**Shifting the Model for Providing Services to Deaf, DeafBlind & Hard of Hearing People**

A follow-up to the study required by 2015 law

HF 774 (Pierson), SF 738 (Hoffman)

**The legislatively-required study of the Deaf and Hard-of-Hearing Services Division found that:**

* A 36-year-old service model, and statute need some updating
* Many clients need help because other providers do not understand how, or the legal requirement, to accommodate people who are deaf, deafblind or hard-of-hearing
* Staff need a better understanding of services available in the community to avoid duplication
* Having a divided service system for people who are deafblind is confusing
* Lack of broadband service in rural areas poses challenges to communication by video-phone
* Staff spend more than 20% of their time traveling to people’s homes (not meeting, just driving)

**In line with the findings, the service model should shift so that:**

**The Central State Office focuses on:**

* Providing training for state agencies about legal requirements and how to appropriately accommodate deaf, deafblind and hard of hearing people
* Conducting research and establishing best practices for emerging issues, e.g., use of Video Remote Interpreting, Certified Deaf Interpreters, addressing interpreter shortage
* Grant management for:
* Children’s mental health services
* All deafblind services
* Building the interpreter base and the base of real-time captioning providers

**Regional Offices become Regional D/HH Service Hubs where:**

* Staff provide coordination of services in the region by state agencies, nonprofits, local agencies
* Clients can access services without having to drive so far because staff will establish virtual, and potentially, actual sattelite offices in other regional centers in Greater Minnesota
* Trainings and classes are provided in-person and virtually
* Resources are available in the office and online for families, interpreters, itinerant teachers
* Equipment labs are located so that people can see which equipment would work best for them
* Mental health services are provided in American Sign Language
* Provide families with mileage reimbursement if they need to travel more than 50 miles round-trip to come to the office in-person, to limit the amount that staff need to travel

**$1.6 million per year addition to the base will:**

* Provide for technology and training to make the hubs a reality
* Ensure critical mental health services and services for deafblind children and adults continue
* Provide for sufficient staff to serve deaf, deafblind and hard of hearing Minnesotans statewide
* Allow for psychiatric services in American Sign Language
* Eliminate the waiting list for deaf mentors to teach ASL to the parents of deaf children