Health, and Telephone Equipment Distribution (TED) programs, the Aging Eyes service (provided by the DHH Regional program), and the Information and Referral service (provided both by the Information and Referral specialist and by other DHHSD staff as needed).

Each program has unduplicated data on the number of individuals and agencies served, and this data may not be unduplicated across the programs. For example, a person receiving services from the Mental Health program will be counted as one person for the Mental Health program. The same person may also receive services from the TED program and so will also be counted as one person for the TED program. Each program also has unduplicated data on the number of individuals and agencies served by each regional staff person, and this data may not be unduplicated across the program's staff. For example, a person receiving services from two different DHH Regional specialists will be counted for each of those DHH Regional specialists.

### Individuals served

Table 3 provides information about the unduplicated number of individuals served by each DHHSD program.

Table 3 – Unduplicated number of individuals served by each DHHSD program for SFYs 2021 and 2022

SFY	DHHSD program	Unduplicated number of individuals served by each DHHSD program
2021	Aging Eyes (DHH Regional)	56
2022	Aging Eyes (DHH Regional)	21
2021	DHH Regional	562
2022	DHH Regional	519
2021	Information and Referral	1,231
2022	Information and Referral	699
2021	Mental Health	126
2022	Mental Health	134

SFY	DHHSD program	Unduplicated number of individuals served by each DHHSD program
2021	TED	3,736
2022	TED	3,342

Table 4 provides information about the unduplicated number of individuals served by each regional staff position in each DHHSD program.

Table 4 – Unduplicated number of individuals served by each regional staff position in each DHHSD program for SFYs 2021 and 2022

SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Unduplicated number of individuals served by each DHHSD regional staff position
2021	Duluth	DHH Regional specialist	Aging Eyes (DHH Regional)	3
2022	Duluth	DHH Regional specialist	Aging Eyes (DHH Regional)	3
2021	Duluth	DHH Regional specialist	DHH Regional	25
2022	Duluth	DHH Regional specialist	DHH Regional	19
2021	Duluth	DHH Regional specialist	Information and Referral	15
2022	Duluth	DHH Regional specialist	Information and Referral	13
2021	Duluth	Interpreter coordinator	Information and Referral	0



<b>SFY</b>	<b>DHHS office location (city)</b>	<b>DHHS regional staff position</b>	<b>DHHS program</b>	<b>Unduplicated number of individuals served by each DHHS regional staff position</b>
2022	Duluth	Interpreter coordinator	Information and Referral	No data available
2021	Duluth	Mental Health specialist	Information and Referral	3
2022	Duluth	Mental Health specialist	Information and Referral	1
2021	Duluth	Mental Health specialist	Mental Health	25
2022	Duluth	Mental Health specialist	Mental Health	28
2021	Duluth	TED specialist	Information and Referral	58
2022	Duluth	TED specialist	Information and Referral	No data available
2021	Duluth	TED specialist	TED	79
2022	Duluth	TED specialist	TED	No data available
2021	Hibbing	DHH Regional specialist	Aging Eyes (DHH Regional)	6
2022	Hibbing	DHH Regional specialist	Aging Eyes (DHH Regional)	4
2021	Hibbing	DHH Regional specialist	DHH Regional	21

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2022	Hibbing	DHH Regional specialist	DHH Regional	18
2021	Hibbing	DHH Regional specialist	Information and Referral	9
2022	Hibbing	DHH Regional specialist	Information and Referral	5
2021	Mankato	TED specialist	Information and Referral	33
2022	Mankato	TED specialist	Information and Referral	17
2021	Mankato	TED specialist	TED	1,534
2022	Mankato	TED specialist	TED	491
2021	Moorhead	DHH Regional specialist #1	Aging Eyes (DHH Regional)	13
2022	Moorhead	DHH Regional specialist #1	Aging Eyes (DHH Regional)	5
2021	Moorhead	DHH Regional specialist #1	DHH Regional	38
2022	Moorhead	DHH Regional specialist #1	DHH Regional	21
2021	Moorhead	DHH Regional specialist #1	Information and Referral	16

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2022	Moorhead	DHH Regional specialist #1	Information and Referral	14
2021	Moorhead	DHH Regional specialist #2	Aging Eyes (DHH Regional)	16
2022	Moorhead	DHH Regional specialist #2	Aging Eyes (DHH Regional)	5
2021	Moorhead	DHH Regional specialist #2	DHH Regional	67
2022	Moorhead	DHH Regional specialist #2	DHH Regional	53
2021	Moorhead	DHH Regional specialist #2	Information and Referral	32
2022	Moorhead	DHH Regional specialist #2	Information and Referral	28
2021	Moorhead	Interpreter coordinator	Information and Referral	10
2022	Moorhead	Interpreter coordinator	Information and Referral	0
2021	Moorhead	Mental Health specialist	Information and Referral	7
2022	Moorhead	Mental Health specialist	Information and Referral	0

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2021	Moorhead	Mental Health specialist	Mental Health	21
2022	Moorhead	Mental Health specialist	Mental Health	22
2021	Moorhead	TED specialist	Information and Referral	76
2022	Moorhead	TED specialist	Information and Referral	43
2021	Moorhead	TED specialist	TED	379
2022	Moorhead	TED specialist	TED	222
2021	Rochester	DHH Regional specialist	Aging Eyes (DHH Regional)	5
2022	Rochester	DHH Regional specialist	Aging Eyes (DHH Regional)	1
2021	Rochester	DHH Regional specialist	DHH Regional	81
2022	Rochester	DHH Regional specialist	DHH Regional	87
2021	Rochester	DHH Regional specialist	Information and Referral	49
2022	Rochester	DHH Regional specialist	Information and Referral	44

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2021	St. Cloud	DHH Regional specialist	Aging Eyes (DHH Regional)	9
2022	St. Cloud	DHH Regional specialist	Aging Eyes (DHH Regional)	3
2021	St. Cloud	DHH Regional specialist	DHH Regional	94
2022	St. Cloud	DHH Regional specialist	DHH Regional	66
2021	St. Cloud	DHH Regional specialist	Information and Referral	43
2022	St. Cloud	DHH Regional specialist	Information and Referral	37
2021	St. Cloud	Mental Health specialist	Information and Referral	1
2022	St. Cloud	Mental Health specialist	Information and Referral	4
2021	St. Cloud	Mental Health specialist	Mental Health	22
2022	St. Cloud	Mental Health specialist	Mental Health	22
2021	St. Cloud	TED specialist	Information and Referral	62

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2022	St. Cloud	TED specialist	Information and Referral	38
2021	St. Cloud	TED specialist	TED	63
2022	St. Cloud	TED specialist	TED	103
2021	St. Paul	DHH Regional specialist #1	Aging Eyes (DHH Regional)	0
2022	St. Paul	DHH Regional specialist #1	Aging Eyes (DHH Regional)	0
2021	St. Paul	DHH Regional specialist #1	DHH Regional	90
2022	St. Paul	DHH Regional specialist #1	DHH Regional	121
2021	St. Paul	DHH Regional specialist #1	Information and Referral	73
2022	St. Paul	DHH Regional specialist #1	Information and Referral	48
2021	St. Paul	DHH Regional specialist #2	Aging Eyes (DHH Regional)	4
2022	St. Paul	DHH Regional specialist #2	Aging Eyes (DHH Regional)	0
2021	St. Paul	DHH Regional specialist #2	DHH Regional	150

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2022	St. Paul	DHH Regional specialist #2	DHH Regional	146
2021	St. Paul	DHH Regional specialist #2	Information and Referral	91
2022	St. Paul	DHH Regional specialist #2	Information and Referral	120
2021	St. Paul	Information and Referral specialist	Information and Referral	127
2022	St. Paul	Information and Referral specialist	Information and Referral	14
2021	St. Paul	Mental Health specialist #1	Information and Referral	9
2022	St. Paul	Mental Health specialist #1	Information and Referral	0
2021	St. Paul	Mental Health specialist #1	Mental Health	37
2022	St. Paul	Mental Health specialist #1	Mental Health	35
2021	St. Paul	Mental Health specialist #2	Information and Referral	9
2022	St. Paul	Mental Health specialist #2	Information and Referral	0

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2021	St. Paul	Mental Health specialist #2	Mental Health	27
2022	St. Paul	Mental Health specialist #2	Mental Health	30
2021	St. Paul	Program administrative assistant #1	Information and Referral	242
2022	St. Paul	Program administrative assistant #1	Information and Referral	164
2021	St. Paul	Program administrative assistant #2	Information and Referral	69
2022	St. Paul	Program administrative assistant #2	Information and Referral	123
2021	St. Paul	Program manager (DHH Regional)	DHH Regional	10
2022	St. Paul	Program manager (DHH Regional)	DHH Regional	0
2021	St. Paul	Program manager (DHH Regional)	Information and Referral	16
2022	St. Paul	Program manager (DHH Regional)	Information and Referral	2



<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of individuals served by each DHHSD regional staff position</b>
2021	St. Paul	Program manager (Mental Health)	Information and Referral	18
2022	St. Paul	Program manager (Mental Health)	Information and Referral	7
2021	St. Paul	Program manager (TED)	Information and Referral	9
2022	St. Paul	Program manager (TED)	Information and Referral	11
2021	St. Paul	Program manager (TED)	TED	8
2022	St. Paul	Program manager (TED)	TED	21
2021	St. Paul	TED specialist #1	Information and Referral	75
2022	St. Paul	TED specialist #1	Information and Referral	43
2021	St. Paul	TED specialist #1	TED	1,165
2022	St. Paul	TED specialist #1	TED	977
2021	St. Paul	TED specialist #2	Information and Referral	7
2022	St. Paul	TED specialist #2	Information and Referral	6

SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Unduplicated number of individuals served by each DHHSD regional staff position
2021	St. Paul	TED specialist #2	TED	228
2022	St. Paul	TED specialist #2	TED	110
2021	St. Paul	TED specialist #3	Information and Referral	257
2022	St. Paul	TED specialist #3	Information and Referral	16
2021	St. Paul	TED specialist #3	TED	367
2022	St. Paul	TED specialist #3	TED	1,490
2021	St. Paul	TED specialist #4	Information and Referral	9
2022	St. Paul	TED specialist #4	Information and Referral	8
2021	St. Paul	TED specialist #4	TED	6
2022	St. Paul	TED specialist #4	TED	15

#### Agencies served

Table 5 provides information about the unduplicated number of agencies served by each DHHSD program.

Table 5 – Unduplicated number of agencies served by each DHHS program for SFYs 2021 and 2022

SFY	DHHS program	Unduplicated number of agencies served by each DHHS program
2021	DHH Regional	230
2022	DHH Regional	200
2021	Information and Referral	363
2022	Information and Referral	232

Table 6 provides information about the unduplicated number of agencies served by each regional staff position in each DHHS program.

Table 6 – Unduplicated number of agencies served by each regional staff position in each DHHS program for SFYs 2021 and 2022

SFY	DHHS office location (city)	DHHS regional staff position	DHHS program	Unduplicated number of agencies served by each DHHS program
2021	Duluth	DHH Regional specialist	DHH Regional	7
2022	Duluth	DHH Regional specialist	DHH Regional	8
2021	Duluth	DHH Regional specialist	Information and Referral	8
2022	Duluth	DHH Regional specialist	Information and Referral	5
2021	Duluth	Interpreter coordinator	Information and Referral	11

SFY	DHHS office location (city)	DHHS regional staff position	DHHS program	Unduplicated number of agencies served by each DHHS program
2022	Duluth	Interpreter coordinator	Information and Referral	No data available
2021	Duluth	Mental Health specialist	Information and Referral	2
2022	Duluth	Mental Health specialist	Information and Referral	0
2021	Duluth	TED specialist	Information and Referral	7
2022	Duluth	TED specialist	Information and Referral	No data available
2021	Hibbing	DHH Regional specialist	DHH Regional	20
2022	Hibbing	DHH Regional specialist	DHH Regional	21
2021	Hibbing	DHH Regional specialist	Information and Referral	2
2022	Hibbing	DHH Regional specialist	Information and Referral	5
2021	Mankato	TED specialist	Information and Referral	19
2022	Mankato	TED specialist	Information and Referral	1
2021	Moorhead	DHH Regional specialist #1	DHH Regional	25

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of agencies served by each DHHSD program</b>
2022	Moorhead	DHH Regional specialist #1	DHH Regional	8
2021	Moorhead	DHH Regional specialist #1	Information and Referral	12
2022	Moorhead	DHH Regional specialist #1	Information and Referral	13
2021	Moorhead	DHH Regional specialist #2	DHH Regional	20
2022	Moorhead	DHH Regional specialist #2	DHH Regional	21
2021	Moorhead	DHH Regional specialist #2	Information and Referral	15
2022	Moorhead	DHH Regional specialist #2	Information and Referral	13
2021	Moorhead	Interpreter coordinator	Information and Referral	5
2022	Moorhead	Interpreter coordinator	Information and Referral	3
2021	Moorhead	Mental Health specialist	Information and Referral	1
2022	Moorhead	Mental Health specialist	Information and Referral	0
2021	Moorhead	TED specialist	Information and Referral	13

SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Unduplicated number of agencies served by each DHHSD program
2022	Moorhead	TED specialist	Information and Referral	15
2021	Rochester	DHH Regional specialist	DHH Regional	36
2022	Rochester	DHH Regional specialist	DHH Regional	48
2021	Rochester	DHH Regional specialist	Information and Referral	34
2022	Rochester	DHH Regional specialist	Information and Referral	27
2021	St. Cloud	DHH Regional specialist	DHH Regional	53
2022	St. Cloud	DHH Regional specialist	DHH Regional	40
2021	St. Cloud	DHH Regional specialist	Information and Referral	26
2022	St. Cloud	DHH Regional specialist	Information and Referral	23
2021	St. Cloud	Mental Health specialist	Information and Referral	0
2022	St. Cloud	Mental Health specialist	Information and Referral	0
2021	St. Cloud	TED specialist	Information and Referral	8

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>DHHSD program</b>	<b>Unduplicated number of agencies served by each DHHSD program</b>
2022	St. Cloud	TED specialist	Information and Referral	11
2021	St. Paul	DHH Regional specialist #1	DHH Regional	19
2022	St. Paul	DHH Regional specialist #1	DHH Regional	19
2021	St. Paul	DHH Regional specialist #1	Information and Referral	49
2022	St. Paul	DHH Regional specialist #1	Information and Referral	31
2021	St. Paul	DHH Regional specialist #2	DHH Regional	56
2022	St. Paul	DHH Regional specialist #2	DHH Regional	49
2021	St. Paul	DHH Regional specialist #2	Information and Referral	28
2022	St. Paul	DHH Regional specialist #2	Information and Referral	45
2021	St. Paul	Information and Referral specialist	Information and Referral	42
2022	St. Paul	Information and Referral specialist	Information and Referral	2
2021	St. Paul	Mental Health specialist #1	Information and Referral	2

<b>SFY</b>	<b>DHHS office location (city)</b>	<b>DHHS regional staff position</b>	<b>DHHS program</b>	<b>Unduplicated number of agencies served by each DHHS program</b>
2022	St. Paul	Mental Health specialist #1	Information and Referral	0
2021	St. Paul	Mental Health specialist #2	Information and Referral	4
2022	St. Paul	Mental Health specialist #2	Information and Referral	0
2021	St. Paul	Program administrative assistant #1	Information and Referral	40
2022	St. Paul	Program administrative assistant #1	Information and Referral	24
2021	St. Paul	Program administrative assistant #2	Information and Referral	17
2022	St. Paul	Program administrative assistant #2	Information and Referral	14
2021	St. Paul	Program manager (DHH Regional)	DHH Regional	7
2022	St. Paul	Program manager (DHH Regional)	DHH Regional	0
2021	St. Paul	Program manager (DHH Regional)	Information and Referral	5



SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Unduplicated number of agencies served by each DHHSD program
2022	St. Paul	Program manager (DHH Regional)	Information and Referral	2
2021	St. Paul	Program manager (Mental Health)	Information and Referral	11
2022	St. Paul	Program manager (Mental Health)	Information and Referral	2
2021	St. Paul	Program manager (TED)	Information and Referral	4
2022	St. Paul	Program manager (TED)	Information and Referral	0
2021	St. Paul	TED specialist #1	Information and Referral	26
2022	St. Paul	TED specialist #1	Information and Referral	18
2021	St. Paul	TED specialist #2	Information and Referral	5
2022	St. Paul	TED specialist #2	Information and Referral	0
2021	St. Paul	TED specialist #3	Information and Referral	17
2022	St. Paul	TED specialist #3	Information and Referral	1
2021	St. Paul	TED specialist #4	Information and Referral	6

SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Unduplicated number of agencies served by each DHHSD program
2022	St. Paul	TED specialist #4	Information and Referral	1

### Modes for direct service delivery

DHHSD's regional staff can deliver direct services to individuals and agencies via three modes of service delivery: 1) in-person and on-site at their DHHSD office location, 2) in-person and off-site at other locations (including other DHHSD office locations), and 3) online using technology.<sup>3</sup>

### Service contacts with individuals

Table 7 provides information about the total number of service contacts made with individuals through each mode of service delivery used.

Table 7 – Total number of service contacts made with individuals through each mode of service delivery used for SFYs 2021 and 2022, including in-person and on-site, in-person and offsite, and online using technology

SFY	Total individual service contacts made in-person and on-site at DHHSD office locations	Total individual service contacts made in-person and off-site at other locations	Total individual service contacts made online via technology
2021	48	20	6,752
2022	46	65	4,711

Table 8 provides information about the number of service contacts made with individuals by each regional staff position through each mode of service delivery used.

Table 8 – Number of service contacts made with individuals by each regional staff position through each mode of service delivery used for SFYs 2021 and 2022, including in-person and on-site, in-person and offsite, and online using technology

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<sup>3</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of services were provided online using technology for SFYs 2021 and 2022. This is reflected in the data.

SFY	DHHSD office location (city)	DHHSD regional staff position	Individual service contacts in-person and on-site (at DHHSD office locations)	Individual service contacts in-person and off-site (at other locations)	Individual service contacts online via technology
2021	Duluth	DHH Regional specialist	0	0	53
2022	Duluth	DHH Regional specialist	0	1	32
2021	Duluth	Interpreter coordinator	0	0	0
2022	Duluth	Interpreter coordinator	No data available	No data available	No data available
2021	Duluth	Mental Health specialist	0	0	494
2022	Duluth	Mental Health specialist	9	2	484
2021	Duluth	TED specialist	0	1	158
2022	Duluth	TED specialist	No data available	No data available	No data available
2021	Hibbing	DHH Regional specialist	0	0	61
2022	Hibbing	DHH Regional specialist	1	4	33
2021	Mankato	TED specialist	42	3	340
2022	Mankato	TED specialist	0	0	106

SFY	DHHSD office location (city)	DHHSD regional staff position	Individual service contacts in-person and on-site (at DHHSD office locations)	Individual service contacts in-person and off-site (at other locations)	Individual service contacts online via technology
2021	Moorhead	DHH Regional specialist #1	0	0	107
2022	Moorhead	DHH Regional specialist #1	2	3	36
2021	Moorhead	DHH Regional specialist #2	0	0	423
2022	Moorhead	DHH Regional specialist #2	0	14	207
2021	Moorhead	Interpreter coordinator	0	0	29
2022	Moorhead	Interpreter coordinator	0	0	0
2021	Moorhead	Mental Health specialist	0	0	291
2022	Moorhead	Mental Health specialist	0	0	289
2021	Moorhead	TED specialist	1	1	284
2022	Moorhead	TED specialist	0	0	170
2021	Rochester	DHH Regional specialist	0	0	507
2022	Rochester	DHH Regional specialist	0	4	288

SFY	DHHSD office location (city)	DHHSD regional staff position	Individual service contacts in-person and on-site (at DHHSD office locations)	Individual service contacts in-person and off-site (at other locations)	Individual service contacts online via technology
2021	St. Cloud	DHH Regional specialist	0	0	169
2022	St. Cloud	DHH Regional specialist	2	3	100
2021	St. Cloud	Mental Health specialist	0	2	505
2022	St. Cloud	Mental Health specialist	8	2	441
2021	St. Cloud	TED specialist	0	0	147
2022	St. Cloud	TED specialist	2	3	163
2021	St. Paul	DHH Regional specialist #1	0	0	117
2022	St. Paul	DHH Regional specialist #1	0	0	117
2021	St. Paul	DHH Regional specialist #2	0	0	274
2022	St. Paul	DHH Regional specialist #2	2	0	260
2021	St. Paul	Information and Referral specialist	0	0	141
2022	St. Paul	Information and Referral specialist	0	0	14

SFY	DHHSD office location (city)	DHHSD regional staff position	Individual service contacts in-person and on-site (at DHHSD office locations)	Individual service contacts in-person and off-site (at other locations)	Individual service contacts online via technology
2021	St. Paul	Mental Health specialist #1	0	7	577
2022	St. Paul	Mental Health specialist #1	3	4	639
2021	St. Paul	Mental Health specialist #2	0	2	400
2022	St. Paul	Mental Health specialist #2	14	3	440
2021	St. Paul	Program administrative assistant #1	0	0	242
2022	St. Paul	Program administrative assistant #1	0	0	131
2021	St. Paul	Program administrative assistant #2	0	0	53
2022	St. Paul	Program administrative assistant #2	0	0	45
2021	St. Paul	Program manager (DHH Regional)	0	0	29
2022	St. Paul	Program manager (DHH Regional)	0	0	3

SFY	DHHSD office location (city)	DHHSD regional staff position	Individual service contacts in-person and on-site (at DHHSD office locations)	Individual service contacts in-person and off-site (at other locations)	Individual service contacts online via technology
2021	St. Paul	Program manager (Mental Health)	0	0	23
2022	St. Paul	Program manager (Mental Health)	0	0	5
2021	St. Paul	Program manager (TED)	0	0	14
2022	St. Paul	Program manager (TED)	1	0	25
2021	St. Paul	TED specialist #1	0	2	200
2022	St. Paul	TED specialist #1	0	8	132
2021	St. Paul	TED specialist #2	2	1	284
2022	St. Paul	TED specialist #2	2	14	93
2021	St. Paul	TED specialist #3	3	1	797
2022	St. Paul	TED specialist #3	0	0	422
2021	St. Paul	TED specialist #4	0	0	12
2022	St. Paul	TED specialist #4	0	0	28

#### Service contacts with agencies

Table 9 provides information about the total number of service contacts made with agencies through each mode of service delivery.

Table 9 – Total number of service contacts made with agencies through each mode of service delivery used for SFYs 2021 and 2022, including in-person and on-site, in-person and offsite, and online using technology

SFY	Total agency service contacts made in-person and on-site (at DHHSD office locations)	Total agency service contacts made in-person and off-site (at other locations)	Total agency service contacts made online via technology
2021	0	0	847
2022	0	2	479

Table 10 provides information about the number of service contacts made with agencies by each regional staff position through each mode of service delivery used.

Table 10 – Number of service contacts made with agencies by each regional staff position through each mode of service delivery used for SFYs 2021 and 2022, including in-person and on-site, in-person and offsite, and online using technology

SFY	DHHSD office location (city)	DHHSD regional staff position	Agency service contacts made in-person and on-site (at DHHSD office locations)	Agency service contacts made in-person and off-site (at other locations)	Agency service contacts agencies online via technology
2021	Duluth	DHH Regional specialist	0	0	15
2022	Duluth	DHH Regional specialist	0	0	12
2021	Duluth	Interpreter coordinator	0	0	10
2022	Duluth	Interpreter coordinator	No data available	No data available	No data available
2021	Duluth	Mental Health specialist	0	0	2



SFY	DHHSD office location (city)	DHHSD regional staff position	Agency service contacts made in-person and on-site (at DHHSD office locations)	Agency service contacts made in-person and off-site (at other locations)	Agency service contacts agencies online via technology
2022	Duluth	Mental Health specialist	0	0	0
2021	Duluth	TED specialist	0	0	2
2022	Duluth	TED specialist	No data available	No data available	No data available
2021	Hibbing	DHH Regional specialist	0	0	27
2022	Hibbing	DHH Regional specialist	0	2	31
2021	Mankato	TED specialist	0	0	22
2022	Mankato	TED specialist	0	0	0
2021	Moorhead	DHH Regional specialist #1	0	0	48
2022	Moorhead	DHH Regional specialist #1	0	0	17
2021	Moorhead	DHH Regional specialist #2	0	0	53
2022	Moorhead	DHH Regional specialist #2	0	0	41
2021	Moorhead	Interpreter coordinator	0	0	12

SFY	DHHSD office location (city)	DHHSD regional staff position	Agency service contacts made in-person and on-site (at DHHSD office locations)	Agency service contacts made in-person and off-site (at other locations)	Agency service contacts agencies online via technology
2022	Moorhead	Interpreter coordinator	0	0	3
2021	Moorhead	Mental Health specialist	0	0	1
2022	Moorhead	Mental Health specialist	0	0	0
2021	Moorhead	TED specialist	0	0	15
2022	Moorhead	TED specialist	0	0	15
2021	Rochester	DHH Regional specialist	0	0	109
2022	Rochester	DHH Regional specialist	0	0	97
2021	St. Cloud	DHH Regional specialist	0	0	93
2022	St. Cloud	DHH Regional specialist	0	0	53
2021	St. Cloud	Mental Health specialist	0	0	0
2022	St. Cloud	Mental Health specialist	0	0	0
2021	St. Cloud	TED specialist	0	0	11

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>Agency service contacts made in-person and on-site (at DHHSD office locations)</b>	<b>Agency service contacts made in-person and off-site (at other locations)</b>	<b>Agency service contacts agencies online via technology</b>
2022	St. Cloud	TED specialist	0	0	10
2021	St. Paul	DHH Regional specialist #1	0	0	71
2022	St. Paul	DHH Regional specialist #1	0	0	36
2021	St. Paul	DHH Regional specialist #2	0	0	102
2022	St. Paul	DHH Regional specialist #2	0	0	100
2021	St. Paul	Information and Referral specialist	0	0	46
2022	St. Paul	Information and Referral specialist	0	0	2
2021	St. Paul	Mental Health specialist #1	0	0	2
2022	St. Paul	Mental Health specialist #1	0	0	0
2021	St. Paul	Mental Health specialist #2	0	0	4
2022	St. Paul	Mental Health specialist #2	0	0	0

<b>SFY</b>	<b>DHHSD office location (city)</b>	<b>DHHSD regional staff position</b>	<b>Agency service contacts made in-person and on-site (at DHHSD office locations)</b>	<b>Agency service contacts made in-person and off-site (at other locations)</b>	<b>Agency service contacts agencies online via technology</b>
2021	St. Paul	Program administrative assistant #1	0	0	37
2022	St. Paul	Program administrative assistant #1	0	0	24
2021	St. Paul	Program administrative assistant #2	0	0	16
2022	St. Paul	Program administrative assistant #2	0	0	7
2021	St. Paul	Program manager (DHH Regional)	0	0	15
2022	St. Paul	Program manager (DHH Regional)	0	0	2
2021	St. Paul	Program manager (Mental Health)	0	0	12
2022	St. Paul	Program manager (Mental Health)	0	0	2
2021	St. Paul	Program manager (TED)	0	0	4
2022	St. Paul	Program manager (TED)	0	0	0

SFY	DHHSD office location (city)	DHHSD regional staff position	Agency service contacts made in-person and on-site (at DHHSD office locations)	Agency service contacts made in-person and off-site (at other locations)	Agency service contacts agencies online via technology
2021	St. Paul	TED specialist #1	0	0	32
2022	St. Paul	TED specialist #1	0	0	17
2021	St. Paul	TED specialist #2	0	0	5
2022	St. Paul	TED specialist #2	0	0	0
2021	St. Paul	TED specialist #3	0	0	20
2022	St. Paul	TED specialist #3	0	0	1
2021	St. Paul	TED specialist #4	0	0	8
2022	St. Paul	TED specialist #4	0	0	1

### Locations for direct service delivery

When delivering direct services to individuals and agencies in-person and off-site, DHHSD's regional staff can use community locations in their assigned regions (in addition to DHHSD office locations).<sup>4</sup>

Table 11 provides information about the community locations where DHHSD's programs delivered direct services to individuals.

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<sup>4</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of services were provided online using technology for SFYs 2021 and 2022. This is reflected in the data.

Table 11 – Community locations where direct services were delivered by DHHSD’s programs to individuals in-person and off-site at other locations outside of DHHSD offices for SFYs 2021 and 2022

<b>SFY</b>	<b>City where direct services were delivered to individuals in-person and off-site</b>	<b>Community locations where direct services were delivered</b>	<b>DHHSD programs that delivered direct services</b>
2021	Crystal	Client Home or Apartment	TED
2021	Dilworth	Client Home or Apartment	TED
2021	Minneapolis	Client Home or Apartment	Mental Health, TED
2021	Ostrander	Client Home or Apartment	TED
2021	Prior Lake	Client Home or Apartment	Mental Health
2021	Rushford	Client Home or Apartment	TED
2021	Waconia	Client Home or Apartment	Mental Health
2022	Arden Hills	Psychiatric Office	Mental Health
2022	Bloomington	Client Home or Apartment	TED
2022	Chisholm	Assisted Living Facility	DHH Regional
2022	Coon Rapids	Client Home or Apartment	TED
2022	Duluth	Client Home or Apartment, Government Office (City/State/Federal)	DHH Regional
2022	Eagan	Client Home or Apartment	TED

<b>SFY</b>	<b>City where direct services were delivered to individuals in-person and off-site</b>	<b>Community locations where direct services were delivered</b>	<b>DHHSD programs that delivered direct services</b>
2022	Fargo	Courts/Law Enforcement, Recovery Treatment Program/Center, Other	DHH Regional
2022	Golden Valley	Client Home or Apartment	TED
2022	Hermantown	Client Home or Apartment	DHH Regional
2022	Hibbing	Library	DHH Regional
2022	Hopkins	Client Home or Apartment	TED
2022	Lakeville	Client Home or Apartment	TED
2022	Maplewood	Client Home or Apartment	TED
2022	Minneapolis	Client Home or Apartment	Mental Health, TED
2022	Moorhead	Assisted Living Facility, Courts/Law Enforcement, Government Office (County), Library, Prison/Correctional Facility	DHH Regional
2022	Mound	Client Home or Apartment	TED
2022	New Brighton	Client Home or Apartment	TED
2022	Princeton	Other	DHH Regional
2022	Rochester	Other	DHH Regional
2022	Roseville	Client Home or Apartment	TED

<b>SFY</b>	<b>City where direct services were delivered to individuals in-person and off-site</b>	<b>Community locations where direct services were delivered</b>	<b>DHHSD programs that delivered direct services</b>
2022	Sartell	Medical/Health/Dental Clinic	DHH Regional
2022	St. Cloud	Client Home or Apartment, Library	DHH Regional, TED
2022	St. Louis Park	Client Home or Apartment	TED
2022	St. Paul	Client Home or Apartment	TED
2022	Starbuck	Client Home or Apartment	TED
2022	Warroad	Assisted Living Facility	DHH Regional
2022	West St. Paul	Client Home or Apartment	Mental Health

Table 12 provides information about the community locations where DHHSD's programs delivered direct services to agencies.

Table 12 – Community locations where direct services were delivered by DHHSD's programs to agencies in-person and off-site at other locations outside of DHHSD offices for SFYs 2021 and 2022

<b>SFY</b>	<b>City where direct services were delivered to agencies in-person and off-site</b>	<b>Community locations where direct services were delivered to agencies in-person and off-site</b>	<b>DHHSD programs that delivered direct services to agencies</b>
2021	Virginia	Government Office (County)	DHH Regional



### Travel time for direct service delivery

When delivering direct services to individuals in-person, DHHS's regional staff may travel off-site to other DHHS office locations or community locations in their assigned regions.<sup>5</sup>

Table 13 provides information about the total travel time used by each DHHS program to deliver direct services to individuals.

Table 13 – Total travel time used by each DHHS program to deliver direct services to individuals in-person and off-site for SFYs 2021 and 2022

SFY	DHHS program	Total travel time to deliver direct services to individuals in-person and off-site (minutes)
2021	DHH Regional	0
2022	DHH Regional	1,052
2021	Mental Health	680
2022	Mental Health	117
2021	TED	170
2022	TED	1,270

Table 14 provides information about the total travel time used by each regional staff position to deliver direct services to individuals.

Table 14 – Total travel time used by each regional staff position to deliver direct services to individuals in-person and off-site (including other DHHS office locations) for SFYs 2021 and 2022

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<sup>5</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of services were provided online using technology for SFYs 2021 and 2022. This is reflected in the data.

SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Total travel time to deliver direct services to individuals in-person and off-site (minutes)
2021	Duluth	DHH Regional specialist	DHH Regional	0
2022	Duluth	DHH Regional specialist	DHH Regional	40
2021	Duluth	Mental Health specialist	Mental Health	0
2022	Duluth	Mental Health specialist	Mental Health	42
2021	Duluth	TED specialist	TED	0
2022	Duluth	TED specialist	TED	0
2021	Hibbing	DHH Regional specialist	DHH Regional	0
2022	Hibbing	DHH Regional specialist	DHH Regional	138
2021	Mankato	TED specialist	TED	0
2022	Mankato	TED specialist	TED	0
2021	Moorhead	DHH Regional specialist #1	DHH Regional	0
2022	Moorhead	DHH Regional specialist #1	DHH Regional	194

<b>SFY</b>	<b>DHHS office location (city)</b>	<b>DHHS regional staff position</b>	<b>DHHS program</b>	<b>Total travel time to deliver direct services to individuals in-person and off-site (minutes)</b>
2021	Moorhead	DHH Regional specialist #2	DHH Regional	0
2022	Moorhead	DHH Regional specialist #2	DHH Regional	370
2021	Moorhead	Mental Health specialist	Mental Health	0
2022	Moorhead	Mental Health specialist	Mental Health	0
2021	Moorhead	TED specialist	TED	0
2022	Moorhead	TED specialist	TED	0
2021	Rochester	DHH Regional specialist	DHH Regional	0
2022	Rochester	DHH Regional specialist	DHH Regional	150
2021	St. Cloud	DHH Regional specialist	DHH Regional	0
2022	St. Cloud	DHH Regional specialist	DHH Regional	160
2021	St. Cloud	Mental Health specialist	Mental Health	0
2022	St. Cloud	Mental Health specialist	Mental Health	0

SFY	DHHS office location (city)	DHHS regional staff position	DHHS program	Total travel time to deliver direct services to individuals in-person and off-site (minutes)
2021	St. Cloud	TED specialist	TED	0
2022	St. Cloud	TED specialist	TED	0
2021	St. Paul	DHH Regional specialist #1	DHH Regional	0
2022	St. Paul	DHH Regional specialist #1	DHH Regional	0
2021	St. Paul	DHH Regional specialist #2	DHH Regional	0
2022	St. Paul	DHH Regional specialist #2	DHH Regional	0
2021	St. Paul	Mental Health specialist #1	Mental Health	525
2022	St. Paul	Mental Health specialist #1	Mental Health	75
2021	St. Paul	Mental Health specialist #2	Mental Health	155
2022	St. Paul	Mental Health specialist #2	Mental Health	0
2021	St. Paul	Program manager (DHH Regional)	DHH Regional	0
2022	St. Paul	Program manager (DHH Regional)	DHH Regional	0

SFY	DHHSD office location (city)	DHHSD regional staff position	DHHSD program	Total travel time to deliver direct services to individuals in-person and off-site (minutes)
2021	St. Paul	Program manager (Mental Health)	Mental Health	0
2022	St. Paul	Program manager (Mental Health)	Mental Health	0
2021	St. Paul	Program manager (TED)	TED	0
2022	St. Paul	Program manager (TED)	TED	0
2021	St. Paul	TED specialist #1	TED	60
2022	St. Paul	TED specialist #1	TED	180
2021	St. Paul	TED specialist #2	TED	110
2022	St. Paul	TED specialist #2	TED	1,090
2021	St. Paul	TED specialist #3	TED	0
2022	St. Paul	TED specialist #3	TED	0
2021	St. Paul	TED specialist #4	TED	0
2022	St. Paul	TED specialist #4	TED	0

## Waiting lists for direct service delivery

DHHS's regional staff rarely need to put individuals on waiting lists for direct service delivery by DHHS's programs. Typically these individuals need services to be delivered in-person and off-site at locations such as at their homes.<sup>6</sup>

Table 15 provides information about the number of individuals that were on waiting lists for direct services from DHHS's programs.

Table 15 – Number of individuals on waiting lists for direct services from DHHS's programs as of June 30<sup>th</sup> for SFYs 2021 and SFY 2022

SFY	DHHS office location (city)	DHHS program	DHHS direct service	Number of individuals on waiting list
2021	Duluth	DHH Regional	1:1 assistance	0
2022	Duluth	DHH Regional	1:1 assistance	0
2021	Duluth	DHH Regional	Information & referral, technical assistance	0
2022	Duluth	DHH Regional	Information & referral, technical assistance	0
2021	Duluth	DHH Regional	Training	0
2022	Duluth	DHH Regional	Training	0
2021	Duluth	Mental Health	Therapy	0
2022	Duluth	Mental Health	Therapy	0
2021	Duluth	Mental Health	Related services	0

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<sup>6</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of services were provided online using technology for SFYs 2021 and 2022. This is reflected in the data.

SFY	DHHSD office location (city)	DHHSD program	DHHSD direct service	Number of individuals on waiting list
2022	Duluth	Mental Health	Related services	0
2021	Duluth	TED	Assessment	0
2022	Duluth	TED	Assessment	0
2021	Duluth	TED	Equipment	0
2022	Duluth	TED	Equipment	0
2021	Duluth	TED	Training on equipment	0
2022	Duluth	TED	Training on equipment	0
2021	Hibbing	DHH Regional	1:1 assistance	0
2022	Hibbing	DHH Regional	1:1 assistance	0
2021	Hibbing	DHH Regional	Information & referral, technical assistance	0
2022	Hibbing	DHH Regional	Information & referral, technical assistance	0
2021	Hibbing	DHH Regional	Training	0
2022	Hibbing	DHH Regional	Training	0
2021	Mankato	DHH Regional	1:1 assistance	0
2022	Mankato	DHH Regional	1:1 assistance	0
2021	Mankato	DHH Regional	Information & referral, technical assistance	0

SFY	DHHS office location (city)	DHHS program	DHHS direct service	Number of individuals on waiting list
2022	Mankato	DHH Regional	Information & referral, technical assistance	0
2021	Mankato	DHH Regional	Training	0
2022	Mankato	DHH Regional	Training	0
2021	Mankato	Mental Health	Therapy	0
2022	Mankato	Mental Health	Therapy	0
2021	Mankato	Mental Health	Related services	0
2022	Mankato	Mental Health	Related services	0
2021	Mankato	TED	Assessment	0
2022	Mankato	TED	Assessment	0
2021	Mankato	TED	Equipment	0
2022	Mankato	TED	Equipment	1
2021	Mankato	TED	Training on equipment	0
2022	Mankato	TED	Training on equipment	0
2021	Moorhead	DHH Regional	1:1 assistance	0
2022	Moorhead	DHH Regional	1:1 assistance	5
2021	Moorhead	DHH Regional	Information & referral, technical assistance	0



SFY	DHHSD office location (city)	DHHSD program	DHHSD direct service	Number of individuals on waiting list
2022	Moorhead	DHH Regional	Information & referral, technical assistance	2
2021	Moorhead	DHH Regional	Training	0
2022	Moorhead	DHH Regional	Training	0
2021	Moorhead	Mental Health	Therapy	0
2022	Moorhead	Mental Health	Therapy	0
2021	Moorhead	Mental Health	Related services	0
2022	Moorhead	Mental Health	Related services	0
2021	Moorhead	TED	Assessment	0
2022	Moorhead	TED	Assessment	0
2021	Moorhead	TED	Equipment	0
2022	Moorhead	TED	Equipment	0
2021	Moorhead	TED	Training on equipment	2
2022	Moorhead	TED	Training on equipment	3
2021	Rochester	DHH Regional	1:1 assistance	0
2022	Rochester	DHH Regional	1:1 assistance	0
2021	Rochester	DHH Regional	Information & referral, technical assistance	0

SFY	DHHS office location (city)	DHHS program	DHHS direct service	Number of individuals on waiting list
2022	Rochester	DHH Regional	Information & referral, technical assistance	0
2021	Rochester	DHH Regional	Training	0
2022	Rochester	DHH Regional	Training	0
2021	St. Cloud	DHH Regional	1:1 assistance	0
2022	St. Cloud	DHH Regional	1:1 assistance	0
2021	St. Cloud	DHH Regional	Information & referral, technical assistance	0
2022	St. Cloud	DHH Regional	Information & referral, technical assistance	0
2021	St. Cloud	DHH Regional	Training	0
2022	St. Cloud	DHH Regional	Training	0
2021	St. Cloud	Mental Health	Therapy	0
2022	St. Cloud	Mental Health	Therapy	0
2021	St. Cloud	Mental Health	Related services	0
2022	St. Cloud	Mental Health	Related services	0
2021	St. Cloud	TED	Assessment	0
2022	St. Cloud	TED	Assessment	0
2021	St. Cloud	TED	Equipment	1

SFY	DHHS office location (city)	DHHS program	DHHS direct service	Number of individuals on waiting list
2022	St. Cloud	TED	Equipment	0
2021	St. Cloud	TED	Training on equipment	0
2022	St. Cloud	TED	Training on equipment	0
2021	St. Paul	DHH Regional	1:1 assistance	0
2022	St. Paul	DHH Regional	1:1 assistance	0
2021	St. Paul	DHH Regional	Information & referral, technical assistance	0
2022	St. Paul	DHH Regional	Information & referral, technical assistance	11
2021	St. Paul	DHH Regional	Training	0
2022	St. Paul	DHH Regional	Training	0
2021	St. Paul	Mental Health	Therapy	0
2022	St. Paul	Mental Health	Therapy	0
2021	St. Paul	Mental Health	Related services	0
2022	St. Paul	Mental Health	Related services	0
2021	St. Paul	TED	Assessment	2
2022	St. Paul	TED	Assessment	0
2021	St. Paul	TED	Equipment	1

SFY	DHHS office location (city)	DHHS program	DHHS direct service	Number of individuals on waiting list
2022	St. Paul	TED	Equipment	2
2021	St. Paul	TED	Training on equipment	7
2022	St. Paul	TED	Training on equipment	4

## B. Costs of reasonable accommodations for staff

DHHS provides a variety of reasonable accommodations for its staff that include sign language interpreting services and real-time captioning (also referred to as Communication Access Realtime Translation, or CART) services.<sup>7</sup> From SFY 2021 to SFY 2022, the total number of DHHS staff increased from 33 to 34, and the number who were deaf, deafblind and hard of hearing increased from 17 to 18 (representing a percentage increase from 52% to 53%).

A portion of DHHS'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 state agencies' costs for providing reasonable accommodations to applicants and employees with disabilities. However, the actual amount reimbursed to DHHS is usually less due to CAF's limited budget. Also, DHHS's salary costs for reasonable accommodations provided by staff sign language interpreters are not eligible for CAF reimbursement.

Table 16 provides information about the costs of reasonable accommodations for DHHS's staff.

Table 16 – Costs of reasonable accommodations for DHHS's staff in SFYs 2021 and 2022, including actual dollar amount and percentage of total budget

SFY	Type of reasonable accommodation cost	Amount spent by DHHS (in dollars)	Percent of total DHHS budget
2021	Salary – staff sign language interpreters	\$178,175.11	4.58%

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<sup>7</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of interpreting and CART services were provided online using Video Remote Interpreting (VRI) and other technology for SFYs 2021 and 2022.

SFY	Type of reasonable accommodation cost	Amount spent by DHHSD (in dollars)	Percent of total DHHSD budget
2021	Administrative – independent contractor services <sup>8</sup>	\$49,536.74	1.27%
2022	Salary – staff sign language interpreters <sup>9</sup>	\$128,269.88	2.82%
2022	Administrative – independent contractor services <sup>10</sup>	\$40,047.00	1.09%

### C. Technology demonstration labs

As part of its direct services, DHHSD provides demonstrations of assistive devices and other technology that can benefit people who are deaf, deafblind, and hard of hearing.<sup>11</sup> DHHSD’s regional staff have labs available where a variety of technology are on display, and they also provide technology demonstrations during trainings and other events.

Table 17 provides information on the numbers of individuals who received assistive technology demonstrations and who attended trainings with technology demonstrations.

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<sup>8</sup> \$22,610.88 of DHHSD’s administrative accommodation costs for SFY 2021 were reimbursed by CAF. These costs were incurred by hiring freelance sign language interpreting services (for both in-person and Video Remote Interpreting) and real-time captioning services.

<sup>9</sup> A decrease in the staffing level for SFY 2022 led to a decrease in DHHSD’s salary cost for staff sign language interpreters.

<sup>10</sup> \$16,580.31 of DHHSD’s administrative accommodation costs for SFY 2022 were reimbursed by CAF. These costs were incurred by hiring freelance sign language interpreting services (for both in-person and Video Remote Interpreting) and real-time captioning services.

<sup>11</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of services were provided online using technology for SFYs 2021 and 2022. This is reflected in the data as technology labs and demonstrations are typically provided in-person.

Table 17 – Total number of unduplicated individuals who received assistive technology demonstrations as part of direct services provided by DHHS & total number of individuals who attended trainings with technology demonstrations provided by DHHS in SFYs 2021 and 2022

SFY	Total number of unduplicated individuals who received assistive technology demonstrations as part of direct services provided by DHHS	Total number of individuals who attended trainings with technology demonstrations provided by DHHS
2021	16	0
2022	8	0

#### D. Training activities and outcomes

An important part of DHHS's direct services is to provide trainings that educate agencies, service providers, employers, families, and other individuals about the types of hearing loss experienced by Minnesotans (which includes people who identify as deaf, deafblind and hard of hearing), the impact of hearing loss on their lives, and the options and strategies available to them for living full lives with hearing loss.

DHHS typically delivers the majority of its training opportunities in-person.<sup>12</sup> The increased use of technology to deliver direct services during the COVID-19 pandemic in SFYs 2021 and 2022 has accelerated DHHS's plans to increase its capacity to provide training opportunities to people statewide through in-person, hybrid, and online delivery modes and evaluate the outcomes. This includes the establishment of a new technology and training specialist position to provide support for this increased capacity.

Table 18 provides information on the total number of training activities provided by DHHS and the total number of attendees for training activities provided by DHHS.

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<sup>12</sup> Due to safeguards enacted by the State during the COVID-19 pandemic, the majority of trainings were provided online using technology for SFYs 2021 and 2022. This is reflected in the data.

Table 18 – Total number of training activities provided by DHHSD & total number of attendees for training activities provided by DHHSD in SFYs 2021 and 2022

SFY	Total number of training activities provided by DHHSD	Total number of attendees for training activities provided by DHHSD
2021	35	506
2022	18	477

Table 19 provides information on the three types of delivery modes used by DHHSD to provide training activities.

Table 19 – Number of training activities provided by DHHSD through three types of delivery modes used in SFYs 2021 and 2022, including in-person, hybrid (both in-person and online using technology), and online using technology

SFY	Total number of in-person training activities provided by DHHSD	Total number of hybrid (both in-person and online using technology) training activities provided by DHHSD	Total number of online (using technology) training activities provided by DHHSD
2021	0	0	24
2022	5	2	11

Table 20 provides information on the types of training topics related to hearing loss presented by DHHSD.

Table 20 – Types of training topics related to hearing loss presented by DHHSD in SFYs 2021 and 2022, including the number of times that a topic was presented (the majority of DHHSD's training activities have multiple topics) and which DHHSD programs presented it

SFY	Type of training topic	Number of times that training topic was presented	DHHSD programs that presented training topic
2021	About Hearing Loss	19	DHH Regional
2022	About Hearing Loss	7	DHH Regional

SFY	Type of training topic	Number of times that training topic was presented	DHHSD programs that presented training topic
2021	Accommodating Hearing Loss	16	DHH Regional
2022	Accommodating Hearing Loss	9	DHH Regional
2021	Best Practices	21	DHH Regional
2022	Best Practices	8	DHH Regional Mental Health
2021	Communication Challenges	23	DHH Regional
2022	Communication Challenges	13	DHH Regional Mental Health
2021	Deaf Culture	12	DHH Regional
2022	Deaf Culture	5	DHH Regional Mental Health
2021	DeafBlind	4	DHH Regional
2022	DeafBlind	3	DHH Regional
2021	Grants	1	DHH Regional
2022	Grants	1	DHH Regional
2021	Hearing Loss and Mental Health	3	DHH Regional
2022	Hearing Loss and Mental Health	4	DHH Regional Mental Health



SFY	Type of training topic	Number of times that training topic was presented	DHHSD programs that presented training topic
2021	Impact of Hearing Loss	14	DHH Regional
2022	Impact of Hearing Loss	10	DHH Regional Mental Health
2021	Interpreter/Communication Access	17	DHH Regional
2022	Interpreter/Communication Access	10	DHH Regional Mental Health
2021	Introduction to American Sign Language	4	DHH Regional
2022	Introduction to American Sign Language	2	DHH Regional
2021	Legal Requirements/Rights	5	DHH Regional
2022	Legal Requirements/Rights	9	DHH Regional
2021	Self-Advocacy	2	DHH Regional
2022	Self-Advocacy	2	DHH Regional

## E. Grant-funded services and waiting lists

In addition to direct services, DHHSD also provides grant-funded services. The majority of these services are funded by the State's General Fund, with the rest funded through the Minnesota Department of Commerce's Telecommunications Access Minnesota (TAM) Special Revenue appropriation.

### General Fund grant services

DHHSD's grant services funded by the State's General Fund include: services for people who are deafblind, services to increase the availability of sign language interpreting services in Greater Minnesota, services to

provide deaf and hard of hearing mentors for families with children who are deaf and hard of hearing, and services for people who are deaf, deafblind, hard of hearing and who need mental health services..<sup>13</sup>

### **Services for people who are deafblind**

This section provides information on DHHSD's four grant-funded services for people who are deafblind, including grantee names, contract amounts awarded for SFYs 2021 and 2022, and summaries of results and evaluations for grantee activities.

#### *1. Training in Protactile and other communication systems for people who are deafblind*

Grantee name: ASL Interpreting Services (ASLIS)

Contract amount awarded for SFY 2021: \$20,000

Contract amount awarded for SFY 2022: \$20,000

Table 21 – Summaries of results and evaluations for ASLIS's grant activities for SFYs 2021 and 2022

<b>SFY</b>	<b>Summary of results for ASLIS's grant activities</b>	<b>Summary of evaluations for ASLIS's grant activities</b>
2021	3 individuals who are deafblind and 0 individuals who self-identify as "speaking deafblind" participated in Protactile communication training.  24 sign language interpreters, 8 intervener providers for families with children who are deafblind, 4 Support Service Providers (SSPs) for people who are deafblind, and 17 other service providers participated in Protactile communication training.	100% of attendees found the event beneficial or very beneficial.

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<sup>13</sup> Due to safeguards enacted by DHHSD's grantees with the support of the State during the COVID-19 pandemic, many grant services funded by the State's General Fund were provided online using technology for SFYs 2021 and 2022. This had an impact on those grant services that are normally provided in-person (in some cases, the use of technology to receive online services was not a viable or preferred option for consumers).

SFY	Summary of results for ASLIS's grant activities	Summary of evaluations for ASLIS's grant activities
2022	<p>0 individuals who are deafblind and 2 individuals who self-identify as "speaking deafblind" participated in Protactile communication training.</p> <p>11 sign language interpreters, 4 intervener providers for families with children who are deafblind, 6 Support Service Providers (SSPs) for people who are deafblind, and 21 other service providers participated in Protactile communication training.</p>	100% of attendees found the event beneficial or very beneficial.

*2. DeafBlind Consumer Directed Services Program (DBCDS) and Technology and Training Access Program (TTAP)*

Grantee name: Consumer Directions, Inc. (CDI)

Contract amount awarded for SFY 2021: \$438,000

Contract amount awarded for SFY 2022: \$438,000

Table 22 – Summaries of results and evaluations for CDI's grant activities for SFYs 2021 and 2022

SFY	Summary of results for CDI's grant activities	Summary of evaluations for CDI's grant activities
2021	The DBCDS program served 39 people who are deafblind.	<p>100% of participants are likely to refer the program to family and friends.</p> <p>96% are satisfied or very satisfied with the timeliness of CDI's services.</p>
2022	The DBCDS program served 38 people who are deafblind.	<p>100% of participants are likely to refer the program to family and friends.</p> <p>96% are satisfied or very satisfied with the timeliness of CDI's services.</p>

SFY	Summary of results for CDI's grant activities	Summary of evaluations for CDI's grant activities
2021	The TTAP program served 31 people who are deafblind.	<p>100% of participants are likely to refer the program to family and friends.</p> <p>86% are satisfied or very satisfied with the timeliness of CDI's services.</p> <p>86% are satisfied or very satisfied overall with CDI's services.</p>
2022	The TTAP program served 41 people who are deafblind.	<p>89% of participants are likely to refer the program to family and friends.</p> <p>89% are satisfied or very satisfied with the timeliness of CDI's services.</p> <p>100% are satisfied or very satisfied overall with CDI's services.</p>

### 3. Adult Community Services (ACS) and Children, Youth and Family Services (CYFS)

Grantee name: DeafBlind Services Minnesota (DBSM)

Contract amount awarded for SFY 2021: \$620,756

Contract amount awarded for SFY 2022: \$620,756

Table 23 – Summaries of results and evaluations for DBSM's grant activities for SFYs 2021 and 2022

SFY	Summary of results for DBSM's grant activities	Summary of evaluations for DBSM's grant activities
2021	<p>52 adults who are deafblind received Support Service Provider (SSP) services throughout the year.</p> <p>36 children/youth who are deafblind and their families received intervener support services throughout the year.</p>	<p>100% of adults are likely or very likely to recommend the program to others.</p> <p>77% of families are satisfied or very satisfied overall.</p> <p>55% of families report the intervener support services have improved their child's integration with family and/or community.</p>

SFY	Summary of results for DBSM's grant activities	Summary of evaluations for DBSM's grant activities
2022	<p>52 adults who are deafblind received Support Service Provider (SSP) services throughout the year.</p> <p>36 children/youth who are deafblind and their families received intervener support services throughout the year.</p>	<p>94% of adults are likely or very likely to recommend the program to others.</p> <p>80% of families are satisfied or very satisfied overall.</p> <p>80% of families report the intervener support services have improved their child's integration with family and/or community.</p>

#### 4. Educational and community integration activities

Grantee name: Minnesota DeafBlind Association (MDBA)

Contract amount awarded for SFY 2021: \$18,000

Contract amount awarded for SFY 2022: \$18,000

MDBA normally provides in-person educational and community integration activities for people who are deafblind. During the COVID-19 pandemic MDBA did not hold in-person activities, so there are no summaries of results and evaluations to report for MDBA's activities for SFYs 2021 and 2022.

#### Services to increase the availability of sign language interpreting services in Greater Minnesota

This section provides information on DHHSD's four grant-funded services to increase the availability of sign language interpreting services in Greater Minnesota, including grantee names, contract amounts awarded for SFYs 2021 and 2022, and summaries of results and evaluations for grantee activities.

##### 1. Greater Minnesota sign language interpreting service availability capacity building

Grantee name: ASL Interpreting Services (ASLIS)

Contract amount awarded for SFY 2021: \$290,966

Contract amount awarded for SFY 2022: \$290,966

Table 24 – Summaries of results and evaluations for ASLIS’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for ASLIS’s grant activities	Summary of evaluations for ASLIS’s grant activities
2021	<p>For capacity building:</p> <p>521 participants attended trainings to increase knowledge and skills for practicing interpreters.</p> <p>19 educational interpreters participated in the Education to Excellence (E2E) program to prepare for community interpreting work.</p> <p>9 interpreters participated in the MedStart program, and 0 interpreters participated in specialty programs in the MedMaster program for medical interpreting.</p> <p>29 interpreters participated in mental health interpreter training.</p> <p>3 interpreters participated in secure facilities training.</p> <p>0 presentations were held for Greater Minnesota interpreter recruitment.</p> <p>5 pre-certified interpreters participated in the interpreter certification program.</p> <p>1 individual who is deaf attended the self-advocacy program.</p>	<p>MedStart participants report increased confidence and willingness to provide interpreting services in medical settings.</p>

SFY	Summary of results for ASLIS's grant activities	Summary of evaluations for ASLIS's grant activities
2022	<p>For capacity building:</p> <p>957 participants attended trainings to increase knowledge and skills for practicing interpreters.</p> <p>29 interpreters participated in the Mentoring to Excellence (M2E) program to prepare for community interpreting work.</p> <p>0 interpreters participated in the MedStart program, and 0 interpreters participated in specialty programs in the MedMaster program for medical interpreting.</p> <p>0 interpreters participated in mental health interpreter training.</p> <p>5 interpreters participated in secure facilities training.</p> <p>412 attendees participated in presentations held for Greater Minnesota interpreter recruitment.</p> <p>7 pre-certified interpreters participated in the interpreter certification program.</p> <p>0 individuals who are deaf attended the self-advocacy program.</p>	<p>100% of secure facilities training participants report they will apply what they have learned to continue growing their interpreting skills.</p>
2021	For 12 Step meetings, 76 requests for interpreting services were received.	100% of requests were filled.
2022	For 12 Step meetings, 47 requests for interpreting services were received.	100% of requests were filled.
2021	For funerals, 21 requests for interpreting services were received.	95% of requests were filled.
2022	For funerals, 41 requests for interpreting services were received.	100% of requests were filled.

SFY	Summary of results for ASLIS's grant activities	Summary of evaluations for ASLIS's grant activities
2021	For travel reimbursement, 84 requests for assistance as part of providing interpreting services were received.	100% of requests were filled.
2022	For travel reimbursement, 183 requests for assistance as part of providing interpreting services were received.	100% of requests were filled.
2021	For Video Remote Interpreting (VRI) capacity building, 23 interpreters in Greater Minnesota received support to become VRI providers.. <sup>14</sup>	Not applicable.

*2. Program coordinator for American Sign Language (ASL) interpreting student stipend internships in Greater Minnesota*

Grantee name: Independent contractor Jamillah Hollman acting as program coordinator for SFY 2021 & Paula GM Interpreting and Consulting Services, LLC acting as program coordinator for SFY 2022

Contract amount awarded for SFY 2021: \$18,710

Contract amount awarded for SFY 2022: \$12,500

Table 25 – Summary of results and evaluations for program coordinator's grant activities for SFYs 2021 and 2022

SFY	Summary of results for program coordinator's grant activities	Summary of evaluations for program coordinator's grant activities
2021	6 ASL interpreter interns accepted internships in Greater Minnesota.	100% of interpreter interns were satisfied with the stipend program.
2022	6 ASL interpreter interns accepted internships in Greater Minnesota.	100% of interpreter interns were satisfied with the stipend program.

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<sup>14</sup> This grant-funded service was provided in SFYs 2020 and 2021 to address the increased number of statewide requests for Video Remote Interpreting (VRI) services using online technology during the COVID-19 pandemic.



*3. Development of digital educational materials on Video Remote Interpreting (VRI) for providers and consumers*

Grantee name: ZenMation

Contract amount awarded for SFY 2021: \$45,125

Table 26 – Summaries of results and evaluations for ZenMation’s grant activities for SFY 2021

<b>SFY</b>	<b>Summary of results for ZenMation’s grant activities</b>	<b>Summary of evaluations for ZenMation’s grant activities</b>
2021	<p>Develop online training on best practices in Video Remote Interpreting (VRI).</p> <p>One version of the training will be targeted to entities who hire interpreting services.</p> <p>One version of the training will be delivered in American Sign Language (ASL) and targeted to consumers who are deaf and use interpreting services.</p> <p>Develop facilitator’s guides on VRI for each training that can be used in conjunction with the online training for small group instruction and presentations.</p>	<p>Both online trainings are posted on the DHHS website and available for use.</p> <p>The facilitators guide is available for internal trainings.</p>

*4. In-person and/or virtual Video Remote Interpreting (VRI) training for Greater Minnesota interpreters*

Grantee name: ASL Interpreting Services (ASLIS)

Contract amount awarded for SFY 2022: \$49,000

Table 27 – Summaries of results and evaluations for ASLIS’s grant activities for SFY 2022

SFY	Summary of results for ASLIS’s grant activities	Summary of evaluations for ASLIS’s grant activities
2022	<p>46 interpreters attended trainings aimed to increase knowledge and skills for practicing interpreting in a virtual setting.</p> <p>8 interpreters completed self-paced training related to VRI.</p>	<p>100% of participants will apply the learning to their interpreting work.</p>

### **Services to provide deaf and hard of hearing mentors for families with children who are deaf and hard of hearing**

This section provides information on DHHSD’s one grant-funded service to provide deaf and hard of hearing mentors to families with children who are deaf and hard of hearing, including grantee names, contract amounts awarded for SFYs 2021 and 2022, and summaries of results and evaluations for grantee activities.

#### *1. Deaf and hard of hearing mentors for families with children who are deaf and hard of hearing*

Grantee name: Lifetrack for SFY 2021 and Lutheran Social Service of Minnesota (LSS) for SFY 2022.<sup>15</sup>

Contract amount awarded for SFY 2021: \$196,112

Contract amount awarded for SFY 2022: \$196,112

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<sup>15</sup> In July 2021, the Lifetrack and Lutheran Social Service of Minnesota (LSS) organizations formally merged into LSS.

Table 28 – Summary of results and evaluations for Lifetrack’s and LSS’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for Lifetrack’s and LSS’s grant activities	Summary of evaluations for Lifetrack’s and LSS’s grant activities
2021	<p>For Lifetrack:</p> <p>54 families with children who are deaf or hard of hearing received services.</p> <p>95% of parents reported improved communication with their child who has hearing loss.</p> <p>92% reported their child’s life has improved since joining the program.</p>	<p>For Lifetrack:</p> <p>100% of program participants are satisfied or highly satisfied with services.</p> <p>100% reported their mentor’s schedule met their family’s needs.</p>
2022	<p>For LSS:</p> <p>43 families with children who are deaf or hard of hearing received services.</p> <p>95% of parents reported improved communication with their child who has hearing loss.</p> <p>92% reported their child’s life has improved since joining the program.</p>	<p>For LSS:</p> <p>100% reported their mentor’s schedule met their family’s needs.</p> <p>100% reported their mentor’s schedule met their family’s needs.</p>

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

This section provides information on DHHSD’s seven grant-funded services for people who are deaf, deafblind, hard of hearing and who need mental health services, including grantee names, contract amounts awarded for SFYs 2021 and 2022, and summaries of results and evaluations for grantee activities.

#### 1. *Certified mental health peer support specialist (CPSS) services*

Grantee name: Consumer Directions, Inc. (CDI)

Contract amount awarded for SFY 2021: \$80,000

Contract amount awarded for SFY 2022: \$80,000

Table 29 – Summary of results and evaluations for CDI’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for CDI’s grant activities	Summary of evaluations for CDI’s grant activities <sup>16</sup>
2021	<p>15 people who are deaf received peer support services.</p> <p>83% of individualized recovery goals were achieved or are in good progress.</p> <p>80% of peers receiving services have completed or are making good progress on their recovery goals.</p>	<p>After several years of CPSS services, a peer was recently able to move into a home environment with family. This peer received the support needed in a language-rich environment.</p> <p>A peer has a history of difficulty managing anger. Through work with a Deaf CPSS this year, this peer has successfully developed the techniques to better manage anger, especially during COVID times.</p>
2022	<p>13 people who are deaf received peer support services.</p> <p>90% of individualized recovery goals were achieved or are in good progress.</p> <p>92% of peers receiving services have completed or are making good progress on their recovery goals.</p>	<p>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 connect with some community services. Within a month, the peer had found employment and had since passed the probationary period, received a raise, and got promoted. The peer is happy with the 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.</p>

## 2. Psychiatric services provided via telehealth (telepsychiatry)

Grantee name: LifeConnect Health, LLC

Contract amount awarded for SFY 2021: \$48,923

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<sup>16</sup> Due to the nature of this grant, evaluations are done through the collection of peer success stories instead of satisfaction survey results.

Contract amount awarded for SFY 2022: \$48,923

Table 30 – Summary of results and evaluations for LifeConnect Health’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for LifeConnect Health’s grant activities	Summary of evaluations for LifeConnect Health’s grant activities. <sup>17</sup>
2021	<p>14 people who are deaf or hard of hearing received psychiatric services, totaling 120 hours of psychiatric-related services.</p> <p>96 contacts made throughout the fiscal year.</p> <p>100% of the patients seen have been compliant with prescribed medications and have chosen to continue the medications.</p>	<p>Insufficient survey results due to low response rate.</p> <p>Over the course of 18 months, one client has discontinued the use of a psychiatric medication (while adjusting other medication) and is reportedly managing symptoms with increased utilization of therapeutic skills learned.</p> <p>Completed medication management and ongoing consultation for two clients with autism that LifeConnect Health has been supporting with excellent progress.</p> <p>One client was awaiting a court date in a rehabilitation center where no one used American Sign Language (ASL) and was grateful to have the opportunity to receive services from LifeConnect Health in ASL. The client was successfully transferred to another place where they are reportedly appropriately supported. A meeting was held to assure the transition went well and provide information on how to continue to access medication management from LifeConnect Health.</p> <p>One client referred was evaluated, and it was discovered that the client was extremely confused about medication management. The outcome of the evaluation was that the client was lower functioning than perceived by a family member, and needed supervision with medication management which the family member committed to providing. Another family member who passed probably provided the support needed before; therefore, the evaluation helped the current family member gain insight and learn what is necessary to support the client.</p>

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<sup>17</sup> Due to the nature of this grant, evaluations are done through the collection of both success stories and satisfaction survey results.

SFY	Summary of results for LifeConnect Health's grant activities	Summary of evaluations for LifeConnect Health's grant activities <sup>17</sup>
2022	<p>22 people who are deaf or hard of hearing received psychiatric services, totaling 193 hours of psychiatric-related services.</p> <p>176 contacts made throughout the fiscal year.</p> <p>100% of the patients seen have been compliant with prescribed medications and have chosen to continue the medications.</p>	<p>LifeConnect Health received ten responses to the survey. All responses ranged from Somewhat Satisfied to Extremely Satisfied, which indicated all patients are generally satisfied with LifeConnect Health's services.</p> <p>One client reportedly was resistant to engage or open to medication but has agreed to return for further education on potential risks and benefits of psychotropic medications.</p> <p>One client was having difficulties managing emotions and went to a crisis unit. Care was coordinated with the hospital, which was helpful to assure the continuation of the medication regimen.</p> <p>A client whose parents sought out-of-state educational placement continues to stabilize. The family now feels they can safely support the client at home.</p> <p>A client who was seen for the past 18 months is now moving out-of-state.</p>

### 3. *Psychological assessment and follow-up services for children and youth*

Grantee name: Metropolitan Educational Cooperative Service Unit (Metro ESCU)

Contract amount awarded for SFY 2021: \$120,324

Contract amount awarded for SFY 2022: \$122,000

Table 31 – Summary of results and evaluations for Metro ESCU’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for Metro ESCU’s grant activities	Summary of evaluations for Metro ESCU’s grant activities
2021	<p>27 children and youth received psychological assessments and follow-up planning.</p> <p>23 cities/towns in Greater Minnesota were served.</p> <p>89% of participants’ individualized treatment goals were achieved or are in good progress.</p> <p>93% of participants completed or are making good progress on their goals.</p>	<p>100% of families participating in the program reported the overall evaluation process as very good or excellent.</p>
2022	<p>24 children and youth received psychological assessments and follow-up planning.</p> <p>16 cities/towns in Greater Minnesota were served.</p> <p>100% of participants’ individualized treatment goals were achieved or are in good progress.</p> <p>100% of participants completed or are making good progress on their goals.</p>	<p>100% of families participating in the program reported the overall evaluation process as very good or excellent.</p>

*4. Deaf mental health services drop-in center and independent living services*

Grantee name: People Incorporated

Contract amount awarded for SFY 2021: \$80,000

Contract amount awarded for SFY 2022: \$80,000

Table 32 – Summary of results and evaluations for People Incorporated’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for People Incorporated’s grant activities	Summary of evaluations for People Incorporated’s grant activities
2021	<p>30 people participated in the programs.</p> <p>44% of participants’ individualized treatment goals were achieved or are in good progress.</p> <p>40% of participants completed or are making good progress on their goals.</p>	<p>70% of participants reported an improved ability to manage their own life and manage their symptoms.</p> <p>Due to the closure of the Drop-In Center because of COVID-19, the satisfaction surveys were not provided to the consumers this fourth quarter.</p>
2022	<p>31 people participated in the programs.</p> <p>61% of participants’ individualized treatment goals were achieved or are in good progress.</p> <p>67% of participants completed or are making good progress on their goals.</p>	<p>100% of participants reported an improved ability to manage their own life and manage their symptoms.</p> <p>100% of survey respondents are satisfied with the quality of the mental health services they received despite the Drop-In Center being closed for the most of FY 2022 due to COVID-19.</p>

*5. Health and Wellness Program (HWP) for people who are deaf, deafblind, and hard of hearing*

Grantee name: Regions Hospital

Contract amount awarded for SFY 2021: \$110,000

Contract amount awarded for SFY 2022: \$110,000



Table 33 – Summary of results and evaluations for Regions Hospital’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for Regions Hospital’s grant activities	Summary of evaluations for Regions Hospital’s grant activities
2021	<p>85 people received services.</p> <p>84% of individualized treatment goals of the people receiving services were achieved or are in good progress.</p> <p>90% of service recipients completed or are making good progress on their goals.</p>	<p>90% of survey respondents rated the help they received as very good or excellent.</p> <p>86% of respondents would recommend the program to others.</p> <p>76% of respondents rated the timeliness of services and very good or excellent.</p>
2022	<p>94 people received services.</p> <p>90% of individualized treatment goals of the people receiving services were achieved or are in good progress.</p> <p>92% of service recipients completed or are making good progress on their goals.</p>	<p>93% of survey respondents rated the help they received as very good or excellent.</p> <p>80% of respondents would recommend the program to others.</p> <p>80% of respondents rated the timeliness of services and very good or excellent.</p>

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

Grantee name: Therapeutic Services Agency (TSA)

Contract amount awarded for SFY 2021: \$410,819

Contract amount awarded for SFY 2022: \$410,819

Table 34 – Summary of results and evaluations for Regions Hospital’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for TSA’s grant activities	Summary of evaluations for TSA’s grant activities
2021	<p>25 children and youth received services.</p> <p>88% of individualized treatment goals of the individuals receiving services were achieved or are in good progress.</p> <p>90% of service recipients completed or are making good progress on their goals.</p>	<p>89% of parents reported overall satisfaction with services.</p> <p>92% of students reported overall satisfaction with services.</p>
2022	<p>48 children and youth received services.</p> <p>95% of individualized treatment goals of the individuals receiving services were achieved or are in good progress.</p> <p>93% of service recipients completed or are making good progress on their goals.</p>	<p>87% of parents reported overall satisfaction with services.</p> <p>91% of students reported overall satisfaction with services.</p>

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

Grantee name: Volunteers of America Minnesota and Wisconsin (VOAMN), Vona Center for Mental Health

Contract amount awarded for SFY 2021: \$411,375

Contract amount awarded for SFY 2022: \$411,375

Table 35 – Summary of results and evaluations for VOAMN’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for VOAMN’s grant activities	Summary of evaluations for VOAMN’s grant activities
2021	<p>56 children and youth received services.</p> <p>87% of individualized treatment goals of the individuals receiving services were achieved or are in good progress.</p> <p>86% of service recipients completed or are making good progress on their goals.</p>	<p>93% of parents reported overall satisfaction with services.</p> <p>88% of students reported overall satisfaction with services.</p>
2022	<p>60 children and youth received services.</p> <p>92% of individualized treatment goals of the individuals receiving services were achieved or are in good progress.</p> <p>98% of service recipients completed or are making good progress on their goals.</p>	<p>91% of parents reported overall satisfaction with services.</p> <p>89% of students reported overall satisfaction with services.</p>

#### Waiting lists for General Fund grant services

Grantees that provide grant services for DHHS that are funded by the State’s General Fund may establish formal waiting lists when there is greater demand for grant services than the grantees are able to meet through their funded capacity.<sup>18</sup>

Table 36 provides information on the number of individuals that were on waiting lists for grant services.

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<sup>18</sup> Due to safeguards enacted by DHHS’s grantees with the support of the State during the COVID-19 pandemic, many grant services funded by the State’s General Fund were provided online using technology for SFYs 2021 and 2022. This had an impact on those grant services that are normally provided in-person (in some cases, the use of technology to receive online services was not a viable or preferred option for consumers).

Table 36 – Number of individuals on waiting lists for grant services from DHHS's grantees as of June 30<sup>th</sup> for SFYs 2021 and 2022

SFY	Grant service	Grantee name	Number of individuals on waiting list for grant service
2021	Training in Protactile and other communication systems for people who are deafblind	ASL Interpreting Services (ASLIS)	7
2022	Training in Protactile and other communication systems for people who are deafblind	ASL Interpreting Services (ASLIS)	0
2021	DeafBlind Consumer Directed Services Program (DBCDS)	Consumer Directions, Inc. (CDI)	1
2022	DeafBlind Consumer Directed Services Program (DBCDS)	Consumer Directions, Inc. (CDI)	5
2021	Children, Youth and Family Services (CYFS) – Intervener services	DeafBlind Services Minnesota (DBSM)	3
2022	Children, Youth and Family Services (CYFS) – Intervener services	DeafBlind Services Minnesota (DBSM)	4
2021	Deaf and hard of hearing mentors for families with children who are deaf and hard of hearing	Lifetrack	7
2022	Deaf and hard of hearing mentors for families with children who are deaf and hard of hearing	Lutheran Social Service of Minnesota (LSS)	15

SFY	Grant service	Grantee name	Number of individuals on waiting list for grant service
2021	Psychological assessment and follow-up services for children and youth	Metropolitan Educational Cooperative Service Unit (Metro ESCU)	15
2022	Psychological assessment and follow-up services for children and youth	Metropolitan Educational Cooperative Service Unit (Metro ESCU)	8

### Special Revenue grant services

DHHS's Rural Real-Time Captioning (RRTC) grant services funded by the Minnesota Department of Commerce's Telecommunications Access Minnesota (TAM) Special Revenue appropriation include real-time closed captioning of live local news programming provided by small market, regional-based television stations.

#### Real-time closed captioning of live local news programming

This section provides information on DHHS's four grant-funded services for real-time captioning of live local news programming, including grantee names, contract amounts awarded for SFYs 2021 and 2022, and summaries of results and evaluations for grantee activities.

##### 1. Real-time closed captioning of live local news programming (Duluth)

Grantee name: KBJR-TV

Contract amount awarded for SFY 2021: \$144,230

Table 37 – Summary of results and evaluations for KBJR-TV's grant activities for SFY 2021

SFY	Summary of results for KBJR-TV's grant activities	Summary of evaluations for KBJR-TV's grant activities
2021	1,409.75 hours of news programming were captioned.	The grantee has website information available on how to provide captioning feedback.

##### 2. Real-time closed captioning of live local news programming (Bemidji)

Grantee name: Lakeland Public Television

Contract amount awarded for SFY 2021: \$28,897

Contract amount awarded for SFY 2022: \$25,740

Table 38 – Summary of results and evaluations for Lakeland’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for Lakeland’s grant activities	Summary of evaluations for Lakeland’s grant activities
2021	128.5 hours of news programming was captioned.	The grantee has website information available on how to provide captioning feedback.
2022	127.5 hours of news programming was captioned.	The grantee has website information available on how to provide captioning feedback.

*3. Real-time closed captioning of live local news programming (Rochester)*

Grantee name: KAAL-TV

Contract amount awarded for SFY 2021: \$79,000

Contract amount awarded for SFY 2022: \$79,000

Table 39 – Summary of results and evaluations for KAAL-TV’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for KAAL-TV’s grant activities	Summary of evaluations for KAAL-TV’s grant activities
2021	608.5 hours of news programming were captioned.	The grantee has website information available on how to provide captioning feedback.
2022	624.5 hours of news programming were captioned.	The grantee has website information available on how to provide captioning feedback.

*4. Real-time closed captioning of live local news programming (Twin Cities and statewide)*

Grantee name: TPT – Twin Cities Public Television

Contract amount awarded for SFY 2021: \$16,720

Contract amount awarded for SFY 2022: \$30,366

Table 40 – Summary of results and evaluations for TPT’s grant activities for SFYs 2021 and 2022

SFY	Summary of results for TPT’s grant activities	Summary of evaluations for TPT’s grant activities
2021	59 hours of news programming was captioned.	The grantee has website information available on how to provide captioning feedback, and also notifies viewers of an annual survey on the grantee’s news programming.
2022	75.5 hours of news programming was captioned.	The grantee has website information available on how to provide captioning feedback, and also notifies viewers of an annual survey on the grantee’s news programming.

#### **Waiting lists for Special Revenue grant services**

Due to the nature of DHHSD’s Rural Real-Time Captioning (RRTC) grant services funded by the Minnesota Department of Commerce’s Telecommunications Access Minnesota (TAM) Special Revenue appropriation, there is no need for waiting lists for these grant services.

### **F. Regional service needs and gaps identified by DHHSD’s advisory committees**

DHHSD has a total of eight advisory committees that represent the Northwest, Upper Northwest, Northeast, East Central, West Central, Metro, Southwest, and Southwest regions in Minnesota (see [Appendix B](#) for a map of DHHSD’s service regions in SFY 2022).

The advisory committees are established in [Minnesota Statutes, section 256C.24, subdivision \(3\)](#), to advise DHHSD on the service needs of people who are deaf, deafblind, and hard of hearing and on service gaps in each region. Each advisory committee can have up to nine members, and the members serve an important role in helping DHHSD to identify and address critical service needs and gaps in each region and across the state. DHHSD would like to thank the community members throughout Minnesota who volunteer their time to serve on DHHSD’s advisory committees.

#### **Service needs identified and feedback for addressing the gaps for SFY 2021**

This section provides information on the service needs identified by DHHSD’s eight advisory committees for SFY 2021, including feedback for addressing the gaps. In this report, East and West Central advisory committee feedback is combined, Northwest and Upper Northwest advisory committee feedback is combined and Southeast and Southwest advisory committee feedback is combined.

## **Service needs identified across the state**

The common service needs generally identified across all regions in Minnesota included:

- Improved access to interpreters, specifically in healthcare settings with in-person interpreting. When video remote interpreters are used, there must be appropriate technology and bandwidth to support the use of video remote interpreting services.
- Wearing masks and maintaining a 6-foot distance during the COVID-19 pandemic created significant communication barriers for people who are deaf, deafblind and hard of hearing.
- People who have hearing loss experience communication barriers when using technology for telehealth appointments, and when trying to connect with family, friends and service providers. They struggle with automatic speech recognition software, lack of captions, poor sound quality in virtual environments, and limited access to internet and assistive technology including laptops, tablets and mobile phones. During the COVID-19 pandemic, DHHS's equipment lab was closed. This prevented consumers from testing assistive technology to find technology that best meet their needs. Assistive technology available to test included assistive listening devices (such as PockeTalkers) and alerting devices.
- People who are deaf, deafblind and hard of hearing need to learn how to better advocate for communication access.

## **Service needs identified across multiple regions**

As shown in the sections below, the DHHS advisory committees identified many overlapping areas of needs across multiple regions.

### *Improved access to interpreters and other accessible communication*

All eight regions identified improved access to sign language interpreters and other accessible communication as a key need.

### *East/West Central Region*

- Providers rely on one specific interpreter to serve all deaf consumers, and consequently do not meet the needs of all consumers.
- Healthcare providers do not understand hearing loss, how to accommodate hearing loss, including for those who do not use American Sign Language (ASL) to communicate, and when they do have specific requests for accommodation, they do not take their legal obligation to provide communication access seriously.
- There is a need for communication access through sign language interpreters at COVID-19 testing and vaccination sites. People with hearing loss also need accessible information related to COVID-19 through captions that can be accessed through websites, smartphones and tablets.



### *Northeast Region*

- As of the end of SFY 21, COVID-19 was a significant factor for some interpreters who turned down assignments due to health risks. They did not have access to the vaccine at that time.

### *Northwest/Upper Northwest Region*

- The Emergency Room in Detroit Lakes did not provide in-person interpreters. Video remote interpreter services were not effective because the internet connection was not strong enough to provide clear video.
- People who are deaf have experienced problems accessing interpreters for medical appointments at a hospital. Video remote interpreter services were not reliable because the internet connection was not strong enough. Parents who requested interpreters for their deaf children were asked to interpret for their children.
- Communication access for chemical dependency treatment programs in Greater Minnesota poses challenges that include added financial burden for small programs.

### *Southeast/Southwest Region*

- People need more access to qualified and certified interpreters. Consumers need to have opportunities to identify interpreters who meet their needs and preferences, just as they can choose their own doctors, etc.
- Information about COVID-19 and COVID-19 vaccinations has not been provided in formats that are accessible for people who are deaf, deafblind and hard of hearing as quickly as it has been for others.
- Older deaf adults are isolated and do not have equal access to communication when they live in long-term care facilities or assisted living facilities.

### *Metro Region*

- People need improved access to captioning for medical appointments, especially now that services are provided via telephone or virtually.

### *Improved communication access in environments where masks are required or in virtual environments due to COVID-19*

Seven out of eight regions identified communication access problems specifically related to COVID-19, such as barriers created by wearing masks, and problems in virtual meetings and telecommunications.

### *East/West Central Region*

- People who have hearing loss struggle to communicate with others in the community, including with their providers while wearing masks and maintaining a 6-foot distance.

- School staff are struggling; teachers and interpreters feel burned out. Interpreters are leaving their jobs. Rural areas have limited resources to solve staffing issues.

#### *Northwest/Upper Northwest Region*

- Masks make communication challenging for people who are deaf, deafblind, and hard of hearing.
- Students learning remotely (due to factors such as COVID-19) must watch an interpreter on a screen and take notes. Students in college have note takers, but high school students do not have this option. They are frustrated and they are falling behind.

#### *Southeast/Southwest Region*

- People who are deaf or hard of hearing would benefit from having clear masks provided for appointments or at work for communication access.

#### *Metro Region*

- Older adults struggle to connect on the phone or on tablets or laptops using virtual platforms; they may not have technical skills to connect with family and friends, or with providers.
- Older adults also wonder when DHHS will restart face-to-face visits.

#### *Communication barriers and technology*

Five out of eight regions identified challenges with communication barriers created by the lack of access to technology and technical skills to use the technology.

#### *East/West Central Region*

- Not all websites are accessible for people who are deafblind, and information on those websites is not helpful for people who cannot access the websites.
- Families lack access to technology and internet/broadband services in rural areas. This has created barriers to accessing education in those areas. Sometimes the families do have access to broadband networks, but they do not have the technical skills needed to access the services.

#### *Northwest/Upper Northwest Region*

- People who are hard of hearing do not have access to assistive listening devices such as PocketTalkers when they have medical appointments. Consequently, patients do not always fully understand their healthcare treatment plans.

### *Metro Region*

- Older adults struggle to connect on the phone or on tablets or laptops using virtual platforms; they may not have technical skills to connect with family and friends, or with providers.
- Lack of access to smartphones or internet, which is making isolation worse for people with hearing loss.

### *Other needs*

Five out of eight regions identified other needs related to hearing loss.

### *East/West Central Region*

- People who are deafblind or who have low vision and hearing loss have struggled to find Support Service Providers (SSPs) in rural areas.

### *Northwest/Upper Northwest Region*

- Parents who have deaf children need to have access to American Sign Language (ASL).

### *Metro Region*

- People need information on single sided deafness and other complex hearing issues, including how they may relate to dementia.

## **Feedback for addressing the gaps across multiple regions**

As shown in the sections below, the DHHS advisory committees provided feedback for addressing the gaps that included identified solutions.

### *Improved access to interpreters and other accessible communication*

#### *East/West Central Region*

- DHHS developed an information packet for hospital staff on effective communication access, including assistive technology, communication strategies, working with interpreters, video remote interpreting, real-time captioning and the ADA, among other topics. DHHS is also producing an online training module for healthcare workers.

#### *Northwest/Upper Northwest Region*

- DHHS encourages consumers to contact them when issues arise with communication access at hospitals so they can assist in resolving the issues and educate the healthcare providers.
- Patients who are hard of hearing and need communication access for medical appointments can be referred to DHHS for assistance. They also can learn how to ask for what they need when they meet with their healthcare providers.

## *Improved communication access in environments where masks are required or in virtual environments due to COVID-19*

### *East/West Central Region*

- DHHSD added information to DHHSD's website about communication access with masks. This information includes places to purchase clear masks, as well as information about accommodations like real-time captions for individuals who do not use American Sign Language (ASL) to communicate. Information about speech to text apps was also included on the website.

### *Northwest/Upper Northwest Region*

- Dancing Sky Area Agency on Aging provides clear masks for older adults at no charge to help people communicate while wearing masks.

### *Southeast/Southwest Region*

- Clear masks were distributed by the Minnesota Commission of the Deaf, Deafblind and Hard of Hearing in partnership with the Minnesota Department of Human Services, Deaf and Hard of Hearing Services Division.

### *Metro Region*

- DHHSD was planning on hiring an age-related hearing loss specialist to address age-related hearing loss but because of COVID that plan was put on hold. However, all current specialists provide services for people who have age-related hearing loss to identify solutions to their technology needs.

## **Service needs identified and feedback for addressing the gaps for SFY 2022**

This section provides information on the service needs identified by DHHSD's eight advisory committees for SFY 2022, including feedback for addressing the gaps. In this report, East and West Central advisory committee feedback is combined, Northwest and Upper Northwest advisory committee feedback is combined and Southeast and Southwest advisory committee feedback is combined.

### **Service needs identified across the state**

The common service needs generally identified across all regions in Minnesota included:

- Improved access to quality interpreters and real-time captioning services, particularly in healthcare and educational settings.
- Resources and services for families who have children who are deaf, deafblind and hard of hearing.
- Education and training needs for service providers in medical, mental health and school settings.
- Barriers faced by people who are deafblind, including access to communication.

- Lack of overall accessibility resources and services for people with hearing loss.

### **Service needs identified across multiple regions**

As shown in the sections below, the DHHS advisory committees identified many overlapping areas of needs across multiple regions.

#### *Improved access to quality interpreters and other forms of communication access*

Seven out of eight regions identified improved access to sign language interpreters and other accessible communication as a key need.

#### *East/West Central Region*

- An overall lack of interpreters in the region impacts the availability of interpreters for K-12 and post-secondary education. Schools are struggling to find substitute/on-call interpreters, and the applicant pool for educational interpreters is inadequate.
- Schools are relying on video remote interpreters to fulfill accessible communication needs.
- Students attending afterschool programs and summer school services have an increased need for American Sign Language (ASL) interpreters.

#### *Northwest/Upper Northwest Region*

- Due to limited interpreter availability in the region, interpreters from the Twin Cities Metro area are often used to fill assignments; these interpreters may not be familiar with the needs in Greater Minnesota. Consumers prefer local interpreters who understand the language and local culture and with whom they already have relationships.
- Interpreters can travel long distances to assignments in Greater Minnesota, so providers tend to schedule according to the interpreters' needs rather than the deaf patients' needs.
- Interpreters are intermittently provided for emergency room visits, even when calls are made ahead of time to alert emergency room staff that a deaf person is coming in.
- Agencies have refused to provide interpreters for consumers. If consumers decide to directly contact an interpreter to come interpret for them, payment for the interpreter's services becomes an issue.

#### *Southeast/Southwest Region*

- Improved communication access needs to be addressed in hospitals and clinics as requests for accommodations are often unfulfilled although medical appointments are made weeks in advance.
- The quality of sign language interpreters in the region is of concern due to their lack of interpreting skills.

- More schools and college programs need to offer accessible communication options such as interpreting and captioning.
- There is a need for captioning to be provided in more public places, such as airports, doctor's offices and others.
- Local news providers need to provide quality captions for the local news, emergencies and weather alerts.

#### *Metro Region*

- Students need improved access to American Sign Language (ASL) interpreters and captions in college, and information on how to request communication access.

#### *Resources and services for families who have children with hearing loss*

Five out of eight regions identified resources and services for families who have children with hearing loss as a key need.

#### *East/West Central Region*

- Students are not receiving special services/resources due to being placed on waiting lists for Individual Education Plan (IEP) evaluations.
- Families in the educational system do not have information about how and when they can receive hearing aid supplies and repairs for their children.

#### *Northeast Region*

- Deaf, deafblind and hard of hearing youth need opportunities to socialize with each other, to develop social skills and to build connections with each other. These opportunities could include educational components.
- There is a need for more deaf foster parents.

#### *Northwest/Upper Northwest Region*

- There is a need for children's therapeutic services and supports provided in American Sign Language (ASL).
- There is also a need for drug and alcohol education for deaf, deafblind and hard of hearing youth in rural communities.
- Parents and their children/students do not know about the services and programs available to them, including American Sign Language (ASL) classes. There is also a lack of resources available for parents to learn ASL.

- One family relocated to a different school district in order for their child to receive services.
- Hearing screenings should be provided to children and also to younger and older adults on a consistent basis. Physicians do not always actively screen for hearing loss in older adults.

#### *Education and training needs for service providers*

All eight regions identified the need for education and training for service providers in medical, mental health and school settings.

#### *East/West Central Region*

- Hospitals and healthcare providers continue to need training and information about providing communication access for people who are deaf and hard of hearing.

#### *Northeast Region*

- The court system needs re-education about providing accommodations for community members who are called for jury duty and who require accommodations to serve.

#### *Northwest/Upper Northwest Region*

- Agencies that receive referrals from mental health service providers who work with deaf clients who use American Sign Language (ASL) need more training about communication access. Agencies that receive referrals from the Therapeutic Services Agency (TSA) do not always provide sign language interpreters. Some families who struggle to make these connections do not connect with DHHS for help.

#### *Southeast/Southwest Region*

- Social workers do not understand how hearing loss impacts a person; it would be nice to have social workers who are deaf and/or use American Sign Language (ASL) to provide direct services.

#### *Metro Region*

- Schools need to be properly trained to place kids in deaf and hard of hearing classrooms with teachers who can sign. A lack of qualified teachers who are certified in Deaf and Hard of Hearing Education seems to be a barrier.

#### *Improved access to overall resources/services for communities with hearing loss*

All eight regions identified improved access to overall resources and services for people with hearing loss as a key need.

#### *East/West Central Region*

- More support groups for people who have hearing loss would be useful.

- The Minnesota Speaking Deafblind Group requires funding and assistance in applying for grants to support monthly teleconference sessions and an annual in-person event.
- There is a need to recognize the needs of people who are deafblind and who do not use American Sign Language (ASL) to communicate.
- Insurance coverage for hearing aids is an issue, as not everybody can afford to purchase new hearing aids. Also, people who can afford hearing aids may not be able to afford hearing aids with the newer Bluetooth technologies.

#### *Northeast Region*

- Effective communication access in work and service settings for people who are deafblind has been complicated by COVID-19.

#### *Northwest/Upper Northwest Region*

- There is a need for adult rehabilitative mental health services (ARMHS) for people who are deaf and use American Sign Language (ASL) to communicate.
- People's mental and chemical health problems have increased, and so has the need for chemical dependency treatment support. Those who need treatment and services cannot always find appropriate services, and existing programs have increased pressure in serving people.
- Older adults who don't have insurance coverage for hearing aids can experience related issues such as isolation and depression.
- People could not visit DHHSD offices in-person due to COVID-19 safeguards, so some people thought services were not available to them.

#### *Southwest/Southeast Region*

- There is a need for an Independent Living Skills (ILS) program that is tailored for people who have hearing loss.

#### *Metro Region*

- Service providers need to direct participants to regional service specialists [such as DHHSD's specialists] to help with housing, transportation, SSA benefits and other needs.

### **Feedback for addressing the gaps across multiple regions**

As shown in the sections below, the DHHSD advisory committees provided feedback for addressing the gaps that included identified solutions.



## *Improved access to quality interpreters and other forms of communication access*

### *East/West Central Region*

- Healthcare providers can provide video remote interpreting services for healthcare appointments when in-person services are not available. Standards should be set up for hospitals to provide high bandwidth to ensure video quality and connectivity.
- Establish a central accommodation fund for educational interpreting services to cover the cost of substitute educational interpreters when required.

### *Northwest/Upper Northwest Region*

- Consumers can contact interpreting referral agencies directly to make their interpreter preferences known to the agencies.
- DHHS encourages individuals to contact DHHS immediately with interpreter access issues so they can educate agencies about their obligations to provide communication access, as well as how to find, provide and work with interpreters.

### *Southeast/Southwest Region*

- ABC 6 News/KAAL shared that they provide real-time captions for local news. They receive a grant from DHHS for real-time captioning.

### *Metro Region*

- College students can contact their college's ADA/accessibility office to request accommodations.
- DHHS created a real-time captioning fact sheet to help educate people on the differences between real-time captioning services and automatic speech recognition captions.

## *Resources and services for families who have children with hearing loss*

### *Northeast Region*

- Youth who are deaf, deafblind and hard of hearing need social opportunities. DHHS mental health grantees who work with youth have written curriculums to work with social groups, and can facilitate social groups on a quarterly basis. Other supporting programs could include Regional Low Incidence Facilitators, the Mentor North program and Wilderness Inquiry. An advisory committee member is part of an organization called Sheltering Arms Foundation that provides grants to reduce achievement gaps, and might be able to assist.

#### *Northwest/Upper Northwest Region*

- Minnesota Hands and Voices has a parent guide who can act as an advocate and attend IEP meetings with parents.
- DHHS is collaborating with the Minnesota Commission of the Deaf, Deafblind and Hard of Hearing, Minnesota Department of Education, Minnesota Hands and Voices and other organizations to make information and resources more readily available for families who have children with hearing loss.

#### *Education and training needs for service providers*

#### *East/West Central Region*

- DHHS can resend its GovDelivery message on resources and information for communicating with masks.

#### *Northeast Region*

- DHHS staff will work with the Equal Justice Committee in the Northeast Region on providing accommodations for jury members. DHHS staff will also investigate specific issues brought to their attention.

#### *Northwest/Upper Northwest Region*

- DHHS encourages individuals to contact DHHS immediately with interpreter access issues so they can educate agencies about their obligations to provide communication access, as well as how to find, provide and work with interpreters.

#### *Southeast/Southwest Region*

- In supporting the availability of social workers for community members who are deaf, hard of hearing or have hearing loss, DHHS maintains a strong connection with county social services around the state and offers training and consultation to county social workers.
- Late-deafened adults and their families can access a variety of helpful resources, such as American Sign Language (ASL) classes and adult mentors. DHHS has a list of available ASL classes on its website.

#### *Metro Region*

- DHHS created a real-time captioning fact sheet to help educate people on the differences between real-time captioning services and automatic speech recognition captions.

*Improved access to overall resources/services for communities with hearing loss*

#### *East/West Central Region*

- The Minnesota Commission for Deaf, Deafblind and Hard of Hearing is working to pass legislation that will require insurance policies to cover the cost of hearing aids for people.

#### *Northeast Region*

- DHHS specialists can work with consumers to improve their self-advocacy skills and help them address specific issues with agencies.

#### *Northwest/Upper Northwest Region*

- The state may have funds that can be used to address chemical dependency treatment program needs.
- DHHS will share information with the community to ensure they know that services are still available even though staff are working from their homes.

#### *Southeast/Southwest Region*

- For telecommunication company services that are not accessible, consumers can contact the Minnesota Department of Commerce or the FCC to file a complaint.

#### *Metro Region*

- DHHS can provide communication access for the guardianship process. The courts would be responsible to provide accommodations for any legal proceedings.
- DHHS collaborated with the Housing and Supports Division to develop a staff position to provide social security advocacy and housing supports services for people who are deaf, deafblind and hard of hearing. This position will help them to navigate the SSA system and the housing system.

## **V. Conclusion**

The Deaf and Hard of Hearing Division (DHHS) in the Minnesota Department of Human Services (DHS) was established in 1980 to serve people who are deaf, deafblind, and hard of hearing statewide. Since then, society has changed greatly and produced new opportunities for people with hearing loss to access effective communication. Along with these changes, unintended new barriers have also been created, so DHHS is continuing to develop, support and advance solutions that will ensure equitable access to human services. DHHS looks forward to continuing its statewide work in partnership with people who are deaf, deafblind, and hard of hearing and other stakeholders to provide programs and services that will effectively meet their needs.

## **VI. Appendix A**

### **DHHSD websites**

- [DHHSD home page](#)
- [DHHSD fact sheet](#)
- [DHHSD general services brochure](#)
- [Telephone Equipment Distribution \(TED\) program brochure](#)
- [DHHSD grants](#)

### **DHHSD legislative statutes**

- [MN Statutes, sections 256C.21-256C.26](#) for DHHSD's Deaf and Hard of Hearing Services Act
- [MN Statutes, sections 237.50-237.56](#) for Telephone Equipment Distribution (TED) program

### **DHHSD 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 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](#)
- [January 2021 Deaf and Hard of Hearing Services Division Biennial Report \(2019-2020\)](#)

## VII. Appendix B

### Map of DHHSD regional offices

Figure 1 – SFY 2022 map of Minnesota showing counties served by DHHSD’s regional offices in Moorhead (Northwest), Hibbing (Northeast), Duluth (Northeast), St. Cloud (Central), St. Paul (Metro), Mankato (Southwest), and Rochester (Southeast). A full list of counties in each region is available from DHHSD.

