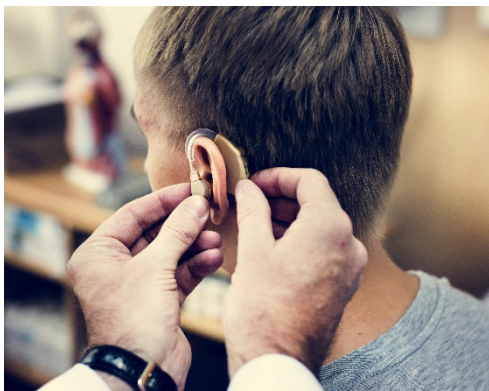


Collaborative Plan for Minnesota's System Serving Children who are Deaf, DeafBlind, and Hard of Hearing: 2019-2024

Prepared for the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing (MNCDHH)

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Executive summary

The Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing (MNCDHH) advocates for communications access and equal opportunity with Minnesotans who are deaf, deafblind, and hard of hearing. A key to the Commission's success is the Collaborative, made up of stakeholders who are working to create positive, systemic changes that achieve better education and career outcomes for students who are deaf, deafblind, and hard of hearing.

How we created the Plan

This 5-Year Collaborative Plan is the culmination of broad participation and deep engagement from many people involved with Minnesota's system. The Collaborative Plan work groups, parents, staff, and professionals shared their knowledge and experiences with a focus on ongoing improvement.

During fall 2018, Wilder Research gathered detailed information from a variety of sources about children who are deaf, deafblind, and hard of hearing in Minnesota. We also conducted interviews with 49 professionals and parents to better understand the greatest service needs. And, we examined information on the programs and resources available to support these children and their families. Through facilitated discussions with the Collaborative work groups, we identified the strengths, weaknesses, opportunities, and threats facing Minnesota's service system. This information informed the work of the Collaborative Stakeholder's summit hosted by MNCDHH on October 25-26, 2018.

I think we do a lot well...
Our services are strong. We have a lot of resources. We're making strides in the education system. Overall as a state, Minnesota is phenomenal compared to other states.

– Parent

Vision: A shared path forward

Input from stakeholders reinforced Minnesota's place as a nationwide leader in providing comprehensive and appropriate services to children who are deaf, deafblind, and hard of hearing. Yet, opportunities remain to help programs and services better meet families' needs. Using the background research and analysis, summit attendees developed a vision statement to guide their work:

Empowerment through equitable communication access and environments for children and their families that maximizes each child's full potential.

Summit attendees then identified strategic issues and action steps for the Collaborative to address in the next five years. These issues are grouped into four overarching themes:

- Increase **consistency** and organization of resources to ensure all children and families have access.
- **Collaborate** across stakeholder groups to ensure programs and services are supporting (and not duplicating) each other’s work.
- Promote mental health and using a “**whole child**” **approach** to help children develop a strong identity and ability to self-advocate.
- Assess and address **licensure and qualifications** for teachers and interpreters to ensure quality and to ameliorate shortages.

Next, MNCDHH and the Collaborative work groups will develop action plans to address these strategic issues through 2023, with efforts to streamline and align strategies across the work groups as appropriate.

Principles for educational practices

According to the National Association of State Directors of Special Education (2018), “ten key principles guide educational practices for students who are deaf or hard of hearing. Overarching these principles is the administrator’s responsibility to ensure a Free Appropriate Public Education (FAPE) designed to meet the individual needs of each student...

1. Each student is unique...
2. High expectations drive educational programming and future employment opportunities...
3. Families are critical partners...
4. Early language development is critical to cognition, literacy, and academic achievement...
5. Specially designed instruction is individualized...
6. Least restrictive environment (LRE) is student-based...
7. Educational progress must be carefully monitored...
8. Access to peers and adults who are deaf or hard of hearing is critical...
9. Qualified providers are critical to a child’s success...
10. State leadership and collaboration is essential.”

The reader should keep these principles in mind while reading and using this 5-Year Collaborative Plan.

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Introduction

In 2007, the Early Hearing Detection and Intervention (EHDI) law was passed in Minnesota mandating newborn hearing screening. Recognizing that a number of state-level agencies and statewide advocacy and direct services organizations share responsibility for serving deaf, deafblind, and hard of hearing children and youth, the Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing (MNCDHH) formed a Collaborative stakeholder group to create positive, systemic changes in order to achieve better education, language acquisition, and career outcomes for students who are deaf, deafblind, and hard of hearing. MNCDHH is a governor-appointed Commission that advocates for communications access and equal opportunity with Minnesotans who are deaf, deafblind, and hard of hearing. A complete list of participating organizations is available in the Appendix.

The 5-Year Collaborative Plan is a strategic plan that is facilitated by MNCDHH to support and guide the work of this Collaborative. Wilder Research was contracted by MNCDHH to help create a data-driven Collaborative Plan. This report summarizes results of the background research we completed to inform the Plan, including a review of the landscape of existing services and supports; the characteristics of children in Minnesota who are deaf, deafblind, and hard of hearing; and the strengths and needs of the service system.

MNCDHH hosted a summit on October 25-26, 2018 for work group members. The summit was facilitated by Judy Plante and Jessalyn Akerman-Frank. Wilder Research staff helped develop the facilitation guide, attended the summit, and took notes. Attendees identified strategic issues for the Collaborative to address, based on the background research and SWOT (strengths, weaknesses, opportunities, and threats) analysis results Wilder developed prior to the summit. To conclude the summit, work groups identified action steps they will take going forward to address each of the strategic issues they identified.

Methods

First, MNCDHH provided Wilder Research with **background information**, including data about children who are deaf, deafblind, and hard of hearing in Minnesota and the programs and resources available to support these children and their families. See the Appendix for the list of data sources.

Second, Wilder Research completed **49 interviews** with professionals and parents to better understand the greatest needs of these children as well as the strengths and gaps in the current system to meet those needs. Respondents were identified by MNCDHH and work group members, and respondents who completed the interview were also asked to refer other respondents. See the Appendix for the interview questions.

Third, Wilder Research facilitated a **strengths, weaknesses, opportunities, and threats (SWOT) analysis process** with each of the Collaborative work groups, including: birth to age 5; a combined group with kindergarten to 4th grade and 5th to 8th grade work group members; and the transition group of 9th grade through age 21.

Existing services, programs, and resources to support children who are deaf, deafblind, and hard of hearing and their families

The landscape of services and support for children who are deaf, deafblind, and hard of hearing and their families has changed significantly in the last 30 years. Several public policies have also been implemented at the state and federal levels to ensure access to a variety of services, particularly in education. See the timeline in the Appendix for more detailed information.

Identification of hearing loss

Between 1999 and 2006, Newborn Hearing Screening was a voluntary system. This option resulted in only a portion of hospitals routinely completing hearing screening for babies shortly after birth. In 2007, the Early Hearing Detection and Intervention (EHDI) mandate was implemented in Minnesota, which required all newborn babies to have a hearing screening, unless parents choose to opt out. Minnesota Department of Health (MDH) works with health care providers and families to ensure infants receive further testing when needed to determine if a child is deaf or hard of hearing. The results of these screening and diagnostic tests are reported to MDH. MDH promptly connects families of children who are deaf or hard of hearing to appropriate early intervention, family support, and other important resources.

Education and employment policies

Beginning in the 1990s, several important federal policies were implemented that provided a foundation on which to build more equitable access to education:

- Individuals with Disabilities Education Act (IDEA) of 2004
- Americans with Disabilities Act (ADA) – Section 504 & Title II
- The Supreme Court’s 1999 Olmstead decision on the ADA, otherwise known as the “integration mandate” (Minnesota’s Olmstead Plan was implemented in 2015)
- Every Student Succeeds Act (ESSA) of 2015 is the primary general education law for public schools and sets accountability requirements for schools, districts, and states

These policies put into place crucial specifications for the education of children who are deaf, deafblind, and hard of hearing. As a result, families now have an avenue for communicating and advocating for their child's needs in schools and other settings. These policies make it illegal for schools to discriminate on the basis of disability.

Things have come a really long way related to the state level and interagency collaboration through the Early Hearing and Detection and Intervention Program, and through a lot of work -- especially the departments of Health and Education working together on behalf of kids and families, and I'm proud of that.

– Professional who works in Minnesota's service system

Early intervention services and early childhood special education (ECSE)

Early intervention services are designed to support families with young children who have a hearing loss to help their children learn language skills and other important developmental skills from an early age. Through IDEA Part C Early Intervention, a variety of services are available for eligible children from birth to 36 months of age and their families. In Minnesota, these Early Intervention services are called Part C Infant and Toddler Intervention Services. Infant and Toddler Intervention Services support a family's needs across five general areas:

1. Understanding their child's strengths, needs, and abilities
2. Knowing their rights and advocating for their child
3. Helping their child develop and learn
4. Having support systems
5. Accessing the community

Part C Infant and Toddler Intervention Services includes supports from a service coordinator who will help organize the services, be a resource person for the family, and help make connections with any other community services for the family. These services “[take] into consideration the child's primary disability, the language spoken in the home or the culture of origin in the assignment of that service coordinator” (Minnesota Statute 34 C.F.R., section 303.34 and section 125A.33).

When a child reaches age 3, special education services are provided by school districts through Early Childhood Special Education (ECSE). The Minnesota Department of Education and the Minnesota Low Incidence Projects are designed to help provide technical assistance and information resources to school districts across the state as they implement IDEA. The Low Incidence Projects provides professional development opportunities to ensure high quality special education staff. They also provide educational resources for

Part C Early Intervention and ECSE providers, including a checklist that service coordinators, service providers, and Individualized Education Plan (IEP) case managers can access to assist them in understanding how best to support the needs of a student who is deaf, deafblind, or hard of hearing in their school districts.

Specialized schools

Minnesota's history of schools for the deaf spans back to at least the mid-1800s. The Minnesota State Academy for the Deaf opened in Faribault in 1863. In 1993, the Metro Deaf School opened to meet the needs of Twin Cities residents, and Northern Voices followed in 1999 with the goal of supporting deaf and hard of hearing students who communicate using listening and spoken language.

K-12 special education services: Individualized Education Program (IEP) and 504 Plans

The Minnesota Department of Education's (MDE) 2018 report to the Legislature on *Students who are Deaf or Hard of Hearing* shows that, for the 2016-17 school year, students in K-12 whose primary disability was deaf or hard of hearing accounted for less than 1 percent of the overall student body (856,687 students) in the state, and just under 2 percent of K-12 students who are receiving special education services in Minnesota.

MDE supports the academic needs of children with disabilities through individualized and tailored academic plans and programs. An Individualized Educational Program (IEP) is a plan or program, allowed for under IDEA, which is developed to ensure that a child who has a disability and is attending an elementary or secondary educational institution receives specialized instruction and related services.

This differs from a 504 Plan, which is developed to ensure that a child who has a disability and is attending an elementary or secondary educational institution receives accommodations for effective communication that will ensure their academic success and access to the learning environment. A 504 Plan does not allow for any special education services, but does require that the school district monitor the student's progress.

Transition services for youth after high school

For youth age 18-21, the Workforce Innovation and Opportunity Act (WIOA) of 2014 requires states to provide employment training, supports, and education, which assists transition-age youth with skills training to prepare them for the workforce.

In Minnesota, there are transition programs for youth who are deaf, deafblind, and hard of hearing, including a newly developed summer camp. These youth also have access to Vocational Rehabilitation employment training and support services.

Social service programs for children who are deaf, deafblind, and hard of hearing and their families

In the 2000s, three crucial programs were introduced to support families with children who are deaf, deafblind, and hard of hearing. These programs, funded through grants provided by the Minnesota Departments of Health and Human Services, continue to operate today and have grown since their inception:

- Minnesota Hands and Voices' Parent Guide program
- Lifetrack's Deaf Mentor program
- Lifetrack's Deaf and Hard of Hearing Role Model program

*I think generally Minnesota has great resources! Super amazing programs and resources, and I've spoken with other parents and they have the same opinion.
– Parent of a child who is deaf, deafblind, or hard of hearing*

These programs provide families with skills, knowledge, and connections to help them thrive and best meet the needs of their child who is deaf or hard of hearing. In particular, the programs have components that allow parents or guardians to see and develop relationships with successful adults who are deaf and hard of hearing.

*The Deaf Mentor program is WONDERFUL—I cannot say enough about these people. To be blessed with an experienced person coming into our home to educate us in ASL is amazing.
– Parent of a child who is deaf, deafblind, or hard of hearing*

Other programs like PACER, Focus Beyond, Transition Plus, and VECTOR (Vocational Education Community Training & Occupational Relations) support youth to reach their highest potential with programming designed to enhance various skills, particularly during the transition period after high school. Both programs provide education about independent living skills, an important feature for youth who are deaf, deafblind, and hard of hearing.

For children who use hearing aids, the University of Minnesota Lions Infant Hearing Device Loaner Program provides loaner hearing devices. In 2015, 110 hearing devices were provided and, of those, 23 loans were for bone-conduction devices.

When their child is identified as having a hearing loss, families receive information from multiple state agencies as well as organizations serving people who are deaf, deafblind, and hard of hearing. Connecting to family support and access to services is essential to help families evaluate their options, make important decisions, and support their child's language access.

The Minnesota Department of Health (MDH) provides families with important resources when their child has been identified as deaf, deafblind, or hard of hearing. Parents receive the *What You Need to Know: Resources for Families* binder in the mail, which is reviewed annually by the Birth-Age 5 work group to ensure that information is current and unbiased, and includes a variety of resources and information that may be helpful for parents in learning about their child's hearing loss. [The *What You Need to Know: Resources for Families* binder](#) is also offered in a downloadable PDF format.

A public health nurse is provided to connect families with services and support in the community. The Help Me Grow Initiative, an interagency initiative of the state departments of Health, Education, and Human Services, provides families with resources to better understand the developmental milestones that they should expect to see in their children and helps them identify if there are concerns for their child and how to seek additional services.

Through the state's partnership with Minnesota Hands and Voices, families are connected to parent-to-parent support when their child has been identified as deaf, deafblind, or hard of hearing. Soon after a child has been identified, families receive a phone call from another parent in their area who has a child who is deaf, deafblind, or hard of hearing. These Parent Guides talk with families about questions and concerns they may have about their child's hearing loss. Through Minnesota Hands and Voices, 9 out of every 10 families who have a child identified with a hearing loss were connected to parent-to-parent support in 2015.

I remember the first time Minnesota Hands and Voices reached out to my family, and I felt like, 'Oh wow this is great.' I was just thinking, we don't have anyone in our family who is deaf or deafblind, and this is so new to us. So when they reached out I thought that was just wonderful, and then they helped us find more resources.

– Parent

It's nice that we can offer these services so quickly, so families don't have to feel isolated. The sooner we can get them in for those services, the earlier in childhood, the better.

– Professional and Parent

Data sharing

The Minnesota departments of Health, Education, and Employment and Economic Development have a data sharing agreement to support successful school readiness, participation, and completion and transition to employment or postsecondary for children and youth who are deaf, deafblind, and hard of hearing. The Early Childhood Longitudinal Data System (ECLDS) and the Statewide Longitudinal Education Data System (SLEDS) will also support efforts to share data across agencies and systems and to learn more about the experiences, trajectories, and outcomes for students who are deaf, deafblind, and hard of hearing.

The Minnesota Departments of Health, Education, and Employment and Economic Development have a data sharing agreement to support successful school readiness, participation, and completion and transition to employment or postsecondary for children and youth who are deaf, deafblind, and hard of hearing. The Early Childhood Longitudinal Data System (ECLDS) and the Statewide Longitudinal Education Data System (SLEDS) will also support efforts to share data across agencies and systems and to learn more about the experiences, trajectories, and outcomes for students who are deaf, deafblind, and hard of hearing. ECLDS is new and evolving tool to help our state answer questions about young children and their development and learning serving as Minnesota's foundation for filling gaps in knowledge on children. This innovative tool combines data collected by state agencies and shows children's growth and achievement in relation to their participation in a variety of educational and social programs over time. SLEDS matches student data from pre-kindergarten through completion of postsecondary education and into the workforce. By bridging existing data a range of education programmatic and delivery questions can be answered to gauge the effectiveness of current programs and design targeted improvement strategies to help all students, including who are deaf, deafblind, and hard of hearing. SLEDS data can assist in identifying the most viable pathways for individuals in achieving successful outcomes in education and work; informing decisions to support and improve education and workforce policy and practice, and assisting in creating a more seamless education and workforce system for all Minnesotans. The Minnesota Commission of the Deaf, DeafBlind, and Hard or Hearing has a data sharing agreement to access SLEDS data.

Initial analysis of SLEDS data shows that more than two-thirds of high school graduates who are deaf, deafblind, and hard of hearing enroll in college by age 25. Almost half of those graduates enroll in a two-year Minnesota State College. But only 50 to 60 percent of those enrolling in college actually complete college.

Additional resources

There are several resources that benefit the professional community serving youth and families with hearing loss by providing useful information about the characteristics and educational outcomes of children who are deaf, deafblind, or hard of hearing. In addition to local data sources, national resources like the National Deaf Center and the Laurent Clerc National Deaf Education Center of Gallaudet provide evidence-based strategies for working with students with hearing loss, who are sometimes referred to as “DeafGain,” in an effort to close the education and employment gaps for students with hearing loss.

Additional national resources for families and students who are hard of hearing include:

- [National Center for Hearing Assessment and Management \(https://www.infanthearing.org/ehdi-ebook/ereader.html\)](https://www.infanthearing.org/ehdi-ebook/ereader.html)
- [Hearing First \(https://hearingfirst.org/\)](https://hearingfirst.org/)
- [Success for Kids with Hearing Loss \(https://successforkidswithhearingloss.com/\)](https://successforkidswithhearingloss.com/)
- [A.G. Bell \(https://www.agbell.org/\)](https://www.agbell.org/)
- [American Speech-Language-Hearing Association \(https://www.asha.org/\)](https://www.asha.org/)
- [National Cued Speech Association \(http://www.cuedspeech.org/\)](http://www.cuedspeech.org/)
- [Council for Exceptional Children | Division for Communication, Language, and Deaf/Hard of Hearing \(https://dcceec.org/\)](https://dcceec.org/)

For children who are deafblind and their families, additional national resources are available through the National Center on Deaf-Blindness, the Hellen Keller National Center, the Council for Exceptional Children Division on DeafBlindness, and the Perkins School for the Blind.

Characteristics of children age birth to 21 who are deaf, deafblind, and hard of hearing in Minnesota

Early Hearing Detection and Intervention (EHDI)

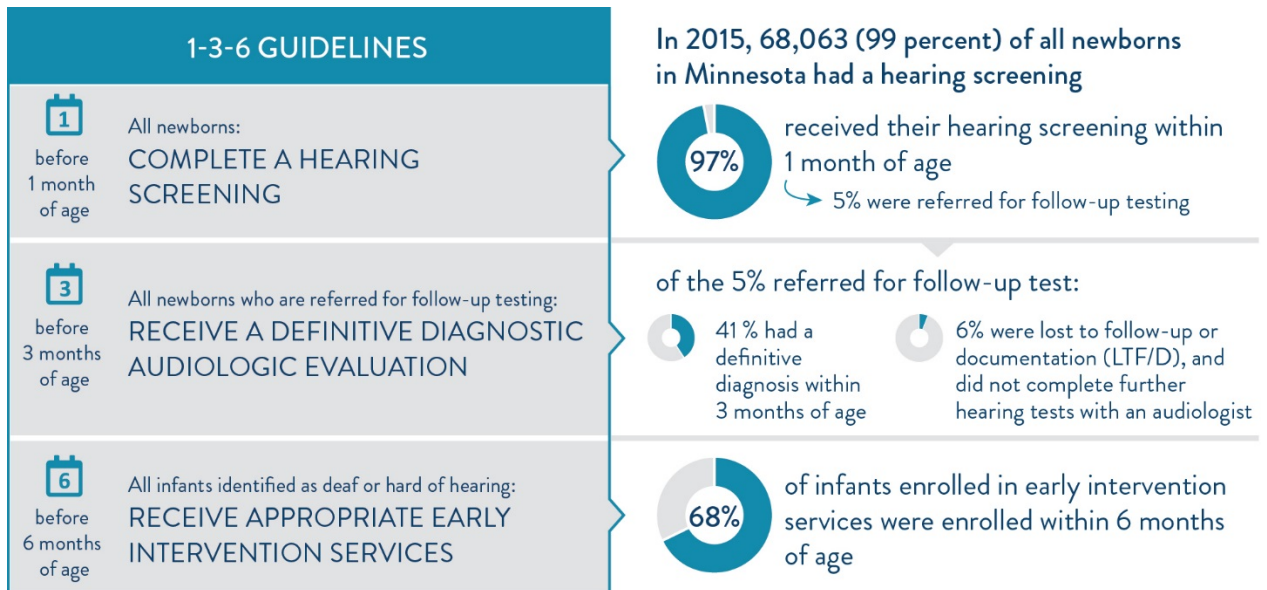
In 2007, the Early Hearing Detection and Intervention (EHDI) mandate was implemented in Minnesota to identify infants and children with hearing loss. Minnesota aims to meet the nationally recommended EHDI 1-3-6 guidelines and improve the timeliness of identification, as well as ensure that families are connected with early intervention services.

The 2015 EHDI Annual Report by the Minnesota Department of Health (MDH) shows that 99 percent of Minnesota newborns had a hearing screening in 2015 (Figure 1). Of the 68,063 Minnesota newborns screened that year, 5 percent were referred for follow-up to rule out or confirm the diagnosis of a hearing loss.

Of those infants who were referred for follow-up subsequent to their newborn hearing screening in 2015, 6 percent did not complete a definitive diagnostic evaluation to rule out or confirm the diagnosis of a hearing loss, and were considered lost to follow-up or documentation (LTF/D).

The **EHDI 1-3-6 guidelines** recommend that all infants have a hearing screening before 1 month of age, that all newborns who are referred for follow-up have a definitive diagnostic evaluation to confirm the presence of hearing loss by 3 months, and that enrollment in early intervention services should occur as soon as possible— no later than 6 months of age— for children who are identified with hearing loss.

1. 2015 Minnesota Early Hearing Detection and Intervention data



Source. Minnesota Department of Health, 2015.

Early identification

In Minnesota, when an audiologist identifies a child (of any age) as deaf, deafblind, or hard of hearing, they are required to report it to MDH. In 2015, 242 cases of permanent hearing loss and 91 cases of transient/undetermined hearing loss were reported to MDH.

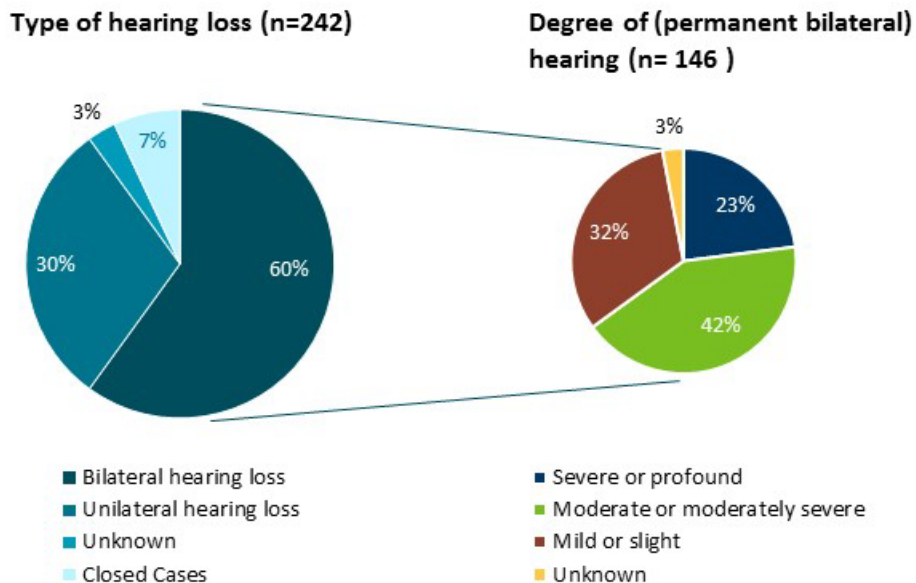
When a child with a hearing loss from birth is identified after 6 months of age, they are more likely to have speech, language, and cognitive delays than children identified before 6 months (Minnesota Department of Health, 2019). According to the 2015 EHDI Annual report, 41 percent of newborns who were referred for follow-up testing after their newborn hearing screening had a definitive diagnosis within 3 months of age, as recommended by the national guidelines.

Type and degree of hearing loss

Reporting to MDH shows that, of the 242 Minnesota children in 2015 who were identified with a permanent hearing loss, 146 have bilateral hearing loss, 72 have unilateral hearing loss, 6 have hearing loss of unknown laterality, and 18 of the children who were identified with a permanent hearing loss had their case closed, which includes cases where a child moves to or lives in a different state, if a child dies, or if the hearing loss diagnosis was not accurate (Figure 2).

For the 146 Minnesota children who were identified with permanent bilateral hearing loss in 2015, 23 percent had a severe or profound hearing loss, 42 percent had a moderate or moderately severe hearing loss, 32 percent had mild or slight hearing loss, and 3 percent were of unknown severity.

2. Cases of permanent hearing loss reported to MDH in 2015



Source. Minnesota Department of Health, 2015

Child count and demographics for children who are deaf, deafblind, or hard of hearing

Deaf and hard of hearing student count and demographics

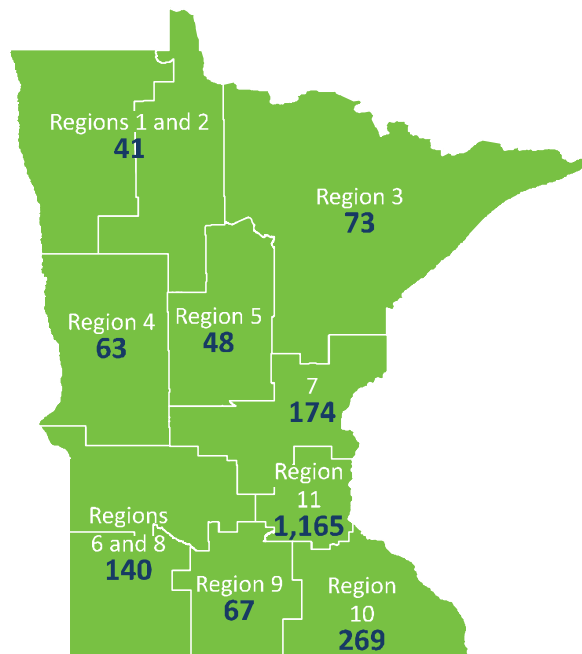
Of the 2,545 students age 0-21 in Minnesota who are enrolled in special education and are deaf or hard of hearing, 19 percent (494) are age 0-5, 76 percent (1,935) are age 6-17, and 5 percent (116) are age 18-21. The figure below shows the statewide enrollment count by region for all students who are deaf or hard of hearing in grades K-12 (Figure 3). *It is important to note that this count is a subset of the total deaf and hard of hearing student population, as it only includes those students whose primary disability is deaf or hard of hearing, and does not include deaf and hard of hearing students who have another primary disability or students who are deaf and hard of hearing and not receiving special education services.* See the Data Placemat in the Appendix for more detailed information on the characteristics of students in Minnesota who are deaf, deafblind, and hard of hearing.

In 2016-17, race and ethnicity data for deaf or hard of hearing students show that nearly two-thirds (63%) of students were white, 12 percent were Asian, 11 percent were Hispanic, 9 percent were black, 4 percent identified as multi-racial, and 1 percent was American Indian/Alaska Native.

DeafBlind student count and demographics

In 2015, there were 83 deafblind students age 0-21 in the state. Of these students, 63 percent were white, 14 percent were Hispanic, 10 percent were black, 7 percent were Asian, 4 percent identified as multi-racial, and 2 percent were American Indian/Alaska Native.

3. Minnesota Department of Education's 2016-17 enrollment count by region for students who are deaf and hard of hearing



Source. Minnesota Department of Education, 2018

Needs of children who are deaf, deafblind, and hard of hearing and their families

Despite the many strengths of Minnesota’s services system for children who are deaf, deafblind, and hard of hearing and their families, there are also a number of unmet needs. While some of the parents and professionals who we interviewed said that children who are deaf, deafblind, and hard of hearing have the **same needs as all children** (e.g., love, opportunities for fun/play, and food/shelter or other basic needs), additional challenges exist for families with children who have hearing loss. Most importantly, families need to be able to **communicate** (beyond just basic needs) and children need **access to language**, and importantly, to avoid language deprivation due to lack of appropriate communication modes and/or assistive technologies.

The beauty of the newborn hearing screening is that without it a lot of us would have kids that would fall behind and we wouldn’t know that they didn’t have that access until they’re already really struggling and not developing language skills at a typical pace. While it’s stressful for new parents, I think the newborn hearing screen gives us a window to say, “Okay, we have this gap in access, what can we do to bridge it so that the child can learn language skills in an age appropriate way?” Whether that be technology or amplification. Whether it be signing or other visual modes of communication. Just having that window is so great to be able to be thoughtful and be intentional with how we’re filling our kid’s lives with language.

– Professional

I would like to see support for languages. ASL interpreter, cued speech translator, child’s amplification, all used to maximize benefit while the child is in school, no matter where the child is – classroom, lunchtime, gym time. Having full language access, whatever the child needs, I see that as a high priority.

– Professional

Interviewees also spoke about several themes related to mental and emotional health. For both children and families, opportunities to make more **social connections** was mentioned as a potentially beneficial activity or resource. Such connections allow families to meet others like them and develop bonds based on their shared experiences. This could be especially helpful for kids who are struggling with their identity as a person with hearing loss, particularly as they approach middle and high school.

As kids go through elementary school, that’s where a lot of mainstream kids notice there’s something different about them compared to their classmates. The way they process that can have different effects – it can make them anxious. That’s why connecting them with other kids and families is important.

– Professional

Because youth who are deaf, deafblind, and hard of hearing sometimes experience identity or self-esteem issues related to their hearing loss and its effect on their experiences and interactions, some interviewees called out the need for **mental health services and supports** that are specific to and appropriate for youth who are deaf, deafblind, and hard of hearing. In particular, having a mental health provider who is fluent in ASL would be helpful to youth for whom ASL is their primary language.

For older youth who are preparing to finish high school, several professionals and parents commented on the need for **more exposure to work experience and career options**. For many students, exposure to a wide range of jobs is limited, thereby limiting the potential for them to enter careers beyond what they are shown in school.

Particularly for youth with hearing loss, it is important for them to think about the type of work they may be interested in and to gain a good sense of the accommodations that might be necessary to enter the field. Beyond exposure to careers, students who are deaf, deafblind, and hard of hearing **need to develop soft skills** that will help them succeed in a career or postsecondary education.

It's the transition period. I'm really worried about those kids later on. Funding for transition and helping parents understand their role as the school education system backs off and parents become in some cases, especially with DHH+, an even bigger case manager, if you will, for their child. Most need more education around what that transition is for both the students, parents, and family, and then what resources are for them to potentially fill in some of those gaps so that we can have the most productive young adults, not living in basements, not working, but they're out gainfully employed and actively engaged in their community as much as possible.

– National expert

Because the school setting can present additional challenges for students with hearing loss, it is crucial that they **develop self-advocacy skills**; there is a need for them to learn how to let a teacher know if they missed something or need any additional accommodations. This extends to their life outside of school as well, where they will need to learn how to communicate with the hearing world (for example, running errands).

I don't know any storybooks where the 8 year old hero is gaining advocacy skills. When do we actually teach kids that? It's an important thing.

– Parent

Independence is so important. [Kids] need to take care of their equipment, to speak up when there aren't options. And my daughter has a hard time with that. It's in her IEP that she should have captions, but she's not comfortable with telling her teacher that.

– Parent

Exposure to a range of careers is particularly limited in rural Minnesota. Teachers in rural school districts often have less access to connections in various fields that could provide this exposure. **Rural communities typically experience challenges accessing the services needed**, especially when it comes to disability services. Several interviewees noted this phenomenon, explaining that children with hearing loss and their families have fewer supports and programs available to them.

Families with children who are deaf, deafblind, or hard of hearing may also need additional supports to ensure that they are able to meet their child's needs. Because of the costs associated with care for hearing loss, low- and middle-income families may struggle to keep up with **paying for services and technologies** needed for their child. In particular, families who are highly mobile, who do not speak English at home or who are from a different cultural group than key providers, or who are vulnerable because of a range of other reasons (such as dealing with trauma, abuse, addiction, or mental illness) may **struggle to fully access or participate in services**. **These families may need additional outreach** to ensure they are aware of the services available and are able to access them. See the *Family Needs and Resources* infographic in the Appendix.

We have great systems for families who are deaf or hard of hearing, but I don't think kids are getting all of the services they need. Whether they aren't available, or parents aren't getting them, we still need to build up professionals who work with children who are deaf hard of hearing. I think of how important the role of my deaf and hard of hearing teacher played in my children's lives, and that there is going to be a teacher shortage. We need knowledgeable audiologists, deaf mentors, and to build up our professionals.

– Parent and professional

Outcomes

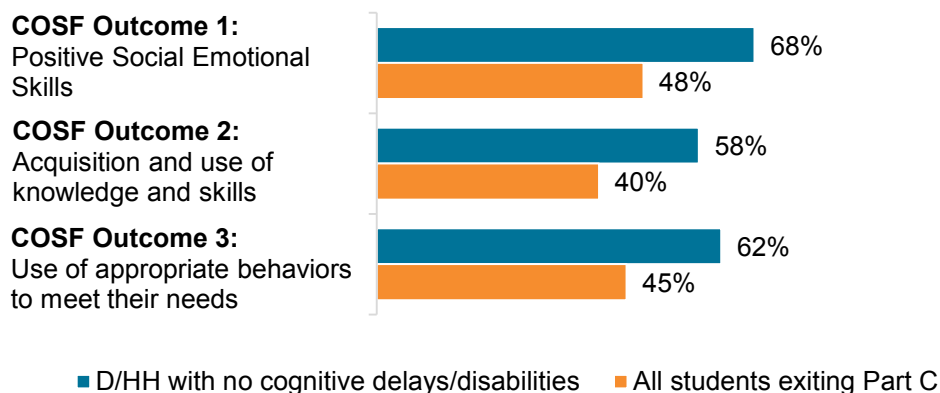
Kindergarten readiness

Outcome reporting to the Minnesota Department of Education (MDE) for children age birth to 5 years is completed at two points in time for students who are deaf and hard of hearing and receiving Early Childhood Special Education Services (ECSE). Outcomes are first completed as children exit Part C Infant and Toddler Early Intervention Services at 3 years of age, and then completed a second time as children exit Part B ECSE Services and transition to kindergarten, as federally mandated. (MDE does not provide comparable data for students who are deafblind.)

Two reporting tools are used by the student’s school district to collect these data: the federally mandated Child Outcome Summary Form (COSF), and the “Additional questions” form, which is used specifically for children in Minnesota who have been identified with a hearing loss and includes information about student’s receptive and expressive language development, early literacy and numeracy skills, as well as the type and degree of hearing loss the student has and the language and communication mode(s) used by the student at home and at school. Together, these tools are used to summarize how many children across the state are reported to MDE as meeting the appropriate developmental milestones for their chronological age.

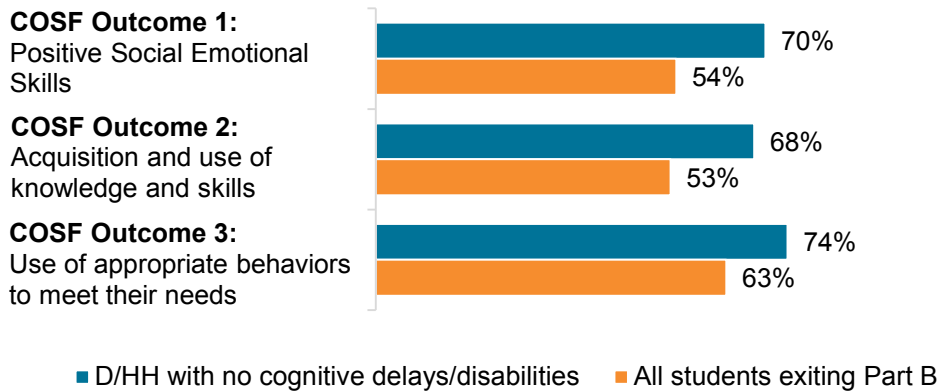
Notably, 2017 COSF outcome data shows that a higher percentage of children who are deaf or hard of hearing with no cognitive delays/disabilities demonstrated skills within age expectations when compared to all students in early childhood special education.

4. Fall 2017 reporting to MDE: Child Outcome Summary Form (COSF): Part C early intervention exit: Percentage of children demonstrating skills within age expectations



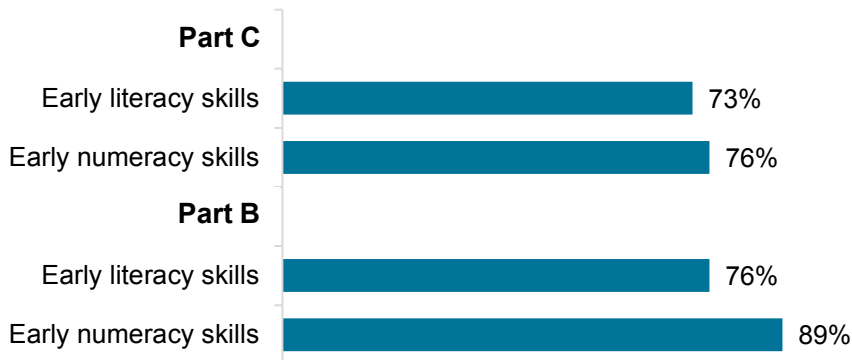
Source. Minnesota Department of Health, 2018

5. Fall 2017 reporting to MDE: Child Outcome Summary Form (COSF): Part B preschool special education exit: Percentage of children demonstrating skills within age expectations



Source. Minnesota Department of Health, 2018

6. Fall 2017 reporting to MDE: Child Outcome Summary Form (COSF) Additional questions form for Part C and B exit: Percentage of children demonstrating skills within age expectations

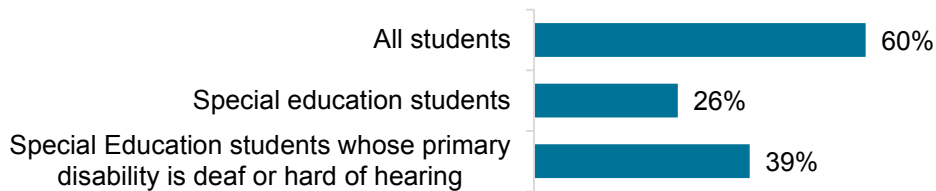


School-aged children

When compared to students who do not have hearing loss in general education, deaf and hard of hearing students who are receiving special education services generally score lower in both reading and math. This is an area of concern for families, as the delays in literacy and math compound over the years and impact their ability to be successful as they continue in their education and life after graduation.

MDE's 2018 report, *Students who are Deaf or Hard of Hearing: Report to the Legislature*, summarizes Minnesota Comprehensive Assessment (MCA) test results for all students, students in special education, and students who are deaf or hard of hearing and who receive special education services. Looking at deaf or hard of hearing students who receive special education services, from 36 percent in 2014-15 to 39 percent in 2016-17 met or exceeded proficiency in reading (Figure 7). The proportion of students who partially met proficiency ranged from 19 percent in 2014-15 to 22 percent in 2016-17. The proportion of deaf and hard of hearing students not meeting proficiency in reading decreased from 45 percent in 2014-15 to 39 percent in 2016-17. **It is important to note that this report does not include test scores for deafblind students due to challenges in reporting data for this low-incidence group, nor does it include data for deaf or hard of hearing students who are not receiving special education services.**

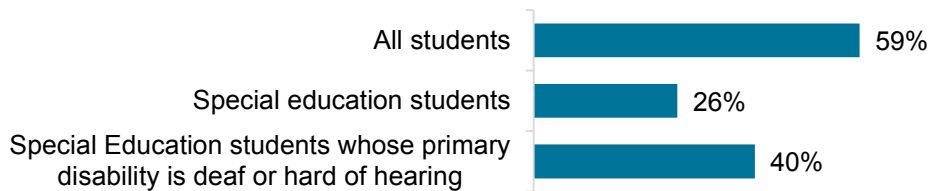
7. 2016-17 MCA statewide outcomes: The proportion of students who met or exceeded proficiency in reading



Source. Minnesota Department of Education, 2018

MDE’s 2018 Legislative report shows that the proportion of students who are deaf or hard of hearing and who are receiving special education services who met or exceeded proficiency in math has stayed relatively constant, ranging from 38 to 40 percent of students (combined across grade levels). The proportion of students who partially met proficiency has decreased slightly over time. The proportion of deaf and hard of hearing students *not* meeting proficiency in math was 37 percent in 2014-15, 40 percent in 2015-16, and 39 percent in 2016-17.

8. 2016-17 MCA statewide outcomes: The proportion of students who met or exceeded proficiency in math



Source. Minnesota Department of Education, 2018

Recently, professionals in the field have expressed concern about whether academic performance and MCA test scores are affected among students who are deaf and hard of hearing who initially receive services under an Individualized Education Program (IEP), and then are moved to a 504 plan (for monitoring without services). It is important to keep in mind that the change in services typically occurs because a student is consistently meeting grade level academic expectations.

From 2013-2017, 18 percent of students who moved from an IEP to a 504 Plan had a decline in reading proficiency, 55 percent of those students maintained their reading proficiency, and 27 percent improved their reading proficiency. During the same time period, 33 percent of students who moved from an IEP to a 504 Plan had a decline in math proficiency, and 67 percent maintained their math proficiency. Notably, no deaf or hard of hearing students who moved from an IEP to a 504 Plan during this time period improved their math proficiency.

One gap that we see in our kids that is, I don't know, kind of painful in the school years is just literacy and math scores tend to really lag behind their hearing peers, even in cases where there's not another disability on top of the deafness itself. I think those deficits in early literacy skills is something that can kind of compound throughout elementary, middle, and high school to effect academic success and other opportunities that kids might have as they transition to adulthood.
 – Professional who works in Minnesota’s service system

9th-12th grade and age 18-21 (transition group)

High school graduation rates over time for deaf or hard of hearing students have fluctuated compared to general education and special education students. The graduation rate for deaf or hard of hearing students dropped from 73 percent in the 2013-14 school year to 66 percent in 2014-15, then climbed back up to 78 percent in 2015-2016, and was at 74 percent in the 2016-17 school year. The graduation rate in the 2016-17 was 85 percent for general education, and 61 percent for all special education students.

It is important to note, however, that many deaf and hard of hearing students who do not graduate in four years do enter transition programs and graduate in five or six years. For the 2016-17 school year, 80 percent of students who were deaf or hard of hearing graduated in five or six years.

Postsecondary enrollment

According to the Minnesota Statewide Longitudinal Education Data System (SLEDS), the average ACT Composite Score for students with hearing loss in 2016 ranged from 19-21. Statewide, the average ACT Composite Score for all students in 2016 was 22.

The Minnesota Department of Education's 2018 *Students who are Deaf or Hard of Hearing: Report to the Legislature* shows that, for the 2016-17 school year, 46 percent of deaf or hard of hearing students who were enrolled in special education entered higher education after graduation, 27 percent were competitively employed, 18 percent sought other education or employment, and 9 percent were not engaged after graduation.

For all Minnesota students in special education during the 2015-16 school year, 25 percent entered higher education after graduation, 44 percent were competitively employed, 18 percent entered other education or employment, and 13 percent were not engaged following graduation.

Strengths, challenges, and opportunities of Minnesota’s service system for children age birth to 21 who are deaf, deafblind, and hard of hearing and their families

The following analysis synthesizes results of a strengths, weaknesses, opportunities, and threats (SWOT) analysis process that was obtained from two sources: 49 interviews with parents and professionals and notes from facilitated discussions with three Collaborative work groups (birth to age 5, both school-age groups, and transition age). This summary of responses and themes informed the strategic priorities in this 5-Year Collaborative Plan (described in the next section).

Strengths

Multiple themes emerged from discussions about strengths in Minnesota’s service system, including **early intervention**, successful **collaboration** across systems, and robust **resources** supporting families. These are things that have gone well in the past and that respondents want to maintain and build on as they determine strategic priorities for this 5-Year Collaborative Plan.

I think the newborn screening is what they’re doing well, better early identification, early services. Families are getting services younger than they used to. As a result, I think the children have more language if they’re identified early.

– Professional

The Deaf Mentor program is great. So is Minnesota Hands and Voices. I couldn’t imagine doing it without them.

– Parent

Disabilities in general are becoming more accepted. We’re learning that it’s okay. Bullying is more identified as an issue. A lot of those things are going in a really good direction.

– Parent

- State agencies generally work well together to coordinate services and resources. Minnesota is one of only six states that has coordinated services from birth through age 21, due to the efforts of the Collaborative.
 - Data sharing supports this coordination (Early Childhood Longitudinal Data System and Statewide Longitudinal Educational Data System; Memorandum of Understanding among Minnesota Departments of Education, Health, and Employment and Economic Development).
 - Good professional development opportunities (Low Incidence Projects communities of practice, University of Minnesota and MNCDHH teacher resources).

- Collaborative's work, facilitated by MNCDHH.
- The Early Hearing Detection and Intervention (EHDI) system is doing a good job of identifying hearing loss among newborn babies quickly and referring families for audiology and support services.
 - Clear and strong guidance from the Joint Committee on Infant Hearing.
- Access to hearing aids has improved in recent years.
 - Hearing aid loan program through University of Minnesota Lions.
 - Mandate for insurance coverage of hearing aids for children up to age 18.
- Early intervention services (Part C) are beneficial for families and provide crucial early language/communication education for families and infants/toddlers.
 - Family-focused, families are in charge.
 - The “binder” has useful information, but parents are not always able to understand how it all connects or what to prioritize.
 - Some early intervention materials now available in languages other than English.
- We do a good job of collecting data and assessing students academically.
- Social service programs and state resources do a great job in supporting families.
 - Deaf Mentors and DHH Role Models; MNHV and Parent Guides; Help Me Grow; PACER.
 - Minnesota Department of Human Services Consumer Support Grant, which offers greater freedom of choice for consumers using home care services.
 - DeafBlind Project – Minnesota is very innovative (“best in country”); we have a grant and a DeafBlind Intervener professional development initiative.
 - IEP Guide (full title – Developing a Language and Communication Focused IEP: A Discussion Guide) and online resources to help families navigate the IEP process.
 - VECTOR program to help kids prepare for transition and build soft skills for employment; transition guide and online resources for families; summer transition program.
 - PSEO grant (from PEPNet → National Deaf Center) to help students access postsecondary options.
- Minnesota State Academy for the Deaf and the Metro Deaf School.
- As a society, we are becoming more inclusive and accepting of disability and differences.

Opportunities

A range of opportunities were identified through the interviews with parents and professionals and the three work group sessions, including new and different models of care from different fields that can be applied to deaf, deafblind, and hard of hearing services and systems, as well as specific programs and services that could be expanded. These opportunities were identified by key stakeholders as things that positively affect the system and the system's ability to meet the needs of children and youth who are deaf, deafblind, and hard of hearing and their families.

Parents need to be given all of the options. I get frustrated when they only get one option, and they should be given all.

– Parent and professional

We have no control over YouTube to make captions better. More teachers are using this, but captions are not sufficient. Some schools have had to send home letters apologizing for the words that have been shown. Technology is not sufficient. But teachers don't have time to watch a whole video beforehand. So we need to make that more accessible for everybody.

– Parent

Type and degree of hearing loss and age makes a difference. The milder the hearing loss the less support there is – students are overlooked and identified later. They think if it's mild to moderate hearing loss it's a mild impact, and that's not true. The later identification – the harder. If a child is identified right away they have a greater advantage.

– Professional

Just people understanding that kids can have hearing loss too, and that doesn't mean that they can't talk. Because it's a low incidence disability, creating awareness for the general public would be great.

– Parent

- Improve education to ensure that families understand that they don't have to choose just one option and stick with it forever; they can try various communication modes and technologies to find the best fit.
- Learn more about how trauma-informed care models can ensure better diagnostic care and services.
- LEAD-K (Language Equality and Acquisition for Deaf Kids) – show how Minnesota aligns with this model or consider if it should participate.

- Expand the Deaf Mentor and D/HH Role Model programs.
 - Continue using/strengthen use of the Visual Communication and Sign Language (VCSL) Checklist (standardized assessment tool) to assess the child’s progress learning ASL.
 - Need mentors for youth who have cochlear implants and communicate through listening and spoken language; DHH adults who are accepting of children who use these technologies, and more young adult mentors who have experiences more similar to DHH youth today.
- Identify ways to incorporate emerging technologies throughout services and supports.
 - Earlier identification of hearing loss.
 - Assistive hearing technology, personal communication technology.
 - Expand captioning services; remote captioning.
 - Distance technology/distance learning, “flip classroom.”
- Improve data sharing and access to data about students who are deaf, deafblind, and hard of hearing (regardless of their special education status).
- Expand DHH teacher mentoring.
- Add/expand ASL in schools; add ASL as a world language option for all students.
- Build/strengthen relationships with Indian tribes and Native American communities.
- Learn from and collaborate with other states.
- The Workforce Innovation and Opportunity Act (WIOA) of 2014 requires states to coordinate workforce development programs to help people get the training, support, and education they need to be successful in the workforce, including pre-employment transition services for youth with disabilities.
- As it continues to be interpreted and implemented, Minnesota’s Olmstead Plan (named for a 1999 Supreme Court decision regarding the Americans with Disabilities Act of 1990) could support better integration of services for people with disabilities across a range of needs including employment, housing, education, health, transportation, and community engagement.
- Increased awareness and education for the general public could go a long way toward acceptance and services for people who are deaf, deafblind, and hard of hearing.

Challenges: weaknesses and threats

Weaknesses are internal to the system whereas threats are external to the system and largely not controlled by the Collaborative. Both types of issues need to be planned for and addressed in the 5-Year Collaborative Plan. The weaknesses and threats identified by the parents and professionals who were interviewed and/or who participated in a work group discussion centered around families' and children's access to information, resources, and support across a range of needs, preferences, family types, and locations around Minnesota; schools' ability to meet students' needs; and teachers and interpreter shortages.

The first thing the doctor said is it's probably a false fail, don't worry about it. That was a mistake. They should treat every fail test the same. All we were told, as we were walking out the door, was she failed a screen in one ear, but it's no big deal, just follow up with her pediatrician. We walked out thinking it wasn't real, and no big deal. It could not have been farther from the truth. So the biggest need is to receive correct information, correct advice, and correct direction. We're tired, we're shocked. And they kind of led us down a belief that wasn't accurate at all.

– Parent

You have to be able to figure out each system, and if it's not working for the child, what do you do? How do you help that child without dropping out of the system? Because that's the default. We keep pointing at the young adult and the parent asking, 'Why didn't you do anything?' Well they have. It's a box and if they don't fit in the box, they don't get to access it.

– Parent and Professional

I think when you're a new parent and you don't know what you don't know, you assume everyone has the best of intentions and things like that. As time went on, there was a period where I didn't feel as supported and you realize it's really about money, even though the schools will never tell you that.

– Parent

The more hearing loss you have, the more support services there are. Kids in the middle get lost. Having a role model program or helping them connect with others is something that needs to be done.

– Professional

I think there are still some issues with school districts equally serving our kids. So many kids now, because of early intervention, tend to not be eligible for special education services, so we fall into a wait-to-fail model, where they have to fail in their school program in order to get services.... I'd rather be proactive. I think that school districts tend to over and underestimate what the kids are capable of.

– Parent and Professional

There's been discussion of overall licensure for special ed rather than specialization. I think that is a bad idea not only for D/HH kids, but it's bad for everybody. If you're going to work with students who have autism or behavioral issues, you can't lump them together. I hope and pray that does not become the landscape.

– Professional

There are only so many colleges that provide a full four-year degree for ASL interpreting, and if they do it's private, and no one wants to be \$100,000 in debt, so we can only hire people with a two-year degree.

– Parent and Professional

Especially students that are so isolated by geographic area, or they're in a community that might not have enough access, or are able to get peers together, or get adults who are D/HH to be a role model and help them develop that self-esteem. I see a lot of young people struggling, and then when you exacerbate that with isolation, I think that is where things can get really quite desperate for some of our youth.

– Parent

It's a variety of appointments and if their insurance isn't covering it, it adds up quickly. So then it's not only emotional, it's financial. While Minnesota does have a hearing aid mandate for hearing aids, it still means meeting that deductible.

– Professional

- Families may struggle to find out what resources and services are available to them and may need more support in helping them decide what is best for their child.
 - Audiologists, especially in rural areas, and doctors/pediatricians may not have expertise working with DHH children.
- Children who are DHH and their families in Minnesota are increasingly culturally and linguistically diverse, which results in different service needs and preferences.
- Deaf community perspectives (i.e., ASL as primary mode of communication) may not address the needs, preferences, and identity of children who have milder hearing loss and those who choose to not use ASL for any reason.
- Medical professionals and audiologists (who often speak with the parents first after they have learned of their child's hearing loss) may focus on “fixing” the child's hearing loss, which is not always helpful for support. These professionals may emphasize amplification and spoken language, and in some cases may even discourage parents from learning and using ASL with their child.
- There are several issues with the ways that schools approach working with and educating kids who are DHH and their families.
 - School systems are not always in tune with the specific needs of DHH kids; they may be making decisions based on available resources versus the needs of the DHH student.
 - DHH students may be moved to a 504 plan (which provides monitoring but no additional services) when they may need the services that come with an IEP.
 - Not enough support and trained professionals in schools specifically for deafblind students and students who are deaf+ (DHH with a disability).

- IDEA pushes students to their neighborhood schools, which may isolate DHH students rather than clustering students within the district and region in one school so they have more access to peers. (The “least restrictive environment (LRE)” for a child who uses American Sign Language as their primary language may not necessarily be their home school district.)
- There are significant teacher shortages and concerns about teacher qualifications.
 - If all special education teachers are lumped together under a non-categorical license (instead of having DHH and other specializations), this could lead to teachers serving students who are DHH (and students with other “low incidence” disabilities) who do not have specialized training or experience.
 - Teachers may not be adequately trained to address the range of communication modes and assistive technologies used by their students; administrators may not understand this when they are deciding about staffing and services for students.
 - DHH teachers in rural Minnesota have to travel a lot and have very limited/ inadequate time directly serving students and families. (These DHH teachers end up advising the child’s classroom teacher rather than providing direct instruction to the child.)
 - Teacher training and recruitment programs (e.g., University of Minnesota and Faribault summer program) have been cut or have reduced enrollment, which has resulted in fewer qualified DHH teachers entering the field, and at the same time many existing DHH teachers around MN are approaching retirement.
- There are concerns about educational interpreter qualifications (and shortages of qualified interpreters) and the negative impact that has on students’ learning.
 - MDE provided guidance to school districts that they may hire less qualified/ uncertified interpreters.
- Also need to increase availability of other professionals (speech language pathologists, audiologists, mental health providers), especially in rural Minnesota.
- Challenges exist for families to access support for social-emotional wellbeing.
- Rural Minnesota needs access to better services; the metro is ahead of rural Minnesota in terms of what is offered/available.
 - Youth who are DHH in rural Minnesota are isolated; they often don’t have DHH peers they can connect with.
- Kids who have milder hearing loss and/or those who do not have IEPs are often left in a “middle ground” with a lack of support but they still struggle to keep up in school.

- Youth who are DHH need more opportunities for career exploration, job training, and work experience.
 - Vocational Rehabilitation services may not be accessible to all students who are DHH and who need these services.
 - Employers may need more training on how to effectively work with employees who are DHH, especially those who are newer to the workforce.
 - Youth who are DHH may need support to self-advocate for workplace accommodations they need and are entitled to.
- Supports that students who are DHH receive through 12th grade may drop off in college, and students and their families may struggle to find out how to get access to needed accommodations and supports.
- Families struggle to pay for the services and technologies their child needs.
- Families struggle to participate in services and activities due to busy work schedules and family life. It is difficult for parents to take extra time off work to go to the audiologist, or coordinate Deaf Mentor program participation with other family activities, etc.

Key strategic issues facing Minnesota’s service system for children age birth to 21 who are deaf, deafblind, and hard of hearing and their families

The following strategic issues were identified by participants at the Collaborative summit after the group reviewed a summary of the background information and analysis that is presented in this report.

Common strategic issue areas

Several strategic issues rose to the top at the summit:

- Increase **consistency** and organization of resources to ensure all children and families have access.
- **Collaborate** and network across stakeholder groups to ensure programs and services are supporting (and not duplicating) each other’s’ work.
- Promote mental health and using a “**whole child**” **approach** to help children develop a strong identity and ability to self-advocate.
- Assess and address **licensure and qualifications** for teachers and interpreters to ensure quality and to ameliorate shortages.

The following grid lists the various action steps each work group brainstormed at the summit, and illustrates the overlap across the work groups. Every action step is linked to one or more of the key strategic issues listed above. The next steps are for MNCDHH and the work groups to develop more complete action plans for each strategic issue. These action plans might include, and further flesh out, the action steps identified below and might add other steps. The final action plan should also identify the person(s) responsible and a timeline for each action step.

Strategies	Birth – Age 5	K – Grade 4	Grade 5 – 8	Transition
Consistency				
1. Develop a centralized website with consistent messaging	X	X	X	X
2. Create a statewide calendar for families and professionals	X	X	X	X
3. Conduct annual gaps analysis of existing resources using national and local guidance	X	X	X	X
4. Investigate possible centralization of resources and seek out new sources of funding	X	X	X	X
5. Review technical assistance models used by other states	X	X	X	X
Collaboration				
6. Facilitate networking across work groups to build relationships	X	X	X	X
7. Build a network diagram or map of connections between roles	X	X	X	X
8. Investigate feasibility of collaborative home visits	X			
9. Hire cultural liaisons in schools		X	X	X
10. Hold a conference to build networks with parents, teachers, and other professionals	X	X	X	X
11. Develop and advocate for policies that implement strategies recommended by the gaps analysis and by collaborative stakeholders	X	X	X	X
Whole-child approach				
12. Develop and expand mental health resources and address needs around MN for social-emotional supports	X	X	X	X
13. Find and organize mental health resources currently available	X	X	X	X
14. Research new strategies for differentiated instruction in schools		X	X	X
15. Create a task force to address approaches to service delivery	X	X	X	X
Licensure & qualifications				
16. Create additional continuing education opportunities	X	X	X	X
17. Develop mentorship opportunities	X	X	X	X
18. Expand recruitment efforts for qualified professionals	X	X	X	X
19. Expand licensure options for D/HH teachers	X	X	X	X
20. Seek out resources for tuition assistance for potential D/HH teachers	X	X	X	X
21. Conduct a thorough review and strengthen existing licensure requirements	X	X	X	X

Measuring progress

In order to help MNCDHH measure progress on these strategies, we offer these suggested indicators and possible measurement approaches for each strategy named above.

1. **Develop a centralized website with consistent messaging**

Indicator: if identified website(s) are added or improved, and if families have access to more consistent messages

Measure: observation; anecdotal feedback, professional review and assessment, and/or some kind of survey of families who recently accessed the site

2. **Create a statewide calendar for families and professionals**

Indicator: if a calendar is created and shared

Measure: observation

3. **Conduct a gaps analysis of existing resources**

Indicator: if a gaps analysis (or similar process) is completed using national and local guidance from NASDSE, JCIH, and CEC; note this may be partially fulfilled by the “Journey Mapping” project Wilder Research will be working on with MDH this winter/spring

Measure: observation

4. **Investigate possible centralization of resources and seek out new sources of funding**

Indicator: if centralization of resources and new sources of funding are explored, and perhaps if a new solution is identified or recommended

Measure: Location (“owner”) and amount of funding available

5. **Review technical assistance models used by other states**

Indicator: if technical assistance models are explored, and perhaps if a new model is identified or recommended

Measure: Survey or other way to measure usefulness of technical assistance provided, from the perspective of the TA receiver (school districts?)

6. **Facilitate networking across work groups to build relationships**

Indicator: strengthened networks and improved collaboration

Measure: consider Wilder’s Collaboration Factors Inventory

7. **Build a network diagram or map of connections between roles**

Indicator: if a network diagram is created and shared

Measure: observation

8. **Investigate feasibility of collaborative home visits**
Indicator: if collaborative home visiting approaches are explored, and perhaps if a new approach is identified or recommended
Measure: Survey or other way to measure usefulness of collaborative home visiting, from the perspective of the providers and families who receive the service
9. **Hire cultural liaisons in schools**
Indicator: number of new cultural liaisons in schools
Measure: Survey of school districts? Or does MDE/PELSB hold this info?
10. **Hold a conference to build networks with parents, teachers, and other professionals**
Indicator: if a conference is held, and if networks are built
Measure: Survey of conference participants
11. **Develop and expand mental health resources and address statewide need for social-emotional supports**
Indicator: if mental health resources and other social-emotional supports are created and shared
Measure: Survey of providers and parents/youth about helpfulness of resources
12. **Find and organize mental health resources currently available**
Indicator: if mental health resources are compiled and shared
Measure: observation; survey of providers and parents/youth about adequacy and effectiveness of resources
13. **Research new strategies for differentiated instruction in schools**
Indicator: if differentiated instruction approaches are explored, and perhaps if a new approach is identified or recommended
Measure: observation, and ultimately evaluation of the impact of the strategy on student outcomes, if a new strategy is implemented
14. **Create a task force to address approaches to service delivery**
Indicator: if a task force is created and different service delivery approaches are explored, and perhaps if a new approach is identified or recommended
Measure: observation, and ultimately evaluation of the impact of the approach on student outcomes, if a new strategy is implemented
15. **Create additional continuing education opportunities**
Indicator: if continuing education opportunities are created, and these opportunities are effective
Measure: observation; survey of continuing education participants

16. Develop mentorship opportunities

Indicator: if mentorship opportunities are created, and these opportunities are effective

Measure: observation; survey of mentors and mentees

17. Expand recruitment efforts for qualified professionals

Indicator: if recruitment efforts are expanded, and if these efforts are effective

Measure: observation; track recruiting efforts directly as well as overall number of qualified professionals

18. Expand licensure options for D/HH teachers

Indicator: if licensure options are expanded, and if these efforts are effective

Measure: observation; track overall number of licensed D/HH teachers under current and new licensure options

19. Seek out resources for tuition assistance for potential D/HH teachers

Indicator: if new sources of funding for tuition assistance are identified, and if additional resources are secured/made available

Measure: D/HH teacher survey to measure amount of tuition assistance available and used

20. Conduct a thorough review of existing licensure requirements

This seems like a precursor to #18 so the same indicators and measures apply here

21. Policy change opportunities identified by community stakeholders are advanced and implemented

Indicator: if new opportunities for policy change are identified, and if suggested changes to policies are advanced and implemented

Measure: observation; and ultimately evaluation of the impact of the policy change on student outcomes, if a new policy is implemented

Appendix

Timeline, provided by MNCDHH

Year	Name
1863	Minnesota State Academy of the Deaf founded.
1885	Minnesota Association of Deaf Citizens founded.
1958	Captioned Film act PL 85-905 Provide for distribution of captioned films through State schools for the deaf.
1961	Federal Teachers of the Deaf Act PL 87-276 enacted.
1965	Elementary and Secondary Schools Act PL89-10 provided first federal funds to states for children with disabilities.
1971 & 1972	Landmark court decisions. The right of every child with a disability to be educated became part of the equal protection clause of the 14th Amendment to the Constitution.
1971	First Joint Commission on Infant Hearing Position Statement recommended controlled research studies on newborn hearing screening to gather the evidence needed to create a national identification system. In 2000 they recommended integrated, interdisciplinary state and national systems for Newborn Hearing Screening.
1973	Section 504 of the Rehabilitation Act of 1973 ensures that individual with disabilities will not be excluded from participation in programs that receive federal financial assistance, such as public schools.
1975	Public Law 94-142 Education for All Handicapped Children Act- introduced concepts of FAPE, due process rights for children and parents, individualized education, Least Restrictive Environment and federal funding for special education, included provisions for children who are deaf and hard of hearing and financial incentives to comply with the law.
1980	Deaf and Hard of Hearing Services Division created with 8 Regional Advisory Committees to provide access to state service including public education services to the community.
1982	Material Child Health grants introduced.
1985	Commission of Deaf, DeafBlind and Hard of Hearing created to advocate for and with the community on public policy. 256C.28
1986	First DeafBlind child count and establishment of the national Center on Deaf-Blindness.
1986	Public Law 99-457- Amendments to Public Law 94-142 – Part C that mandated services from birth and a comprehensive system of early intervention.
1990	The Americans with Disabilities Act ensures deaf, hard of hearing and deafblind children have access to state and local governments, public accommodations, commercial facilities, transportation, and telecommunications.
1991	A minimum level of sign proficiency required in ASL for Minnesota K-12 teachers of deaf and hard of hearing as determined by the Board of Teaching. MS122A.28 Subdivision 1
1991	Minnesota passes the first Charter School Law in the US. 124E.01

Timeline, provided by MNCDHH (continued)

Year	Name
1992-1993	Metro Deaf School became the second Charter School to open in the country and the first special education Charter School.
1994	Enactment of the Minnesota Quality Assurance Law requires school interpreters and Oral or Cued Speech Transliterators to hold national certification, or comparable state certification from the Commissioner of Education. MS122A.31
1995	Minnesota granted federal funds that created the DeafBlind Technical Assistance Project.
1996	PEPNet Founded to provide technical assistance to postsecondary institutions serving students. Led to the creation of the National Deaf Center in 2016.
1997	IDEA enacted. Requires transition services to be part of an IEP. IEPs required to measurable goals and statement of accommodations and modifications. Students must take state assessment tests. Schools must report progress on special education students as often as they report progress on non-disabled students.
1998	Voluntary Newborn Hearing Screening begins to be developed
1999	Separate Minnesota licensure requirements for teachers in oral/aural education programs. 122A.28 Subd. 2
1999	Northern Voices school founded, a private pre-K auditory oral school.
1999	Olmstead Decision-the most important civil rights decision made by the Supreme Court for people with disabilities in our country's history. People with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions. Minnesota resisted implementation until 2007.
2000	Minnesota Parent Guide Program founded at Lifetrack Resources.
2002	Minnesota DHS Deaf and Hard of Hearing Services Division pilots Deaf Mentor Program.
2002	ISD 916 opened the first publically funded Auditory-Oral Preschool.
2003	A health plan must cover hearing aids for children birth to 18 who have a congenital hearing loss. 62Q.675
2004	Reauthorization of IDEA (Part 300/D/300.324/a/2/iv) amended to include "the IEP team must consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and consider whether the child needs assistive technology devices and services. Includes definition of deafblindness.
2005	Schools must follow American National Standards Institute Acoustical Performance Criteria, Design Requirements and Guidelines for the maximum background noise level and reverberation times.
2007	First dedicated state funding for Deaf Mentors.
2007	Newborn hearing screening mandate, advisory board established, funding for the screening and intervention and monitoring system.

Timeline, provided by MNCDHH (continued)

Year	Name
2007	Funding for Hearing Aid Loaner Bank for families with children newly identified with hearing loss.
2007	Mandate for creation of a Hearing Loss Coordinator position- requires training for early interventionists, developmental assessments every six months with reporting to parents and aggregate data to the state. 125A.63 Subdivision 5
2007	First dedicated state funding for Parent Guides.
2007	\$300,000 in transition funding for deaf, deafblind and hard of hearing youth.
2007	A health plan must cover hearing aids for children birth to 18 who have an acquired hearing loss. 62Q.675
2009	Jesson Settlement mandated the state to develop and implement the 1999 Olmstead Decision. Minnesota's Olmstead plan guides state agencies to ensure that all people having the right to make choices: where to live, to have a satisfying job, to attend classes and to be part of the community.
2009	Minnesota Department of Education Deaf and Hard of Hearing Advisory Board required to report to the legislature and to the Commission of Deaf, DeafBlind and Hard of Hearing on test results of children who are deaf and hard of hearing and make recommendations to improve services.
2009	Funding for Parent Guides added to services included in the blood spot fee.
2011	First Collaborative Summit
2013	Deaf Mentors included in services included in the blood spot fee.
2014	Employment supports for transition aged students and adults required in state law.
2014	Legislation passed to increase funds to support the Collaborative Plan.
2015	\$1 million to support employment supports for adults and transition youth added to the state's base funding.
2017	Endrews v Douglas Landmark decision. The Supreme Court determined that, "to meet its substantive obligation under the IDEA, a school must offer an IEP [individualized education program] that is reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances." Furthermore it required that "every child should have the chance to meet challenging objectives."

Interview protocol

Interview for individuals who are both professionals serving the community and a parent of a child who is D/HH or DeafBlind

How old is your child who is D/HH or DeafBlind?

Were they identified with hearing loss at birth or at a later age?

What is their degree of hearing loss? (Deaf or Hard of Hearing or DeafBlind)

What is their primary communication mode?

Do you live in an urban, suburban, or rural area?

Was your child born in Minnesota or somewhere else? (If elsewhere, did you move to Minnesota for a reason related to your child's hearing loss?)

When your child was identified as D/HH or DeafBlind what were the most immediate needs you wanted to meet? (Consider: medically/physically, emotionally, and mentally? In school? Related to language?)

Which of these needs are fully met, partially met, or not at all met? Is there something you need that you are not able to access or have had difficulty accessing?

Note to interviewees: Please consider the following questions both as a professional and as a parent

How have the need of your child changed as they age? And how have you noticed that needs change for other children you serve in a professional capacity? (For example, as a child, entering school, transitioning between schools, and leaving school/entering the workforce?)

Where are the biggest gaps in support for youth who are D/HH or DeafBlind? (Related to age, certain areas of need, etc.?)

Is there anything changing in the current landscape that you believe has had or will have a significant impact on how kids who are D/HH or DeafBlind are served?

What is Minnesota doing *well* in serving families with kids who are D/HH or DeafBlind?

What one change in policy or support services would have the greatest impact on providing the support needed for your child? For other children who are D/HH or DeafBlind?

Work group notes

Birth to Age 5

Strategic issue #1: Inconsistency in information and access to resources and supports.

- While there are many websites with information for parents of young children who are D/HH/DB, a centralized website with consistent messaging would be helpful in delivering important information in a way that is both accurate and supportive to a variety of viewpoints in the community.
 - Consider: a statewide calendar that could act as a hub for events and information important for families and professionals.
- Development of a gaps analysis study could provide key data on the gaps in services or information experienced by families. This study could also explore the ways in which families prefer to receive information.
 - MDH funding may be available to conduct a study like this.

Strategic issue #2: Building relationships across disciplines and areas of work.

- Increased understanding of the roles played in professions that serve or work with people who are D/HH/DB and their families could better support relationship-building in the field. Making time for more discussion at work group meetings and EHDI roundtable discussions may be a way to facilitate this process and better identify opportunities for partnership or collaboration.
 - Consider: video introductions that describe roles.
 - Consider: drawing a network diagram or map of connections.
 - Consider: a directory of licensed D/HH teachers.
 - Consider: collaborative home visits.

Strategic issue #3: Identity of the whole child.

- Youth who are D/HH/DB may struggle with their self-identity (or the development of *positive* self-identity); addressing mental health needs and building resources or other materials to help support positive identity development could help encourage healthy development of identity.
 - Some resources already exist, and the group will seek to identify and pull them together.
 - Consider: reviewing additional resources in the fields of mental health and social work.
 - Consider: developing a list of books or other materials that include diverse children and families.
 - Consider: determining whether or not practices in the field are trauma informed.

Kindergarten through 4th Grade

Strategic issue #4: Workforce shortage.

- Existing interpreter certification barriers make it challenging to license more interpreters. Encouraging administrators to provide mentoring for new or training interpreters, or enrolling them in courses could help to support their development of the skill set needed. Interpreters should be provided with opportunities to gain additional education and knowledge about interpreting in schools with a course that focuses on skills specific to classroom interpretation (for students).
 - Consider: creating additional continuing education opportunities.
 - Consider: developing mentorship opportunities.
 - Consider: a directory of licensed interpreters that identifies both full-time and part-time interpreters.
 - Consider: expanding recruitment efforts.
 - Consider: expanding licensure options (including tiered licensure and acceptance of other state programs).

Strategic issue #5: Disparity of resources.

- As with many programs or agencies, the need for resources is greater than the current disbursement of funding. This results in fewer or inadequately funded services for families with children who are D/HH/DB.
 - Consider: centralization of resources.
 - Consider: seeking out additional funding sources.
 - Consider: surveying a range of stakeholders about what resources are needed in different regions of the state.

Strategic issue #6: Heterogeneity of needs.

- The D/HH/DB community is diverse, and the services and supports currently available may not be meeting the needs of this population. Understanding the wide range of needs of the community is important to being able to best support families and ensure positive outcomes for youth.
 - Consider: starting the transition age much earlier for D/HH/DB students.
 - Consider: implementing new strategies to build plans around each individual child.
 - Consider: implementing new strategies for differentiated instruction.

5th Grade through 8th Grade

Strategic issue #7: Organization of curriculum and training.

- While an array of services target specific areas of need for children and families, there is a lack of focus on delivering services using a “whole child” approach. Participants acknowledged a need for mental wellbeing support from qualified professionals.
 - Consider: creating a task force to address approaches to service delivery.
 - Consider: gathering and consolidating information from a variety of sources
 - Consider: developing a training plan for teachers, administrators, and parents.

Strategic issue #8: Consistency and collaboration of resources.

- Due to the number of services and supports for children who are D/HH/DB, as well as the many programs and agencies that are involved in and work with this community, a lack of consistency and collaboration was noted as an issue to work on. Addressing consistency and collaboration would support the streamlining of services, making service delivery more effective for families and professionals.
 - Consider: unique collaborations that may be outside of the D/HH/DB community.
 - Consider: pooling resources across the state.
 - Consider: reviewing technical assistance models used by other states.
 - Consider: conducting a gaps analysis of existing resources in Minnesota.

Strategic issue #9: Continuous and consistent connections.

- Beyond collaboration between programs or agencies, there is a need for opportunities to make connections at the family and child level. Parents may currently express the need for stronger connections with their child's school and teachers. Addressing this disconnect will help to develop stronger relationships and broaden opportunities for networking.
 - Consider: funding mechanisms that would support hiring cultural liaisons in schools.
 - Consider: holding a conference to build networks with parents, teachers, and parent guides.

Transition

Strategic issue #10: Organization of resources.

- Centering resources around the community and families with children who are D/HH/DB could help people access resources as well as ensure consistency in delivery of services or programming. Organization of resources may also encourage collaboration and help ensure that resources are reaching a range cultural communities.
 - Consider: collaborating with cultural leaders in various communities to connect families with resources.
 - Consider: development of a shared resource list or hub.

Strategic issue #11: Implement changes in the system.

- The current system infrastructure sometimes creates barriers to the work being done in the D/HH/DB community. Pushing for reforms to the existing system could help to make this work more efficient for both administrators and families.
 - Consider: changing the transition age (including increasing the age limit).
 - Consider: development of a centralized “D/HH/DB Center” that acts as a hub for resources and programming.
 - Consider: examining teacher licensure to determine possible changes to this process.
 - Consider: further development of a mental health system or resource for D/HH/DB youth.

Strategic issue #12: support and expand training opportunities.

- There is concern in the D/HH/DB community of professionals that the current licensure, training, and qualification processes around teachers and interpreters may not be sufficient. Determining the professional development needs for those who work in this community could help to better support professionals (thereby offering deeper support for youth).
 - Consider: working with state leaders and decision-makers to develop best practices.
 - Consider: providing tuition assistance for those seeking licensure as a D/HH teacher.
 - Consider: doing a thorough review of existing state licensure requirements.

Collaborative participants

- Collaborative Steering Committee members are noted with a *. The Steering Committee member agencies and organizations identify opportunities to align and develop goals, remove barriers, and maximize resources for the full Collaborative, particularly in areas that would otherwise not be addressed independently.

Participating organizations include:

- Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing (MNCDHH)
- DeafBlind Technical Assistance Project
- Lifetrack: Deaf Family Mentor Program, Deaf & Hard of Hearing Role Model Program, and Minnesota Hands & Voices*
- Metro Deaf School
- Minnesota Association of Deaf Citizens (MADC)*
- Minnesota Deaf Muslim Community (MDMC)
- Minnesota Department of Education*: Early Hearing Detection & Intervention (EHDI), Part C, Minnesota Resource Center - Deaf and Hard of Hearing, Statewide Regional Low-Incidence Facilitators, and metro and rural deaf education teachers
- Minnesota Department of Employment and Economic Development*: Department of Rehabilitation Services and State Services for the Blind
- Minnesota Department of Health*: Early Hearing Detection and Intervention (EHDI)
- Minnesota Department of Human Services*: Deaf and Hard of Hearing Services Division
- Minnesota State Academies
- Northern Voices
- PACER Center
- University of Minnesota*: Deaf/Hard of Hearing Education Program
- VECTOR Transition Program

References

- Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing. (2018, September 20). *Language acquisition video series: Part 4*. Retrieved from <https://content.govdelivery.com/accounts/MNCDHH/bulletins/20666d7>
- Minnesota Department of Education. (2016). *Child count: December 1, 2015 state totals by race/disability/age* [Data file]. Retrieved from <https://education.mn.gov/mde/data/>
- Minnesota Department of Education. (2017). *Child outcome summary form data*. [Data file].
- Minnesota Department of Education. (2018). *Cohort by date of last enrollment record, academic year 2015-16* [Statewide Longitudinal Education Data System data].
- Minnesota Department of Education. (2018). *Students who are deaf or hard of hearing: Report to the Legislature*. Retrieved from <https://education.mn.gov/MDE/dse/sped/cat/dhh/>
- Minnesota Department of Health. (2015). *2015 EHDI annual report*. Retrieved from Improve EHDI website: <http://improveehdi.org/MN/library/files/2015ehdiannualreport.pdf>
- Minnesota Department of Health. (2017). *What you need to know: Resources for families*. Retrieved from http://www.health.state.mn.us/divs/cfh/program/cyshn/content/document/pdf/ehdi_binder.pdf
- Minnesota Department of Health. (2019). *Medical home introduction*. Retrieved from Improve EHDI website: <http://www.improveehdi.org/mn/medicalHome/>
- National Association of State Directors of Special Education. (2018). *Optimizing outcomes for students who are deaf or hard of hearing: Educational service guidelines*. Retrieved from <http://www.nasdsse.org/LinkClick.aspx?fileticket=9v8pO3R7Nzk%3D&tabid=36>

Children Birth-21 who are Deaf, DeafBlind, and Hard of Hearing in Minnesota

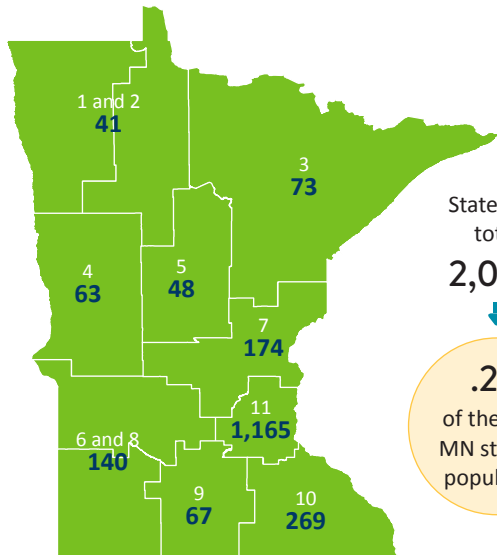


Characteristics of students in Minnesota who are D/HH, 2016-17

Source: Minnesota Department of Education Legislative report

GRADE K-12^a

Enrollment count by region for all students whose primary disability is DHH



Statewide total
2,040

.2%
of the total MN student population

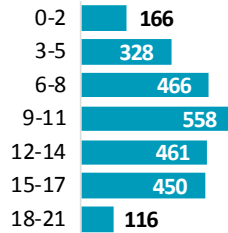
Statewide total special education and D/HH students K-12

119,045 → 1.7%
total special education students of which are D/HH^b



AGE 0-21

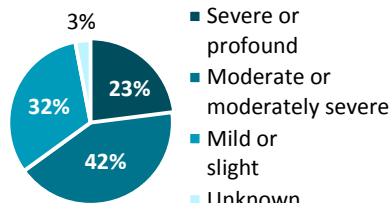
Age distribution of all D/HH students



Of the 242 cases of permanent hearing loss reported to MDH in 2015:

60% were bilateral
30% were unilateral
3% were unknown
7% were closed

Of the 60% bilateral hearing loss cases



Minnesota has:
2,545 total D/HH children age 0-21 + 83 deafblind children age 0-21

^a It is important to note that the counts above do not include D/HH students not receiving special education services.

^b D/HH is not their primary disability.

Outcomes by age group

BIRTH TO AGE 5

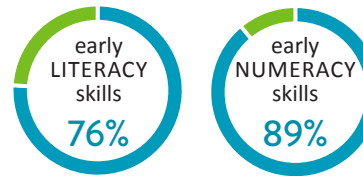
In 2015, 68,063 newborns in Minnesota had a hearing screening.

5% were referred for follow-up testing. 242 were identified with permanent loss, 91 with transient. 6% were lost to follow-up or documentation (LTF/D), and did not complete further hearing tests with an audiologist.

Source: Early hearing detection and intervention (EHDI)

2017 Kindergarten readiness for D/HH students

Percentage of children who were D/HH with no cognitive delays/disabilities exiting Part B and transitioning to kindergarten that demonstrated:

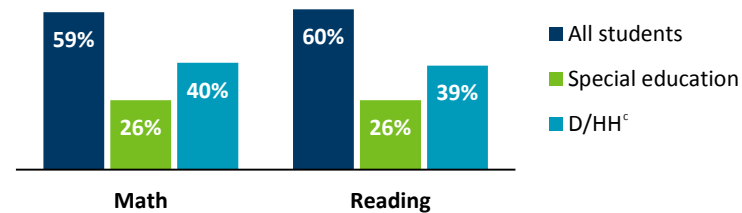


Source: Minnesota Department of Education

SCHOOL-AGE KIDS

Source: Minnesota Comprehensive Assessment (MCA) test scores

2016-17 Statewide proficiency by student category for the proportion of students who met or exceeded proficiency in math and reading

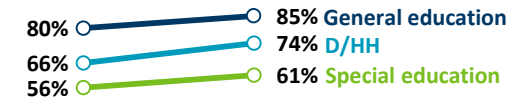


^c D/HH students who are on an IEP and for whom hearing loss is listed as their primary disability.

9TH GRADE TO TRANSITION (AGE 21)

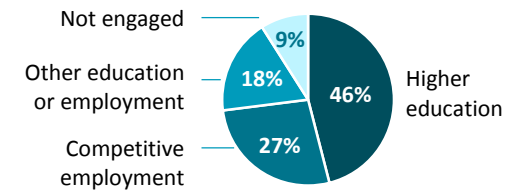
Source: Minnesota Department of Education Legislative report

Graduation state trends

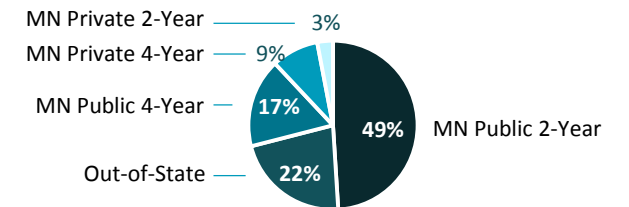


However, 80% of D/HH students graduate in 4-6 years

2016-2017 Post-school outcomes for D/HH students



Sector of college enrollment



mn MINNESOTA
COMMISSION OF THE DEAF, DEAFBLIND, & HARD OF HEARING

For more information:

Contact Anna Paulson, MN Commission of the Deaf, DeafBlind, and Hard of Hearing at 651-431-5960 or email anna.paulson@state.mn.us

Children who are Deaf, DeafBlind, and Hard of Hearing: Family Needs and Resources

Children who are deaf, deafblind, and hard of hearing and their families need a range of information, support, services, and technologies. Government and nonprofit systems in Minnesota provide a robust set of resources and programs, but not all needs are met.

NEEDS

1. LANGUAGE

All children and their families need access to language and options to facilitate access to communication from birth and as hearing loss is identified or progresses.

2. ACADEMICS

Students cannot access PreK-12+ supplemental services until they demonstrate/exhibit an educational need. Access to accommodations and supports during postsecondary and job training programs may be a challenge in some cases.

3. INFORMATION & RESOURCES

In 2015, over 68,000 newborns had a hearing screening in Minnesota (99% of all babies born). Nearly 5% of those infants were referred for follow-up testing and over 300 were diagnosed with hearing loss. Parents who have a child who is deaf, deafblind, and hard of hearing need immediate information and resources to help them make decisions about their child's care and access support and services across a range of possible needs.

4. SOCIAL CONNECTIONS

(to peers & other families)

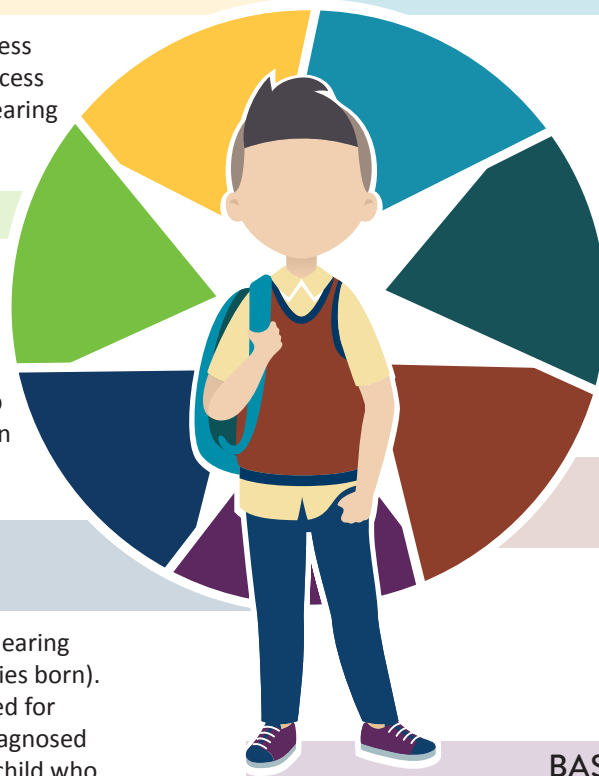
Both children and their families need to form social connections with other children and adults (a community).

5. CAREER READINESS

Youth need more exposure to career options and more training (soft skills, academic, job-specific). These youth may struggle with underemployment.

6. SELF-ADVOCACY & LIFE SKILLS

Children and youth need to learn how to speak up for themselves and their needs, including how to navigate in school and work settings.



BASIC NEEDS

Children who are deaf, deafblind, and hard of hearing have the same needs as all children: love, fun/play, communication/human connection, food, shelter, healthcare, etc. Some children and their families may have an extra layer of needs due to:

- Poverty or low income
- Moving frequently
- Very busy schedules
- Speaking a language other than English
- Dealing with trauma, abuse, addiction, chronic health concerns, mental illness, etc.
- Other disabilities or health conditions

BASIC NEEDS

- Early intervention (parent-child bonding, connections, communication)
- Social work support (health insurance, SSI, county services)
- Medical/psychological assessments

1. LANGUAGE

- Early intervention services from teachers of deaf and hard of hearing students, and teachers of blind/visually impaired for deafblind students
- Preschool programs (visual, auditory, multi-modal)
- The University of Minnesota Lions Infant Hearing Device Loaner Program
- Deaf Mentor Family Program—ASL instruction
- Speech-language services
- Cued Speech Association of MN
- MN DeafBlind Project

2. ACADEMICS

- Part C Early Intervention and Part B Early Childhood Special Education
- Teachers of deaf and hard of hearing students in resident school districts
- Deaf schools and resources
- Educational interpreters, cued speech transliterators, deafblind interveners
- Technology—assistive hearing technologies, closed captioning/real-time captioning

3. INFORMATION AND RESOURCES

- MN Commission of the Deaf, Deafblind, and Hard of Hearing
- Advocacy services—MN Hands & Voices, PACER, Deaf Equity, MN Deaf Muslim Association, Black Deaf Advocates
- Regional Low Incidence Facilitators
- MN Department of Health—Beginnings Binder
- MN Department of Education—Help Me Grow and other resources
- MN Commission of the Deaf, DeafBlind, and Hard of Hearing
- MN DeafBlind Project
- Deaf education websites (e.g., National Deaf Center)
- MN Department of Health and Human Services
- State Services for the Blind (SSB)
- MN Resource Library
- Deaf Mentor Family Program
- MN Low Incidence Projects

4. SOCIAL CONNECTIONS

(to peers & other families)

- Minnesota deaf schools (MDS and MSAD) and resource programs
- Deaf/Hard of Hearing Role Model Program
- Local Educational Area activities and events
- MN Hands & Voices—parent-to-parent support, family events
- Regional Low Incidence/ECSE events
- Camps for youth (Camp Inspiration, Camp Courage)
- Hope and Healing-Family Counseling
- Volunteers of America

5. CAREER READINESS

- Vocational Rehabilitation
- VECTOR program
- Summer transition programs
- The University of Minnesota ASL Program, Deaf and Hard of Hearing teaching licensure, and M.Ed.
- Department of Employment and Economic Development (DEED)

6. SELF-ADVOCACY & LIFE SKILLS

- Teacher of deaf and hard of hearing and teachers of blind and visually impaired students, including support for soft skills and career networking
- Vocational Rehabilitation services
- Compensatory skills training
- Adjustment to Blindness Training

For more information:

Contact Anna Paulson, MN Commission of the Deaf, DeafBlind, and Hard of Hearing at 651-431-5960 or email anna.paulson@state.mn.us

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COMMISSION OF THE DEAF, DEAFBLIND,
& HARD OF HEARING

Advocating for equal communication access and opportunity with the 20 percent of Minnesotans who are deaf, deafblind, and hard of hearing.

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