

July 12, 2017

Daniel P. Wolf
Executive Secretary
Minnesota Public Utilities Commission
121 7th Place East, Suite 350
St. Paul, MN 55101-2147

RE: TAM 2016 Annual Report (Docket No. P999/PR-17-5)
TAM FY 2018 Proposed Budget and Surcharge Recommendations (Docket No. P999/M-17-276)

Dear Mr. Wolf:

In accordance with the Minnesota Public Utilities Commission's June 30, 2017, *Order Accepting Report, Approving Budget, Maintaining Surcharge, and Requiring Filings*, in the above referenced docket numbers, the Minnesota Department of Commerce Telecommunications Access Minnesota program respectfully submits the following reports:

- Department of Human Services (DHS) January 2017, *Analysis of Deaf, DeafBlind and Hard of Hearing Services* report to the Minnesota legislature.
- The DHS *Telephone Equipment Distribution (TED) Study*, May 13, 2016, prepared by The Improve Group.
- The DHS *Service Delivery for Minnesotans who are Deaf, DeafBlind and Hard of Hearing: Final Report*, June 2016, prepared by Public Consulting Group.
- The DHS TED Program *2017 iPad/iPhone Pilot Program Report*, June 2017.

Sincerely,



Rochelle Garrow
TAM Program Administrator
651-539-1878
rochelle.garrow@state.mn.us

Attachments

c: All parties of record

Analysis of Deaf, DeafBlind and Hard of Hearing Services

Deaf and Hard of Hearing Services Division

January 2017

For more information contact:

Minnesota Department of Human Services
Deaf and Hard of Hearing Services Division
P.O. Box 64969
St. Paul, MN 55164-0969

651-964-1452 voice and video phone

This information is available in accessible formats to individuals with disabilities by calling 651-431-2355 voice or 651-431-2356 videophone or by using your preferred relay service.

For other information on disability rights and protections, contact the agency's ADA coordinator.

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$271,975.

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Executive summary

This report is the result of legislation enacted by the 2015 Minnesota Legislature. The Department of Human Services (DHS) was asked to conduct an analysis of services provided through the DHS Deaf and Hard of Hearing Services Division (DHHS D).

DHHS D worked with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDHH) for this project. Together they established a steering committee to guide the work. The steering committee recommended having two studies to complete the analysis: 1) study of the services and programs offered by the DHHS D and 2) study of the Telephone Equipment Distribution (TED) program and its funding source, the Telecommunications Access Minnesota (TAM) special revenue fund administered by the Department of Commerce.

Key findings from the two studies include:

- Services offered in the DHHS D regional offices are very broad and designed to be responsive to individuals' immediate needs. For that reason the division appears to lack direction and members of the public have a hard time understanding its menu of services.
- The 'regional service center' model for delivering services was created over 30 years ago. New options for deploying staff, centralizing some services and increasing uses of technology should be explored.
- The DHHS D regional offices and the Telephone Equipment Distribution program need to do more outreach so Minnesotans are aware of the services in these programs.
- Minnesotans who are deaf, deafblind or hard of hearing would like the Telephone Equipment Distribution program to offer more assistive equipment and devices. They would also like education on types of assistive devices and who is best suited to use various types.
- Access to affordable, high quality broadband and cell phone service in all areas of the state is a must for people who rely on visual ways of communicating such as using sign language or captioned telephones.
- DHHS D's collaborations with other state agencies and community partners should be strengthened to improve coordination of services for consumers.

DHS has developed an action plan from the findings and recommendations in the studies. Some of the recommendations can be implemented by DHS on its own. Some will be implemented in conjunction with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans. Some are recommendations for the legislature to consider.

Recommendations DHS is implementing:

- Pursue options for redesign of the DHHS D service delivery system
- Improve community awareness of the programs and services offered by DHHS D
- Develop a strategy to strengthen DHHS D's connection to the immigrant community

- Develop a strategic plan to modernize services for Minnesotans who are deaf, deafblind or hard of hearing; include action steps for implementing recommendations from the studies.

Recommendations DHS has worked with MNCDHH to implement:

- Conducted an informal analysis of service gaps and overlaps
 - Catalogued services offered through DHHSD
 - Analyzed gaps in current services and future needs for Minnesotans who are deaf, deafblind or hard of hearing
- Identified priority services DHHSD should offer in the future.

Recommendations the legislature could consider:

- Improve availability and affordability of high quality broadband and cell phone services so that people in all areas of the state have an option to use them
- Update the Deaf and Hard of Hearing Services Act to give DHS more flexibility in designing service delivery
- Ensure DHHSD has adequate funding to deliver statewide services.

Legislation

Minnesota Session Law 2015, chapter 71, article 14, section 2, subdivisions 3(d):

(d) **Deaf and Hard-of-Hearing Services Division.** \$650,000 in fiscal year 2016 and \$500,000 in fiscal year 2017 are from the general fund for the Deaf and Hard-of-Hearing Services Division under Minnesota Statutes, section 256C.233. This is a onetime appropriation. The funds must be used:

(1) to provide linguistically and culturally appropriate mental health services;

(2) to ensure that each regional advisory committee meets at least quarterly;

(3) to increase the number of deafblind Minnesotans receiving services;

(4) to conduct an analysis of how the regional offices and staff are operated, in consultation with the Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans;

(5) during fiscal year 2016, to provide direct services to clients and purchase additional technology for the technology labs; and

(6) to conduct an analysis of whether deafblind services are being provided in the best and most efficient way possible, with input from deafblind Minnesotans receiving services.

Minnesota Session Law 2015, chapter 71, article 14, section 2, subdivisions 5(k):

(k) Deaf and Hard-of-Hearing Grants

Deaf, Deafblind, and Hard-of-Hearing Grants. \$350,000 in fiscal year 2016 and \$500,000 in fiscal year 2017 are for deaf and hard-of-hearing grants. The funds must be used to increase the number of deafblind Minnesotans receiving services under Minnesota Statutes, section 256C.261, and to provide linguistically and culturally appropriate mental health services to children who are deaf, deafblind, and hard-of-hearing. This is a onetime appropriation.

Introduction

The Deaf and Hard of Hearing Services Division (DHHSD) of the Department of Human Services offers services to Minnesotans who are deaf, deafblind or hard of hearing through 1) a network of regional offices, 2) a mental health program, 3) the Telephone Equipment Distribution program, and 4) grant-funded programs provided by community partners.

The DHHSD services are established in [Minn. Stat. 256C. 21](#). The Telephone Equipment Distribution program is established in [Minn. Stat. 237.50](#). Both laws were enacted in the 1980s. At that time, people who were deaf and used American Sign Language (ASL) faced many barriers receiving public and private services. In response, Minnesota created a 'central entry point' system with staff fluent in ASL to help people who are deaf gain access to programs and services.

Over time DHHSD services expanded to include people who are deafblind and people who are hard of hearing. Federal and state laws were enacted that created new opportunities for people who are deaf, deafblind or hard of hearing. The most well-known of the disability rights laws is the Americans with Disabilities Act (ADA). The ADA brought new obligations for public and private services to be accessible. As people who are deaf, deafblind or hard of hearing exercise their rights under the ADA they frequently run into barriers. DHHSD's role is to help them gain access when they face barriers. As awareness about hearing loss grows, the demand for DHHSD services increases.

The demand for DHHSD services remains constant while Minnesota's budget challenges in recent years have led to reductions in DHHSD staff and services. As the landscape of services for people with disabilities continues to improve and budget pressures continue, DHHSD needs to be better prepared to deliver services into the future.

The Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDHH) recognized the challenges facing DHHSD and its ability to sustain services into the future. In 2015, MNCDHH approached the Legislature to request funding to analyze DHHSD operations and services. The Legislature appropriated money to DHS for the analysis of DHHSD services and several other duties and asked DHHSD to work in consultation with MNCDHH on its analysis.

DHS and MNCDHH established a steering committee to offer guidance for the analysis. The steering committee recommended having separate analyses of DHHSD's overall services and of the Telephone Equipment Distribution (TED) program and its funding source, the Telecommunications Access Minnesota (TAM) special revenue account.

The steering committee met on numerous occasions between September 2015 and May 2016. Please see [Appendix A](#) for steering committee information.

DHS contracted with Public Consulting Group to complete a study on the delivery of services by the regional offices and other programs of the Deaf and Hard of Hearing Services Division. DHS contracted with The Improve Group to analyze the TED program.

DHS used a competitive process for selecting the contractors. Separate Requests For Proposals for the DHHSD services study and the TED/TAM study were published in September 2015. The steering committee assisted DHS with reviewing proposals and recommending a vendor for each study. The committee also worked with DHS as the studies were underway to offer input on data collection strategies proposed by the contractors and provide feedback on preliminary findings.

Both studies relied on input from individuals statewide and DHHS staff. The study of DHHS services included:

- Survey of DHHS clients with complex needs; surveys were available in English by email, phone or in-person and in ASL by videophone or in-person; the survey was available in other languages by request
- Town hall community meetings in four Greater Minnesota locations
- Town hall meeting in St. Paul with members of the immigrant community who are deaf and hard of hearing
- Web-based feedback open to anyone
- Five focus groups with DHHS staff and two site visits to DHHS offices.

The study of the TED program included:

- Surveys with individuals and parents of individuals who are deaf, deafblind, hard of hearing or who have speech or physical disabilities that prevent them from using standard telephone equipment
- Community events in 15 locations across the state where individuals had survey questions presented in ASL and received assistance if needed to complete the surveys.
- Interviews with seven social service providers in Minnesota
- Interviews with five other states' telecommunications access programs.

The studies completed by Public Consulting Group and The Improve Group are included in the next section of this report. The readability level of the two studies included in this report is higher than what is typical for DHS products. To retain the integrity of the studies, DHS did not make substantive changes to the reports to address any readability concerns. We apologize for any inconvenience this may cause.

Following the studies, this report includes the DHS recommendations and implementation plans.

Minnesota Department of Human Services Deaf and Hard of Hearing Services Division

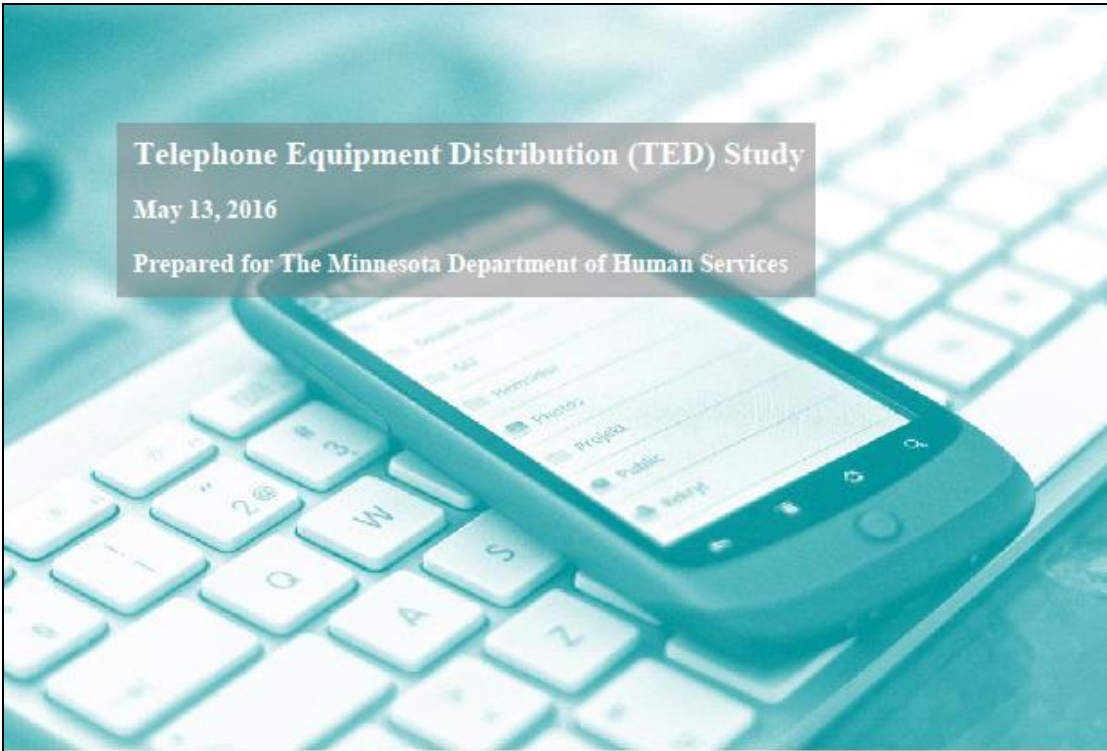
Service Delivery for Minnesotans who are Deaf, DeafBlind
and Hard of Hearing: Final Report

June 2016

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To open the report, double click on the report cover above. The full report will open in a separate window.

This report is also available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7228-ENG>.



The **Improve** Group

To open the report, double click on the report cover above. The full report will open in a separate window.

This report is also available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7229-ENG>.

DHS Recommendations

DHS is implementing many of the recommendations from the two reports. Please see the next section of this report, [DHS implementation plan](#), for more information.

In addition, DHS recommends its state partners continue to collaborate with DHHSD to maximize resources and services available to people who are deaf, deafblind or hard of hearing, such as:

- 1) Centers for Independent Living (CIL's) should collaborate with the DHS DHHSD to evaluate the effectiveness of CILs' services for people who are deaf, deafblind or hard of hearing, including:
 - a. how frequently do people who are deaf, deafblind or hard of hearing use CIL's services
 - b. whether people who are deaf, deafblind or hard of hearing have the same outcomes from CIL's services as others
 - c. whether services are designed to be culturally affirmative for people who are deaf and use American Sign Language.
- 2) Vocational Rehabilitation Services (VRS) in the Minnesota Department of Employment and Economic Development should collaborate with the DHS DHHSD to evaluate employment services for Minnesotans who are deaf, deafblind or hard of hearing including:
 - a. roles of VRS, VRS employment contractors, and DHHSD regional offices
 - b. roles of DEED WorkForce Centers and the effectiveness of their services for people who are deaf and hard of hearing.

DHS also recommends the Minnesota Legislature:

- 1) Maintain current services for people who are deaf, deafblind or hard of hearing by continuing DHHSD's current level of funding. The 2015 legislature gave DHHSD temporary funding for the FY16 - FY17 biennium. The funding was used for the independent analysis of DHHSD described in this report and for providing direct services. Specifically, the funding for direct services allowed DHHSD to:
 - a. Add a full-time mental health specialist in the northwest regional DHHSD office to provide in-person culturally affirmative to adults who are deaf; the number of adults served in that region increased by 62% in FY16;
 - b. Establish culturally affirmative mental health services to children in the northeast and northwest regions of the state; the new program began serving children in July 2016; an average of 50 children and adolescents per year is expected to be served;
 - c. Create a post-doctoral fellowship position to provide statewide psychological assessments in ASL that are culturally affirmative and additional therapeutic services in the Twin Cities; in the first five months, 8 assessments were completed or are in process and 14 clients are receiving therapeutic services;

- d. Eliminate the waiting list for the self-directed services program for people who are deafblind; by June 2017, all 44 people from the FY16 waiting will have been served;
 - e. Increase support services for adults and children who are deafblind; children receive an average of 11.6 additional hours of service per year per child and adults receive an additional 6.7 hours of service per year per adult;
 - f. Create a deafblind specialist position in the Metro regional DHHSD office to work directly with individuals who are deafblind; the number of contacts for assistance from individuals who are deafblind increased by 93% in FY16;
 - g. Modernize DHHSD regional office assistive technology demonstration labs; 22% of demo inventory was replaced with updated technology models; overall demo inventory increased by 61%; and
 - h. Manage cost increases for other services provided by the DHHSD regional office and mental health programs.
- 2) Modernize the Deaf and Hard of Hearing Services Act (Minn. Stat. 256C.21 - 30) so that DHS has the flexibility to implement recommendations from the study for the DHHSD service delivery system. For example, DHS is now required to establish 'regional service centers' to deliver services. Changing the statute could allow DHS to explore alternatives to the current 'bricks and mortar' service delivery model. With greater flexibility DHS could redesign services using more cost-effective, technology-based approaches as technology continues to advance.
- 3) Improve access to affordable high speed broadband services and cell phone services with texting capability throughout the state. High speed broadband allows for clear video transmission. Clear, fast video transmission gives people who rely on sign language an option that allows them equitable access to telecommunications. Text messaging gives people who cannot hear on the telephone and do not use sign language a way to have instant communication. Video phones in Minnesota have 911 call capability. Text messaging is expected to have 911 capability sometime during 2017.

DHS Implementation Plan

DHS has an implementation plan for many of the recommendations from the two studies:

- October 2016 - DHHS worked with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans, other stakeholders and an outside consultant to analyze gaps and overlaps in services. The results of the analysis will be used in DHHS's strategic planning process. Please see [Appendix B](#) for more information about the analysis and a list of stakeholders who participated in the process.
- November/December 2016 – DHHS develops a strategic plan.
- January 2017 – DHHS finalizes its FY17 / FY18 action steps to:
 - a) analyze options for deploying regional direct service staff to more Greater Minnesota locations; explore use of a centralized information/referral/intake system; develop plans for expanding the diversity of the DHHS staff and creating a staffing succession plan; work with DHS to create options for making consumer information and materials easy to access and understand; redesign how DHHS develops and delivers training;
 - b) create a short-term and long-term outreach plan to improve the public's awareness of all DHHS services including the Telephone Equipment Distribution program;
 - c) create a plan to improve collaborations with our internal and external partners;
 - d) evaluate whether to consolidate the DeafBlind Consumer Directed Services program into existing grant-funded deafblind service programs;
 - e) determine how to tailor DHHS services to support immigrants who are deaf, deafblind or hard of hearing; identify gaps in existing services for immigrants where the needs of immigrants with hearing loss are not being met;
 - f) evaluate how the interdepartmental team known as the Quad Agency team could work together more effectively to coordinate and improve services for Minnesotans who are deaf, deafblind or hard of hearing;
 - g) meet with DHS Medicaid and waiver staff to discuss whether federal funding options exist for DHHS services;
 - h) explore options for expanding the Telephone Equipment Distribution (TED) program to meet consumer needs; consider offering a wider variety of devices and broadening TED's role to provide information to the general public about telecommunications devices for people with hearing loss; discuss possible use of the Telecommunications Access Minnesota fund to pay for a broader range of technology; meet with the Department of Commerce to discuss options for modernizing the program offerings and making cell phone/data plans/internet service more affordable.
- January 2017 – Beginning of the 2017 legislative session.

- June 2017 – DHHS updates its strategic plan to include outcomes from the 2017 legislative session. DHHS also completes a one-year FY18 workplan that includes action steps to continue its progress on the strategic plan.

Please contact the DHS Deaf and Hard of Hearing Services Division for more information about the implementation plan. See [page 1](#) of this report for contact information.

Appendices

Appendix A – Analysis of Services Steering Committee

Steering Committee Members

From the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans:

Brenda Ackerson, Vice Chair, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans; Regional Low Incidence Facilitator in Northwestern Minnesota

Dr. Nancy Diener, Member of the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans; Department Chair of American Sign Language Studies at University of Minnesota-Duluth

Michelle Isham, Teacher of Deaf/Hard of Hearing in Central Minnesota; former member of the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Alan Parnes, retired Vocational Rehabilitation Services counselor; former member of the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Jason Valentine, Chair, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans; Teacher of Deaf/Hard of Hearing, Metro Deaf School

From the Deaf and Hard of Hearing Services Division:

Tracy Bell, Regional Manager, Mankato Deaf and Hard of Hearing Services Division Regional Office

Dr. John Gournaris, Program Director, Deaf and Hard of Hearing Services Division Mental Health Program

Marie Koehler, Regional Manager, Twin Cities Deaf and Hard of Hearing Services Division Regional Office

Jan Radatz, Policy and Planning Specialist, Deaf and Hard of Hearing Services Division

Invited guests at each steering committee meeting:

David Rosenthal, Director, Deaf and Hard of Hearing Services Division

Amy McQuaid-Swanson, Program Development Supervisor, Deaf and Hard of Hearing Services Division

Sarah Maheswaran, TED Program Administrator, Deaf and Hard of Hearing Services Division

Mary Hartnett, Executive Director, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Beth Fraser, Legislative Director, Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

Steering committee face-to-face meetings

September 1, 2015 - Introduction to project and role of steering committee; defining the project

November 3, 2015 - Review and evaluate study vendors' proposals; select vendor(s) to recommend to the DHHSD director

December 8, 2015 - Study of DHHSD operations and services Kick-Off meeting with vendor, Public Consulting Group

December 23, 2015 - Study of TED and TAM fund Kick-Off meeting with vendor, The Improve Group

April 15, 2016 - Steering committee meeting with The Improve Group to review TED study preliminary report

May 26, 2016 - Steering committee meeting with Public Consulting Group to provide feedback on preliminary findings

Other steering committee activities

- Provide feedback on draft survey tools and formats for collecting stakeholder input
- Assist in outreach and developing invitation lists for stakeholder meetings
- Optional participation in town hall meetings, stakeholder feedback meeting, surveys and web-based input

Appendix B – Situation analysis of service gaps and overlaps

One of the Public Consulting Group report recommendations was for DHHS to develop clear service descriptions and definitions to communicate to consumers, community partners and the general public. To accomplish this, DHHS wanted a deeper ‘situation analysis’ of services for Minnesotans who are deaf, deafblind or hard of hearing. DHHS worked closely with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDHH) from start to finish on the analysis.

DHHS first analyzed its direct services data to see the variations and similarities of consumers’ needs from region to region. This helped identify where DHHS services overlap with services provided by others. MNCDHH focused on services specifically designed for people who are deaf, deafblind or hard of hearing offered outside of DHHS. Together the division and the commission produced a document called “Strategic Planning Situation Analysis – Services for People who are Deaf, DeafBlind and Hard of Hearing in Minnesota - November 2016.” The document is an informal assessment produced mainly to help DHHS with its strategic planning process.

Highlights of the situation analysis include:

- There are federal and state laws in place that create access. In many cases, services do exist and could meet the needs of many people with hearing loss but the laws creating access are not uniformly applied. Service providers, agencies, organizations, and government programs are obligated to follow the Americans with Disabilities Act but often a) don’t understand what accommodations they should provide, b) don’t budget for the costs of accommodations like interpreters, Communication Access Real-time Translation (CART), assistive listening technology, etc., and c) need awareness, sensitivity training and an attitude/culture shift about providing accommodations.
- For some people, providing a communication accommodation is not adequate. To achieve equitable outcomes, people who are culturally Deaf and use American Sign Language (ASL) may need services designed within that cultural framework. People who are deafblind may need services designed with a deafblind world view.
- Gaps in meeting the needs of people who are deaf, deafblind or hard of hearing were found across a variety of Minnesota’s services. The gaps can be generally categorized as:
 - **Access gaps:** Individuals who are deaf, deafblind or hard of hearing are denied the accommodations they need to access services and resources and they need help advocating for communication accommodations. This includes language barriers where written and electronic information is not available in ASL. There often is a ‘one-size-fits-all’ approach to serving people who are deaf, deafblind or hard of hearing that disregards the diversity of needs within the population of people with hearing loss.
 - **Information gaps:** Entities are willing to provide accommodations but need assistance 1) understanding the kinds of accommodations that work best for people who are deaf, deafblind or hard of hearing, 2) understanding the multifaceted impacts of hearing loss, and 3) understanding how to make accommodations arrangements.
 - **Service availability gaps:** Services that are effective for people who are deaf, deafblind or hard of hearing are not available to all people who need them and are not available in all areas of the state.

- **Service design gaps:** The ‘one-size-fits-all’ approach also applies to the design of services. This is reflected in the belief that simply providing an augmentative service or device (such as a sign language interpreter or assistive listening device) will meet the needs of everyone who is deaf, deafblind or hard of hearing. This approach disregards the need for intentionally designed culturally affirmative and linguistically accessible services for some people.

DHHS will use the information from the situation analysis to help develop clear definitions and descriptions of its services so that service delivery is comprehensive, effective and measurable.

DHHS thanks MNCDHH for its work and the time it dedicated to the analysis. A group of MNCDHH staff and past and current commission members assisted in producing and refining the document. They also helped us analyze the input we received from other community partners. We extend our sincere appreciation to:

- MNCDHH staff Mary Hartnett, Beth Fraser, Emory David Dively and
- Past and current commission members Bren Ackerson, Michelle Isham, Alan Parnes and Jamie Taylor.

Please contact the DHS Deaf and Hard of Hearing Services Division for more information about the analysis. See [page 1](#) of this report for contact information.

Community Partners involved in the analysis of service gaps and overlaps

DHS was fortunate to have a wide variety of people willing to assist with the strategic planning situation analysis.

Representatives from many community partners joined us for a meeting on October 31, 2016, to provide additional perspectives and information. Meeting participants included representatives from:

- ALOHA/Hearing Loss Association of America
- ASL Blend
- Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans
- DeafCan
- Deaf Community Health Workers
- Deaf Muslim Community
- Ebenezer services for seniors who are deaf, deafblind or hard of hearing
- Family Tree
- Health and Wellness Program at Regions Hospital
- Lifetrack Family Mentor and Role Model programs
- Minnesota Association of Deaf Citizens

- Minnesota Chemical Dependency Program for People who are Deaf, DeafBlind and Hard of Hearing
- Minnesota DeafBlind Association
- Minnesota Department of Employment and Economic Development State Services for the Blind
- Minnesota Department of Employment and Economic Development Vocational Rehabilitation Services
- Minnesota Management and Budget Office of Accessibility
- Minnesota Olmstead Implementation Office
- Northwestern Minnesota Regional Low Incidence Facilitator
- ThinkSelf (formerly CSD Minnesota)

Other partners who provided written information and comments included Career Ventures Inc., Centers for Independent Living, Cornerstone Advocacy Services, Deaf Hospice program, DeafBlind Services Minnesota, Deaf Immigration Center for Education (DICE), Gilbert Law, Minnesota Court Interpreter Program, Minnesota Disability Law Center, Minnesota Employment Center, PACER, People Inc., University of Minnesota Department of Audiology, VECTOR program and VOA/VONA mental health clinic.



Telephone Equipment Distribution (TED) Study

May 13, 2016

Prepared for The Minnesota Department of Human Services

651-431-5962

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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LB3-0001 (3-13)



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Introduction to the study

The Minnesota Department of Human Services' (DHS) Deaf and Hard of Hearing Services Division (DHHSD) requested a study be done to better understand the communication needs of Minnesota residents who are Deaf¹, DeafBlind, have hearing loss, or challenges with speech, or mobility. The Improve Group was hired to conduct a study to determine how other states are meeting the current needs of consumers and if the Minnesota TED Program is meeting communication needs. The study assessed challenges that these populations continue to face despite access to the TED Program, examined equivalent programs in other states, and created recommendations for revising the TED Program to meet the communication needs of its intended users. The Improve Group worked with a steering committee which was comprised of Deaf and Hard of Hearing Services Division staff and members of The Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans (MNCDHH). The committee assisted in the design of both the research questions as well as data collection materials. This steering committee provided valuable insights in research design and accessibility.

About the TED Program

The Minnesota Telephone Equipment Distribution (TED) Program is what the State uses to distribute telephone or telecommunications equipment to individuals who have communication barriers. Program eligibility includes someone who:

- Lives in Minnesota
- Has a hearing loss, speech or physical disability that limits your use of a standard telephone
- Has telephone service or have applied for telephone service
- Has a family income that is less than or equal to the guidelines posted online (e.g. family gross income for 1 person < \$47,898)²

In 1987, Minnesota policymakers recognized the need to provide essential telecommunications support to those who have difficulty hearing or speaking on the telephone. Shortly after, Telecommunications Access Minnesota (TAM) began funding the Telephone Equipment Distribution (TED) Program to provide specialized telecommunications equipment to individuals who are Deaf, DeafBlind, have hearing

¹ The researchers made the editorial decision to capitalize Deaf and DeafBlind in this report. When used as a cultural label, Deaf is often written with a capital D and referred to as “big D Deaf” in speech and sign. Capitalizing these identities also communicates respect for the people who identify in these groups.

² <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/deaf-hard-of-hearing/programs-services/telephone-equipment.jsp>

loss, speech challenges, and/or limited mobility. The Department of Human Services (DHS) administers the program, which loans adaptive telephone equipment at no cost to those who need it. Staff conduct an assessment with each client to determine their needs, help clients select their preferred device, set up equipment, conduct trainings on equipment, and give outreach presentations across the state. The primary goal of the program is to ensure all Minnesotans have equal access to telecommunications services and the ability to integrate fully in their communities.

Examples of equipment loaned through the program include: captioned or amplified phones, light flashing ring signalers, hands-free speakerphones, simple cell phones and other wireless accessories. In 2016 the program started a pilot effort to offer smartphones and tablets.

Methodology Design and Data Collection

The Improve Group (TIG) and their contracted consultants gathered qualitative data about individuals' experiences accessing and using technology to decrease barriers to communication. TIG employed a Community Responsive ApproachSM by designing materials in conjunction with DHS, the steering committee, and consultants who are cultural experts. Evaluation materials were submitted to the DHS Institutional Review Board (IRB) and approved, to ensure ethical treatment of study participants during data collection.

Design

Surveys were conducted with individuals and parents of individuals who identify as deaf, DeafBlind, have hearing loss, speech challenges, and/or limited mobility.

Interviews were conducted with service providers who work with the TED Program and provide referrals to clients; and staff of Equipment Distribution Programs (EDPs) at other state agencies across the U.S. (California, New Mexico, Oklahoma,³ Kentucky, and Maine).

Research questions

1. What strategies and services are other states employing with their telecommunications funds to meet their citizens' communication needs?
2. What are the barriers to communication for people who are Deaf, DeafBlind, have hearing loss, challenges with speech, and limited mobility in Minnesota? How are they different or the same based on geographic residence, type of disability, or age?

³ Results from the Oklahoma interview are not included in this report as their program was similar to that in Maine.

3. What do people who are Deaf, DeafBlind, have hearing loss, challenges with speech, and limited mobility need in order to have equivalent communication access as other Minnesota residents? How are they different or the same based on geographic residence, type of disability, or age?
4. How can the TED Program better support Minnesota residents who have communications barriers?

Data Collection

In order to understand Minnesota residents’ needs and increase the response rate, a convenience sample was used for the survey. A contact list of all eligible participants for the study was not available; therefore, individuals who were readily available—in other words, whoever heard about the study and was eligible—became the sample. Targeted outreach in each DHHS region and with specific social groups helped to minimize bias of one particular group or area. As a result of this sampling strategy, study results are not intended to represent how all eligible Minnesotans feel. Instead, the goal was to provide insights on trends across the state. Individuals and parents of children who identify as Deaf, DeafBlind, have hearing loss, speech challenges, and/or limited mobility were notified using existing networks among Deaf and Hard of Hearing Services Division (DHHS) staff, TED staff, and The Improve Group (TIG) consultants.

- Three hundred and one unique individuals participated (see demographics section). Ten parents participated on behalf of their children.
- Seven social service providers were selected from a list of agencies with whom DHHS felt it had the strongest partnership; all participated, each representing a different region in MN.
- Five Equipment Distribution Program staff from other states were asked to participate if their state offered unique telecommunication services to meet their citizens’ needs.

Reach

The survey was sent out to the following locations for dissemination:

Table 1: Estimated number of individuals reached by source.

Source of outreach efforts	Estimated number of individuals reached
TED email list (clients from the past 5 years)	650
Five DHHS regional offices	239
Social/support groups	200
Deaf Seniors Monthly Gathering (Metro)	150

Source of outreach efforts	Estimated number of individuals reached
Deaf Friendly Businesses	100
Moorhead Deaf and Deafblind event	60
MDBA (MN DeafBlind Association) Listserv, and Facebook	45
Eight independent living centers	40
MS Society	40
Hearing Loss Association of America (HLAA) meeting (Metro)	30
Faribault Deaf Club	25
ALOHA social gathering	25
Duluth Deaf social gathering	21
CSD-ABE Students for Newly Arrived Immigrants	20
Rochester Deaf Group	20
DBSM (DeafBlind Services Minnesota) listserv	17
Thompson Hall Deaf Club (Metro)	15
St. Cloud social gathering	15
DeafBlind Club (Metro)	13
Rochester Deaf and Hard of Hearing event	10
Mankato Deaf and Hard of Hearing Group	8
Minnesota Brain Injury Alliance/MN Stroke Association	5
ARC Minnesota	5
Partnership Resources	5
SSB (State Services for the Blind) DeafBlind Committee	5
Morton Deaf and Hard of Hearing social gathering	5
Estimated total of individuals reached	Approximately 1,700

The response rate is estimated to be 18% which is higher than expected for this population. A pilot survey was conducted earlier this year related to the Olmstead Plan in Minnesota to calculate future expected response rates. The outreach population is similar and yielded an expected response rate of 10%.

Table 2: Estimated number of parents reached by source.

Source of outreach efforts	Estimated number of individuals reached
Hands and Voices Newsletter	4,622
DeafBlind Project (Parent group) and listserv	115
Estimated total of parents reached	Approximately 4,700

The parent response rate is estimated to be less than 1% which is low. However, since survey recruitment through a newsletter is considered a “passive” approach and not as direct of an ask, the response rate could be considered misleading.

Demographics

Table 3 describes the demographic composition of survey respondents by their identity. Respondents could select more than one identity which is why the total exceeds the number of individuals responding to the survey. Table 4 shows the representation by region. Chart 1 shows the language survey respondents prefer to use. Chart 2 then describes the method of communicating. The last chart, Chart 3 is of survey respondents' ages.

Table 3: Identities represented in the survey.

Identity group	Number of respondents who identify within each group⁴	Percentage of total respondents in the survey (N = 300)⁵
Deaf	160	53%
Have hearing loss	119	40%
Have limited mobility	32	11%
DeafBlind	21	7%
Have speech challenges	19	6%
Other identity	3	1%

Table 4: Identities represented in the survey.

Region	Number of respondents in each region	Percentage of total respondents in the survey (N = 300)⁶
Metro	150	50%
South	65	22%
Central	34	11%
Northeast	29	10%
Northwest	20	7%

⁴ The sum of respondents in each identity group does not equal the 300 total respondents as individuals may have selected more than one identity.

⁵ The sum of percentages will not equal 100% as respondents may have selected more than one identity.

⁶ The sum of percentages may not equal 100% due to rounding.

Chart 1. Survey respondents' prefer to use English or ASL to communicate with others⁷

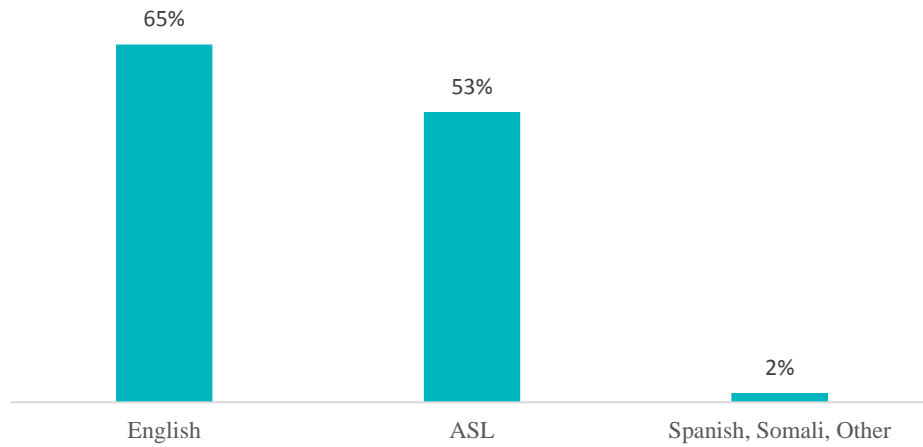
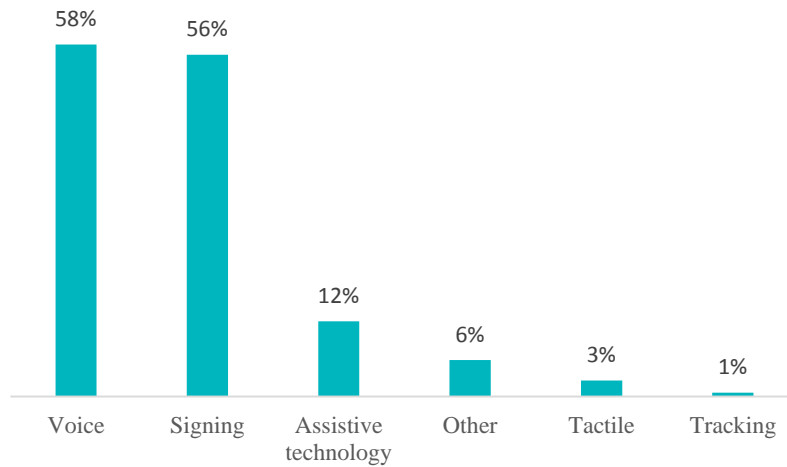


Chart 2. Most survey respondents use voice or signing to communicate with others^{8,9}

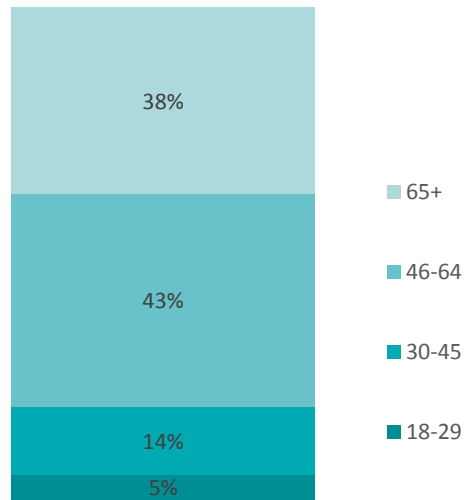


⁷ Percentages do not equal 100% as respondents could select more than one option.

⁸ Percentages do not equal 100% as respondents could select more than one option.

⁹ See Glossary in the Appendix for definitions of “Tactile” and “Tracking.”

Chart 3. Most survey respondents are over the age of 46



The research team hypothesized that that each identity group (e.g. Deaf, speech challenges, etc.) would report different needs and barriers. Yet, the data did not reveal this pattern to be true. Any substantive differences between demographic groups are articulated in the narrative accompanying the finding statement.

How Federal and State Funding is Used



The Federal Communications Commission (FCC) created a Universal Service Fund to allow states to meet the communication needs of their citizens. This Fund is flexible and has been adapted for each state.

Minnesota has named this fund Telecommunications Access Minnesota (TAM) and legislated that it be used to support services and products primarily for those who are Deaf, DeafBlind, have hearing loss, speech challenges, and/or limited mobility. Other states use a variety of program approaches to serve their citizens. The examples below provide insights from California, Kentucky, Maine, and New Mexico.¹⁰

Universal Service Fund (USF)



Core programs include:

Lifeline: provides discounts on monthly local exchange service charges for low-income and disadvantaged customers. For example, **Linkup** is a one-time discount (up to \$30) off initial installation fee for one traditional wireline phone service at primary residence or activation fee for wireless phone service.

Schools and Libraries: provides subsidies for eligible schools and libraries to support Internet access and general telecommunications services.

Connect America Fund: supports expansion of Internet infrastructure (**Broadband**) and subsidizes telecommunication companies offering wireless and land service in high-cost and remote areas (**High-Cost**).

Sub-component of these core programs:

Telecommunications (Relay) Service: “allows persons with hearing or speech disabilities to place and receive telephone calls at no cost.”¹¹

Intrastate Access Reductions/Reform: telecommunications service providers pay for access to a local exchange carrier’s facilities and services in order to provide service.

¹⁰ A review of programs and funding streams for all states was conducted in 2012. Lichtenberg, Sherry, Kafui Akyea, and Phyllis Bernt. Survey of State Universal Service Funds 2012. Report no. 12-10. July 212. Accessed April 29, 2016. <https://prodnet.www.neca.org/publicationsdocs/wwpdf/72012nrriusf.pdf>.

¹¹ Telecommunications Relay Service (TRS). Retrieved [21 April 2016] from: <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>

States have used USF dollars to support a variety of other programming:

- Grants for nonprofits and telemedicine
- 911 fund
- News service for the Blind
- Public interest payphones (a payphone needed at a specific location in case of an emergency or other public need, but would not otherwise be profitable for a company to keep in service)
- Medically needy fund (when combined with Lifeline, low-income individuals who demonstrate a medical need for telephone service have 100% of the basic monthly fee for a single home telephone line covered)
- Wireless Tower fund (cell phone towers)

California

1. High-Cost Funds:

- a. Provides subsidies to small, independent telephone corporations serving consumers in rural, high-cost areas in order to reduce landline phone service rates for rural consumers; allow access to 911 and other public interest services (e.g. 811, government offices, etc.); and improve deployment of broadband-capable facilities.
- b. Provides subsidies to “carriers of last resort” for providing phone service in rural high-cost areas, in order to keep rates affordable and allow access to 911 and public interest services.

2. Broadband (Advanced Service Fund):

- a. Promotes deployment of high-quality advanced communication services to Californians through several accounts.
- b. The broadband infrastructure grant/revolving loan assists in building and upgrading infrastructure in under- and unserved areas.
- c. The rural and regional urban consortia covers the cost of broadband deployment activities other than the capital cost of facilities.
- d. The broadband public housing account supports projects to deploy Local Area Networks (LANs) and increase adoption rates in public housing.

3. Lifeline

4. Schools/Libraries

5. Telecommunications Access

6. Telecommunications Relay Service

7. Other

- a. Payphone Service Providers

New Mexico: Signaling packages

- 1. Intrastate Access Reductions/Reform**
- 2. Lifeline**
- 3. Telecommunications Access Program**
 - a. Signaling packages

Through their telecommunications fund, the New Mexico Equipment Distribution Program (EDP) developed a set of signaling devices to meet their citizens' needs. Program staff found that these devices were important to their clients as a supplement to their direct communication equipment. Staff learned that many clients prefer having devices that do not stand out in their homes. In addition, their most popular device is one that can adapt to the individual's unique needs; for example, providing a flashing light for the smoke alarm or vibration in multiple rooms to indicate someone at the door.

Kentucky: 1-year cellphone data plans

- 1. Lifeline**
- 2. Telecommunications Relay Service**
- 3. Telecommunications Access Program**
 - a. 1-year data plan with iPhone

The Kentucky Telecommunications Access Program provides iPhones and 12 months of service to eligible constituents regardless of income. The state was able to offer these phones by subcontracting under the larger state contract for employee cell phones. The program used the existing relationship with AT&T to develop a special plan. AT&T waived the contract and initial deposit requirements in return for the state buying \$500 phones that includes 12 months of service. Clients receive 300 minutes per month, with unlimited texting and data. Kentucky found that over 80 percent of users who received the phone and plan continued their service after their year of coverage. AT&T provides a nationwide disability plan with unlimited text and data for \$80/month.

Maine: Hearing aids for seniors

- 1. High Cost**
 - a. ConnectME was created in 2007 using USF funds. In 2015, the state terminated this broadband program as it had achieved its intended purpose.
- 4. Intrastate Access Reductions**
- 5. Lifeline & Linkup**
- 6. Telecommunications Access**
 - a. Hearing aids
- 7. Relay Service**
- 8. Schools and Libraries**

9. Other

- a. Low Income
- b. Rural Health Care
- c. Public Interest Payphones

Two years ago Maine implemented a hearing aid program for seniors (65+) that is funded through their telecommunications tax. The state recognized that as “the oldest state in the country” with many citizens living on fixed incomes, hearing aids were a critical need. Priority for hearing aids is based on age, living situation (living alone or with someone else), and poverty level.

Federal: iCanConnect

Although not funded through the Universal Service Fund, the Federal Communications Commission established iCanConnect as the National Deaf-Blind Equipment Distribution Program. This program “provides equipment needed to make telecommunications, advanced communications, and the Internet accessible to low-income individuals who have both significant vision loss and significant hearing loss.”¹² Minnesota has a state branch that supports the implementation of this program.

How Does Minnesota Compare?

Most states participate in similar programming as Minnesota. The states surveyed are similar to Minnesota in that they all use the funding for Lifeline and include a telecommunications access program like TED. The surveyed states differ from Minnesota in the following ways:

- One uses funding for broadband infrastructure grants and loans
- One uses funding to provide hearing aids to clients
- One uses funding to provide signaling devices for emergencies, doorbells, and other daily alerts
- One uses funding to provide both cell phones and 1 year of data service

When interviewed about their services and funding streams, all states felt that their legislation was determined based on the state’s demographics and economic state. None were able to offer additional insights on the particular evidence their agency prepared in order to support need for services.

¹² “National Deaf-Blind Equipment Distribution Program.” Federal Communications Commission. Retrieved May 6, 2016 from: <https://www.fcc.gov/general/national-deaf-blind-equipment-distribution-program>

Minnesotans' Barriers to Communication



Cost is the most common barrier to accessing communication tools.



Current equipment is not meeting people's needs.



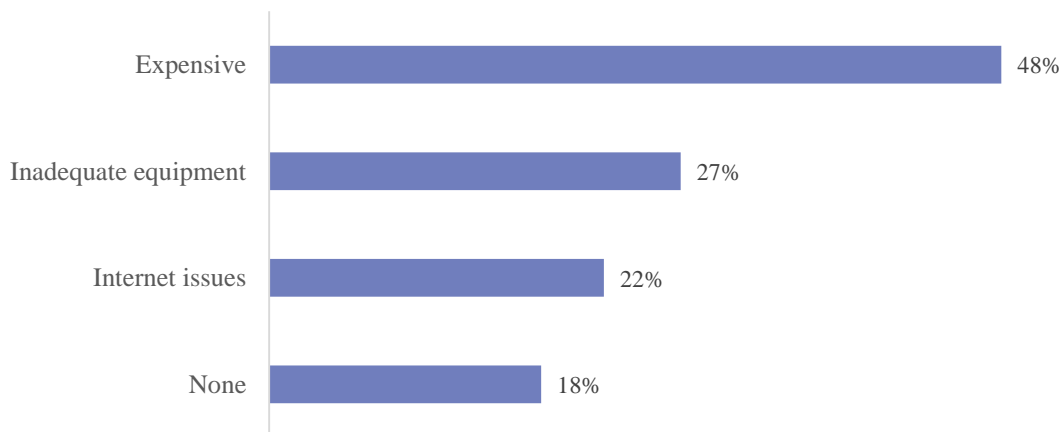
Slow internet speed prevents people from effectively using communication tools.



A lack of community accessibility continues to be a barrier for respondents.

Minnesotans face multiple barriers to communication. TED programming addresses initial cost and offers a variety of equipment to meet needs. However, costs associated with owning equipment and accessing internet are currently not addressed through the program.

Top barriers to communication among those who responded



Cost is the most common barrier to accessing communication tools.

Costs included cell phone data plans, high speed internet, and new equipment. Through the TED study survey, respondents list the barriers they face in accessing needed communication tools and resources. Analysis of responses to open-ended questions reveals that cost is a top barrier for many respondents (48%). Cost is a more common barrier among 18-45 year-olds than among people over the age of 46. The vast majority of respondents who cite cost-related barriers zero in on high-speed internet and cell

phone data plans, while some respondents point to the initial cost of purchasing equipment¹³. Three parents concur that devices and data plans are expensive.

“The internet is expensive for the quality that you need for a video phone. It’s not Deaf-friendly; the cost is not Deaf-friendly.”

Many respondents explain that communication technology, such as video phones and video relays, requires high-speed internet, but that the cost of internet service prevents people from using the technology. Sixty percent of people who said that they would like to have videophone (VP) later cited cost of quality internet service as one of their barriers to communication. Others in rural areas and small towns identified the higher cost of quality internet access (as compared to densely populated areas) and spotty broadband coverage as barriers.

Respondents also name the high cost of cell phone data plans as a barrier to communication (15%). Some people describe the lack of cell phone providers in their area; in some communities there is only one cell phone provider, which some perceive as a high cost-driver.

Lastly, three of the seven community service providers name the initial cost of assistive equipment, especially hearing aids, as a key barrier to accessing communication tools. Some respondents agree the initial cost of equipment presents a barrier; a small group cites the need for affordable hearing aids. For those who desired an amplified telephone, 88% also reported that one of their barriers to communication was cost. One individual pointed out that they could not afford the phone landline in addition to other technologies despite the phone’s efficacy. They cited that an amplified cell phone would be a better fit as it would combine multiple communication functions into one (e.g. can look things up, get directions, and take it with them wherever they go) while only paying for one piece of technology.



Current equipment on the market is not meeting respondents’ needs.

Some modern equipment is missing key components that would make it more useful and other equipment is outdated. Many respondents (27%) indicate that their communications equipment is not meeting their needs or is in need of improvement.¹⁴ Ineffective equipment is a top barrier for respondents living in the Twin Cities Metro area but a slightly less significant issue for people living in greater Minnesota.

¹³ The data collected did not differentiate between TED and non-TED clients.

¹⁴ The data collected did not differentiate between TED and non-TED clients.

Respondents call attention to problems with modern equipment that should be addressed to make it more useful. For instance:

- Inaccuracy of the captions their equipment generates, especially captions on phones (TED staff note that the Federal Communications Commission (FCC) is aware of this common complaint across states).
- Need captions embedded into their technology, such as their video phone
- Not being able to hear their telephones ring or clearly hear voices while using them
- Equipment is outdated. Items mentioned as being outdated were TTYs and cell phones. Respondents report the TTY is generally obsolete given the new options on the market, such as video phones. One provider corroborated this view of TTY technology.

“I usually will not talk to people, nor will I answer the phone, because the voice of people is not loud enough, and it is insulting to keep telling people, ‘I didn’t hear...’ or, ‘what did you say?’ I will avoid all situations which make this uncomfortable for me.”



Slow internet and spotty coverage are primary barriers to accessing communication tools.

Internet-related challenges was the third most commonly cited barrier to communication (28%), especially for populations identifying as Deaf, having speech challenges, limited mobility, as well as for parents. Internet issues were more particularly noted among respondents living in the Central, Northeast, and Southern regions of the state. TED Program staff add that the Northwest region is also known for having poor internet service.

Most respondents described internet-related barriers in terms of 1) not having high-speed internet in public spaces, 2) not being able to afford high speed internet, or 3) not having access to high-speed internet in their area.

Some individuals using video phones cite the internet as the barrier to quality communication. However, the study’s consultants note that in some cases, video phone quality may not be related to lack of high speed internet, but may instead be due to incompatibility between service providers.

Other barriers TED respondents face in accessing communication tools include inadequate or costly cell phone service, not being aware of available tools, and assistance installing or learning to use communication equipment.



A lack of community accessibility continues to be a barrier for respondents.

TED respondents describe the challenges they face in interacting and communicating in public spaces (10%). They explain they would have increased access to communication if community venues like airports, hospitals, and offices worked to be more accessible and inclusive. More than other population groups, people who identified as Deaf and/or have hearing loss frequently cited the need for greater community awareness and accessibility. One provider speaks to the need for increased public awareness about communication technologies among small businesses owners, hospitals, and clinics. They mention it would be helpful if these community organizations were to provide amplified communication tools.

Minnesotans' Communication Needs



The most preferred communication tools are cell phones, computers, video phones, or tablets.



Respondents have diverse preferences for communication tools they desire but are not currently using.



Device preferences depend on needs (texting, captions, and video), ease of use, and whether the technology is multi-purpose.



Better equipment would help respondents access the communication assistance they need.



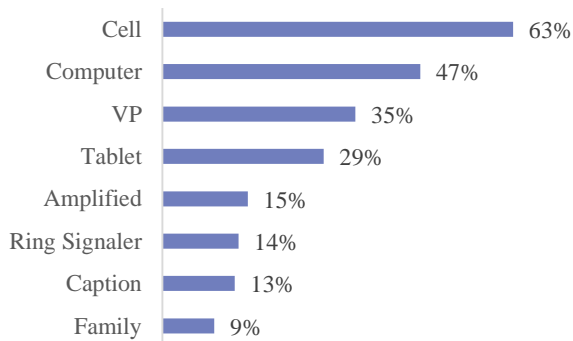
Many respondents need improved internet services and access.



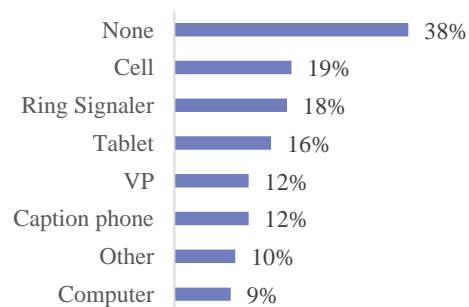
Some study respondents report they have everything they need.¹⁵

The TED Program offers many mobile technologies and works with each individual to find their desired product, meeting several of the needs Minnesotans are reporting. Yet, the demand for this service reveals a knowledge gap among Minnesotans in products available and the extent of TED services. TED does not currently address any needs related to internet.

Percent of survey respondents who prefer this technology or assistance for communicating



Percent of survey respondents that would like to have this type of technology for communicating, but do not own



¹⁵ The data collected did not differentiate between TED and non-TED clients. As study eligibility was not incumbent upon being a TED client, this likely includes a mix of current clients, non-clients who are eligible for services, and non-clients whose income is above the threshold for services.



Of the communication tools study respondents are currently using, most prefer cell phones, computers, video phones, or tablets.

Cell phones are commonly used across all identity groups (63 %); a number of respondents express they like the flexibility that cell phones provide. Other communication tools that TED respondents commonly use are computers (47%), video phones (35%), and tablets (29%). People who identify as Deaf preferred video phones. Among people with speech challenges, assistance from family members is a common communication support. Children's preferences mirror those of adults; they appreciate the ability to see the person with whom they are communicating.



Study respondents have diverse preferences for communication tools that they would like to use but are not currently using.

None of the communication tools stood out as being more highly desired than others. Cell phones are a desired communication tool among all identity groups (19%), and a top choice among people living in the Central region in particular. Ring signalers are also a top choice (18%), especially among people living in the Twin Cities Metro area. Some respondents would like to have a tablet (a top choice among people living in the Northeast region), and others would like a video phone (12%), captioned telephone (12%), a computer (9%), or an assistive listening device (7%).

Conversations with survey respondents revealed that signaling devices (whether for phones, doorbells, alarms, etc.) would only be truly effective if they were in all of the rooms in a person's home.



Study respondents base their communication device preferences on whether the technology meets their needs.

Many respondents said they prefer communication tools that meets their specific needs (61%). Common examples of specific needs respondents refer to include:

- Being able to communicate with friends and family
- Sending and receiving text messages
- Seeing the person with whom they are speaking
- Being able to read text or captions

A number of respondents value communication tools that serve multiple purposes (26%). Some people say they are able to more effectively comprehend conversations better when they can rely on a combination of lip reading, caption reading, and listening. This may lead some individuals to prefer tools that integrate captions, visuals, and audio. Other

respondents do not directly state that they prefer technology with multiple purposes and instead prefer multiple tools that each serve a different function.

“I would like to have a video screen that sat on the table. This video would allow me to call doctors, dentists, Target, etc. I would see this person on the screen. When they spoke, caption would appear immediately without freezing or delay. The captioning would be quick and accurate.”

Some TED respondents prefer technology or assistance that is easy to use (31%). They describe “easy-to-use” technology as fast, convenient, and comfortable. Social service providers also comment on the importance of ease-of-use. As one provider points out, if the technology does not work, people get frustrated and give up.

Many respondents identifying as Deaf report they value technology that is easy to use, meets their needs, and serves multi purposes, whereas persons identifying as having hearing loss primarily prefer technology that meets their needs.



Better equipment would help respondents access the communication assistance they need.

Respondents commonly mention wanting better equipment (71%) that would provide them with greater independence.¹⁶ Many respondents describe wanting technology that uses flashing lights to alert them to sounds that would also make alarm clocks, fire alarms, and doorbells easier to use. The need for improved safety equipment emerged as a common theme; respondents mention wanting reliable alerts to fires and other emergencies. According to other state equipment distribution programs, the original intention of the Lifeline telecommunications program was to ensure that people had a way of contacting emergency professionals in case of an emergency. They therefore concluded that equivalent safety notification systems (like a flashing smoke alarm light) to communicate to people of an emergency, fell in line with the program telecommunication goals.

Others would like equipment with improved captioning, voice to text technology, or software that translates signing into English or text. Some describe that they would like to be able to amplify voices over the phone and in person; describing amplified telephones and assistive listening devices without identifying the specific technology itself. Social

¹⁶ The data collected did not differentiate between TED and non-TED clients. Comments may be a reflection of current TED equipment as well as a reflection on independently procured equipment.

service providers confirm the benefits of technology with amplification as well; they cite the importance of communication tools that amplify sound during phone calls (e.g. amplified phone) and in group settings (e.g. pocket talker).

Examples of the need for better equipment include:

- Hands-free devices for receiving communication, such as wireless headphones or Bluetooth hearing aids.
- Hands-free devices for transmitting communication.
 - One respondent explains that, because they must use their devices to communicate, they are not able to do other things with their hands while communicating.
- Streaming technology that relies on internet or data lines.
 - One provider noted that younger populations should have increased access to these devices. At the same time, this provider notes streaming devices are not as popular the older populations.
- Modern technology for children like iPhones that allow for face-to-face communication.
- Bigger tablets that would allow a low-vision child to see their family more clearly.
- Access to CART or captioning for children in all situations such as a free app that provides phone captioning.



Improved internet access continues to be a need.

Respondents also commonly list improved internet access (8%), especially in rural areas and public spaces, as a key to communication. They also cite that having the cost of tools like internet service and hearing aids covered (6%) would provide significant support. Covering expenses, especially for quality hearing aids, emerges as a theme among providers as well.



A third of study respondents report they have everything they need.

Thirty-five percent of those who participated in the survey reported that there was no “technology or assistance they wanted to use for communicating, but did not.” Of these respondents, half were over the age of 65, with another 33 percent being 46-64 years old. In response to other questions about communication needs, a group of respondents express they do not need anything to change (15%) and that they are not facing any barriers to accessing communication tools (18%).

Providers reported that in their experience, some elderly people do not want to learn new technology, are in denial about losing their hearing or sight, and/or are content with their current communication practices. As this survey was open to Minnesota residents

irrespective of income levels, this may be indicative of individuals across the state who have the financial means and wherewithal to access the resources they need to effectively communicate.

Study Respondent Suggestions for the TED Program



Provide financial assistance for services.



Expand outreach and education efforts.



Provide a variety of equipment.



Allow people to try out equipment.



Provide more trainings on equipment.

Survey respondents' ideas for the TED Program strengthens the justification for providing telecommunications equipment to Minnesotans who need it. At the same time, responses highlight areas of need in the community that are not yet being met. The strong demand for financial support of expensive data or internet plans demonstrates an area of need not currently met through TED Program services. Requests for more education of technology and the program suggests that the TED Program may need to build up these activities.



The TED Program could be more useful to respondents by providing financial assistance for ongoing expenses.

Many respondents explain that the TED Program could be improved if it were to cover or subsidize communication services or tools (40%), especially respondents' cell phone/data plans, or internet service. Several parents confirmed that subsidizing or paying for devices or providing reduced rates on phone bills would be helpful in meeting their child's needs.



The TED Program could expand its outreach and education efforts.

Many respondents (18%) suggest that the TED Program hone and expand its outreach and education efforts. Respondents explain that TED could provide better information about its services for both TED respondents as well as the general public.

Increasing awareness efforts around TED services emerges as a strong theme among providers as well. During a discussion about barriers to communication, one social service provider explains, "I think it is more about people not knowing about the (TED) program. There needs to be something on TV that the general public can see. It is like the best kept secret." A couple of providers suggest the TED Program hire additional staff to increase their current capacity to do regional outreach and education of

telecommunications technology and TED offerings. Another provider says there is a need for increased awareness about TED services among health care providers. She comments that health care professionals do not have the information they need to adequately serve populations with varied communication needs.

“There needs to be more marketing, people getting into communities, and giving presentations about the services and products.”

A couple of parents reported that their families would benefit from knowing more about how relay services work and learning about other available technologies that could meet the unique needs of their child. One responded that they did not know about the TED Program so could not otherwise comment.



Study respondents continue to desire equipment from the TED Program.

Although TED provides equipment, a number of people did not know the range of equipment it provides, and many people suggest the program could provide different equipment (34%). The types of equipment respondents suggest are highly varied. Many people request cell phones and tablets, but there are less common requests as well, such as a device that allows people to print out their conversations for filing purposes.



Respondents would like to try out new equipment in their home.

Many respondents report they would like to be able to try out equipment before they commit to keeping it (20%). Some people report they would be more willing to purchase equipment if they knew that it would meet their needs. One parent said the TED Program could support testing of innovative technologies to allow their child to “bridge the gap between the Deaf and hearing worlds.”

“Being able to try devices in my own home would be good because it seems like the devices work, but when I get out of the office they don’t work anymore.”



Some respondents would like training opportunities on technology.

In addition, respondents (8%) and a few providers suggest the TED Program could be more intentional about providing training on telecommunications technology. For example,

- Some respondents and providers feel this could be achieved through in-person consultation.
- One individual voiced wanting to learn about new products offered while another suggested “mentorship” for technology options.

- One provider explains, “When there is a new technology in the home, then (someone) has to follow-up and reinforce teaching. The best way is face-to-face.”
- One requested having their needs assessed.
- Another person mentions wanting someone follow-up with them in their home to see how well the equipment is working for them.

As these latter two suggestions is currently how the TED Program operates, the comment highlights the need for increased communication about the breadth of services TED provides.

Recommendations



1. Update the equipment distribution program.



2. Conduct further research to inform program improvements.



3. Expand outreach and awareness-building efforts.



4. Advocate for increasing internet access.

Based on study findings, The Improve Group recommends the following courses of action in order of priority.



Update the equipment distribution program

1. Conduct a review of each recommendation to assess legality of implementation within current Minnesota statute. The variety of programming and funding streams developed in other states while using Universal Service Funds supports the argument that the following recommendations would be allowable under the federal guidelines. In particular, the existence of paid phone data plans is clearly allowable as Kentucky currently funds data plans as part of their equipment distribution program.

Nevertheless, the Minnesota statute may have certain restrictions on the ways in which the TED program uses TAM funds. Review by individuals typically involved in interpreting legislation pertaining to the Department of Human Services would be most useful in assuring compliance with the statute while developing programming.

If subsidized phone or internet plans were found to not be allowable under current legislation, DHS staff who support legislative amendment development should be engaged to propose adjustments to the current funding restrictions.

2. Explore service discounts for eligible constituents. Select cell phone companies (for example, Sprint) currently offer special rates for individuals who have a disability. Work with these companies to explore additional phone and/or internet plans that meet the needs of Minnesota residents with communications barriers in order to provide a cost-effective option. In this case, the TED program would not be financially supporting Minnesotans. Instead, resources would be used to advocate to these companies of the benefits to expanded options to people with communication barriers. These options could include a more notable discount of what is currently

offered. Or, other advocacy could include co-developing multiple discounted plans to meet the different communication needs of the study population.

- 3. Explore TED-funded phone and internet plans.** Minnesota could look to the Kentucky Equipment Distribution Program as a starting place for designing the boundaries of supporting ongoing telecommunication service plans. As well, the Minnesota Lifeline program currently supports low-income individuals in accessing needed telephone service, through a landline or wireless subsidy. In concert with the findings that cell phones and other wireless technologies support equivalent communication access, the basis for the Lifeline program may be used to justify the need to go beyond the traditional landline. The TED Program could consult with the Minnesota Lifeline program to design the implementation strategy of subsidizing a telecommunication service.

Proposed funding needed for this recommendation is based on several factors. First, the program would pay a flat fee (\$450 per year) towards the cell phone or internet service, per person. Only individuals receiving cell phone or tablets would be eligible for cell phone plan support, pairing the equipment they are receiving from TED with the required service. Financial support for internet would be open to any eligible TED client using a similar flat fee. In the first year, TED estimates serving 100 people with cell phone service, and 50 people with internet. The estimated budget to implement this program would therefore be \$67,500.

Disbursement of the funds for use towards a cell phone or internet plan may be made through a variety of ways. It could range from an invoice system directly with phone or internet providers, a voucher system, or prepaid gift cards for individuals to apply towards their service.

- 4. Expand outreach activities to improve knowledge of available TED services.** Study respondents often mentioned that their barriers to communication were related to not knowing what was available to them to decrease their barriers and wanting different equipment, often describing things that currently exist in the market. This finding demonstrates that Minnesotans could be better educated on the options available to them in the market. Likewise, Minnesotans do not feel their equipment is well suited to their communication needs, highlighting that the TED Program could improve communication of what equipment they provide and who would most benefit from it. Establishing a method for helping Minnesotans identify what needs they have and the appropriate communication tools would help the program better meet need.

Respondents wanted to know more about technology that would help them improve their communication. Regular training of equipment would assist individuals with effectively using their technology and open up news of other devices that could meet

their needs. Additional measures could include expansion of signaling devices to include those that notify individuals of an emergency or the doorbell. Exploring the feasibility and implementation of in-home equipment testing could be another improvement. These particular improvements would be directly responsive to the needs and barriers uncovered in the study.



Conduct further research to support decision-making on changes to the TED Program

- 5. Leverage existing research and program models when making changes.** If TED decides to pursue recommendations that would significantly change its current structure, relying on existing plans and lessons learned from other states would strengthen efforts. For example, relying on California’s list of well-researched and up-to-date equipment provided through their Deaf and Hard of Hearing Telecommunications Access Program could be the first step in developing a plan for updated equipment (see Other State Programs section).
- 6. Conduct market research.** In some cases, market research may be necessary in order to inform decision-making around different program efforts. A market analysis of internet or phone plan affordability among the desired TED client base would yield a base for understanding the level at which TED clients are unable to access equivalent communications due to cost. This could be used for discussions of TED subsidies or special negotiated rates among companies.
- 7. Conduct future studies with a focus on one identity group at a time.** Given this study was intended to cover a wide array of needs, abilities, and types of people, the survey may not have been able to capture all of the specific and unique challenges each identity group faces. In particular, the DeafBlind community is known for the diversity of their needs and may benefit from a focus group approach to get a deeper sense of their needs.



Expand outreach and communications

- 8. Increase community education planning** that integrates TED services with awareness-building around the latest communications technology. With some study respondents reporting that they were unaware of what and how technology could reduce their communications barriers, the TED Program could focus on increasing their outreach efforts. In particular, educating people of new technology and who is best suited to use it would be valuable to Minnesotans regardless of their income level. This broader reach may also further knowledge of TED services as Minnesota residents use their network to broadcast the program.

- 9. Expand partnerships** with assisted living facilities, other group home settings, and local social service providers. Using community-based organizations can serve as easily accessible markets for building awareness around the TED Program and improved communication technology. Continue to present in these environments and determine a partnership model to support ongoing marketing and referrals.



Advocate for increased internet access and quality

- 10. Support internet expansion** opportunities in rural Minnesota drawing on the FCC's Connect America Fund plans. Collaborate with the Minnesota Lifeline program which recently took on certain broadband expansion efforts for the state. Continue to advise and inform the Minnesota Broadband Task Force on the ways in which internet expansion affects TED clients. Gather legislation on broadband expansion funds from states like California and determine the fund type best suited for Minnesota's needs. Submit these examples and plan to the Minnesota Legislature in request for changes to the TAM statute. Internet expansion could include both development of broadband infrastructure to reach areas not yet covered as well as improving existing lines to increase speed. With national policy substantiating the need, this is a first step in closing the communications gap for many Minnesota residents with no or limited access to internet and the myriad of technology that can assist them with this base access.
- 11. Advocate for reduced internet rates** for individuals with communications barriers. In particular, for specialized apps or video phone with high speed streaming needs, discounts for this service could help TED clients more seamlessly communicate in a "hearing-focused" world.

Appendix

Accessibility Measures

TIG and its partners adapted data collection methods with an eye to accessibility. The online and in-person surveys included a captioned video that provided sign language interpretation to explain the consent form, each survey question and the response options. The video also had voice-over to accompany each of the signed interpretations. The research team designed this approach for individuals who are Deaf, DeafBlind, and who have hearing loss. At in-person data collection sites, a data collector showed this video to each study respondent and provided additional explanations as necessary. Interpreters also accompanied researchers.

Once respondents provided their consent to participate in the study, they were shown a video of the interpreter signing the survey questions. After each question, the data collector paused to allow the participant to respond. If an individual was DeafBlind and unable to see the video, certified interpreters experienced with working with people who are DeafBlind copy-signed the video for the respondent. For individuals who were not able to enter their response in English, the researcher recorded the questionnaire response on the respondent's behalf.

Study Limitations

The data collection phase was extended midway through the contract period to allow additional people to participate. Unfortunately, this change made messaging about the study confusing and may not have provided sufficient time for a few of the desired respondent populations. The researchers found that the Deaf community in particular were more open to participating after learning of good experiences from their peers. This process of disseminating positive feedback of the survey was still underway at the time the data collection period closed.

This evaluation was conducted along a similar timeline as another study of the entire Deaf and Hard of Hearing Services division. As the other study required significant resources of staff time, this evaluation attempted to minimize burden on the division and potential study respondents. Nevertheless, communications about this evaluation got mixed with those from the other study. This may have resulted in fewer overall participants in the study due to confusion about who was eligible to participate and what was required.

This study intends to capture the communication barriers experienced by a group of Minnesotans with unique needs. By using multiple outreach methods to recruit respondents, and by using multiple data-collection methods to increase accessibility, the research team hoped to overcome many of these barriers to increase response rates.

Nevertheless, because methods still relied largely on technology (i.e., and online survey) and English writing skills, some isolated populations may not be fully represented in the findings. In particular, while the Northeast region is not as populated as others, this group was particularly hard to reach. As well, despite the best efforts of the researchers to provide accessible means of study participation, the DeafBlind community may have benefitted from more of an open-ended approach. As such, their survey responses may not have fully communicated the range of their needs.

The diverse populations included in this study use different terminology when referring to communication needs. Attempting to collect the same data—using the same terminology across diverse groups—may have dissuaded some individuals from participating. For example, the TED Program services those with speech challenges—e.g. due to a traumatic brain injury, or developmental disability—as well as those who are Deaf. By using the same terminology to address both groups, a Deaf individual might feel they are being mistakenly labeled as having speech challenges. In addition, people with hearing loss use different terms to define their communication challenges. For example, some consider themselves “hearing impaired” and do not recognize themselves as “having hearing loss.” These differences in terminology may have affected the number of overall respondents as well as the ways in which people self-identified.

Methodology

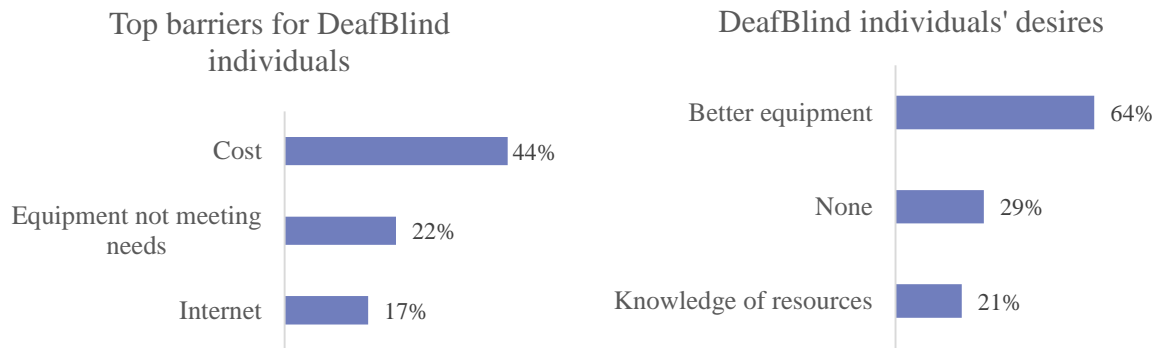
When conducting an evaluation with a short time frame and a desire to capture a wide number of respondents, surveys are often the preferred method. Surveys can be adapted to suit different needs (such as online or on paper) and recruitment strategies. This method provides the opportunity to collect quantitative and qualitative information in a consistent and standard manner. Nevertheless, this method, like any other, has limitations. While surveys may collect both qualitative and quantitative data, often qualitative responses are short and not detailed. Likewise, quantitative questions force responses aligned with what is provided, regardless of how someone may feel. Surveys were chosen for the study due to the interest in being accessible to all Minnesota residents who might use TED services, the desire to capture many voices in all Minnesota regions, and the initial restrictions on time available to produce results.

Other data collection methods may be helpful to consider in the future. Interviews can provide in-depth reflection and response on questions as the interviewer may probe and elicit additional detail. Typically, this method is well-suited to situations in which individuals with whom you would like to speak are already identified. Many people who have limited knowledge about a program or project are less willing to participate in studies that take more time. As well, without significant resources, the number of interviews will certainly be less than in a survey. Focus groups can also serve to elicit detail and are helpful when a study is interested in the experiences of individuals who share certain characteristics (e.g. Deaf, DeafBlind, etc.). A group approach can be

valuable in cultivating and understanding areas where people agree or disagree, or use each other to build responses. For the Deaf community, the group storytelling dynamic may be conducive to this method. Like interviews, however, without established contacts among the desired respondent community, getting participation in this lengthy data collection process can be difficult.

Lastly, this study was focused on understanding the broad communication needs of Minnesotans who identify as Deaf, DeafBlind, having hearing loss, speech challenges, and/or limited mobility. As such, survey questions were not intended to capture whether or not the TED Program was meeting the needs of *the clients they serve*, but was instead to determine what the needs of Minnesotans are, in order to assure that the Program activities are aligned with the need. Thus, survey respondents were not asked to identify as TED or non-TED clients.

DeafBlind Highlight




Individuals who are DeafBlind had many of the same concerns as those who had other challenges with communication. Tablets, cell phones, and computers are highly popular technologies among this group. The most desired devices were other (35%), cell phones (29%), and tablets (24%).

DeafBlind individuals spoke of equipment that would better meet their needs, providing ideas for tools that do not yet exist. Those who spoke of cost being a barrier to their communication were often individuals who reported desiring a cell phone (n=3), VP (n=4), tablet (n=3), or SSP (n=3) to assist with meeting their communication needs. For DeafBlind individuals who report needing these technologies to help them overcome their communication barriers, but concurrently state that cost is a barrier to their communication, equipment, data, and internet plans all are factors.

“[The equipment I want] looks like a glove I can wear. The gloves give me sensations of moving my hands like tactile signing or touch typing on my hands. On my back, there [are] sensations like Pro-Tactile letting me know what the screen looks like, smileys people send to me, etc. The gloves still allow me to feel with my hands the physical world around me, but I can be connected with everything and move around my environment. I sign back into the air and everything is translated. It feels absolutely liberating. Not tied to individual gizmos. I'm in a tactile-accessible world. I can feel people's expressions on their faces... my

little pre-verbal relatives... to know what they are communicating by distance. People 'speak' directly to me. I can get up and go wherever and I don't have to access a third party app with video camera and have people tell me things I can barely understand. It is peaceful.”



Glossary

American Sign Language (ASL) – ASL is the natural, visual language of people who are deaf. ASL has its own syntax and grammatical structure and is one of the most commonly used foreign languages in the U.S.¹⁷

Amplified telephone: A telephone with enhanced volume to allow the person using this device to better hear the caller. Individuals who have some hearing loss may use this.

Assistive listening device: “Any device that helps someone overcome their hearing loss. Using the term is applied to personal devices that transmit, process, or amplify sound, but do not refer to hearing aids.”¹⁸

Deaf – Having a hearing loss of such severity that communication and learning is primarily by visual methods (i.e., manual communication, writing, speechreading, and gestures).¹⁹

DeafBlind – Having a dual sensory loss that interferes with the ability of a person to function effectively in the "hearing-sighted" world. This term does not necessarily mean total lack of hearing and vision.²⁰

Captioned telephone: A telephone with a screen built in that displays the words being said by the person on the other line. Often these devices are called CapTel.

Hard of hearing – Having some degree of hearing loss ranging from mild to profound. People who are hard of hearing may benefit from the use of hearing aids or other assistive listening devices. They depend primarily upon spoken English in communicating with others. This group is also referred to in this study as someone with hearing loss.²¹

Eye-controlled technology: A device that relies upon an individual's eyes to form words and sentences and communicate through an automated voice. This is often used among individuals with limited upper mobility and loss of voice function. A common device is iGaze.

Speech amplified telephone: A telephone that provides outgoing amplification or higher volume of the person with this device. The typical user is someone who has soft or low speech.

¹⁷ DHS “Definitions Fact Sheet”

¹⁸ “ALD.” NC Hearing Loss. Retrieved [25 April 2016]:
<http://www.nchearingloss.org/ald.htm>

¹⁹ DHS “Definitions Fact Sheet”

²⁰ Ibid.

²¹ Ibid.

Tactile: A means of communicating for DeafBlind individuals where, “The deaf-blind person puts his or her hands over the signer’s hands to feel the shape, movement and location of the signs. Some signs and facial expressions may need to be modified (for example, signing “not understand” instead of signing “understand” and shaking one’s head; spelling “dog” rather than signing “dog”).”²²

Tablet: A device that is flat and typically the dimensions of a piece of paper. Larger than a smart phone, it allows people to access the web or make phone calls if connected to the internet or a wireless data plan.

Telecommunications Access Minnesota: A program fund designed to pay for Minnesota’s relay service and the distribution of telecommunication devices for Minnesota residents who are Deaf, DeafBlind, Hard of Hearing, or a communication disability.

Telecommunication Relay Service: A live telephone link that connects deaf, hard of hearing or speech impaired people who use special telephone equipment or software to hearing people who use standard telephones through a third party operator. To use the Relay dial 7-1-1.

Telephone Equipment Distribution Program: Common in most states across the U.S., this state-level program typically loans or gives adaptive telephone equipment to residents with speech or hearing challenges. Some but not all serve individuals under a certain income level.

Tracking: A means of communicating for DeafBlind individuals. “Usually blind or visually impaired people who lose their hearing later, or deaf or hard of hearing people who have depended on their speech reading and do not know how to sign, prefer tactile fingerspelling because sometimes sign language can be difficult to learn. The deaf-blind person may prefer to put his or her hand over the fingerspelling hand, or on the signer’s palm, or cup his or her hand around the signer’s hand.”²³

TTY: This device transmits and receives typewritten messages over phone lines. It is a means of electronic communication between people who are deaf or between people who are deaf and hearing.²⁴

Video relay service – A form of telecommunication relay service that involves a TV with a videophone, a mobile wireless device/computer with a web camera, and high speed Internet. An individual who is deaf or hard of hearing and uses sign language to communicate can use this technology to call a hearing party who uses a standard phone.

²² American Association of the Deaf-Blind. “Deaf-Blind Communications Factsheet.” Retrieved May 26, 2016 from: http://www.aadb.org/factsheets/db_communications.html

²³ Ibid.

²⁴ DHS “Definitions Fact Sheet”

The caller signs to the interpreter on the screen who in turns voices to the hearing party. The interpreter signs back to the caller what the hearing person says. Communication between the two parties is almost simultaneous and this “visual” form of communication is valued by many people who rely on sign language to communicate. A voice telephone user can also initiate a VRS call by calling a toll-free or direct number of the person being called.

VP/Video Phone: A device with a video camera capable of bi-directional video and audio transmissions for communication between people in real-time. People who are deaf and hard of hearing may call other signers point-to-point or call non-signers using a video relay service.²⁵

Credits

Front page cover photo by Johan Larsson

Icons (US, wifi dollar symbol, old phone, no internet connection, monitor/tablet/phone, cell phone, Swiss pocket knife, give over, selfie on phone screen on a hand, SEO training, closed shop, refresh, market research) made by Freepik from www.flaticon.com

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Data Tables

Identity Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$Identity ^a	Deaf	161	45.5%	53.8%
	Deafblind	21	5.9%	7.0%
	HOH	119	33.6%	39.8%
	Speech	19	5.4%	6.4%
	Mobility	32	9.0%	10.7%
	Other identity	2	.6%	.7%
Total		354	100.0%	118.4%

²⁵ Ibid.

\$lang Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$lang ^a	English	196	54.4%	65.3%
	ASL	159	44.2%	53.0%
	Spanish	1	.3%	.3%
	Somali	2	.6%	.7%
	Other lang	2	.6%	.7%
Total		360	100.0%	120.0%

\$lang2 Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$lang2 ^a	Prefer: Voice	173	42.6%	57.9%
	Prefer: Sign	168	41.4%	56.2%
	Prefer: Tactile	8	2.0%	2.7%
	Prefer: Track	2	.5%	.7%
	Prefer: Assist	37	9.1%	12.4%
	Prefer: Other	18	4.4%	6.0%
Total		406	100.0%	135.8%

\$techused Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$techused ^a	Tech used: TTY	16	2.1%	5.4%
	Tech used: caption	39	5.0%	13.1%
	Tech used: amplified	46	6.0%	15.4%
	Tech used: speech amp	11	1.4%	3.7%
	Tech used: cell	189	24.5%	63.4%
	Tech used: VP	104	13.5%	34.9%
	Tech used: assistive list	15	1.9%	5.0%
	Tech used: ring signaler	41	5.3%	13.8%
	Tech used: tablet	87	11.3%	29.2%
	Tech used: computer	139	18.0%	46.6%
	Tech used: handsfree	24	3.1%	8.1%
	Tech used: family	28	3.6%	9.4%
	Tech used: PCA	11	1.4%	3.7%
	Tech used: Other	23	3.0%	7.7%
Total		773	100.0%	259.4%

\$whyprefer Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$whyprefer ^a	Easy to use	31	24.6%	30.7%
	Convenient	7	5.6%	6.9%
	Meets needs	62	49.2%	61.4%
	Serves multi purposes	26	20.6%	25.7%
Total		126	100.0%	124.8%

\$desiredtech Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$desiredtech ^a	Desired tech: None	104	23.7%	37.5%
	Desired tech: TTY	6	1.4%	2.2%
	Desired tech: caption	33	7.5%	11.9%
	Desired tech: amplified	13	3.0%	4.7%
	Desired tech: speech amp	12	2.7%	4.3%
	Desired tech: cell	52	11.9%	18.8%
	Desired tech: VP	33	7.5%	11.9%
	Desired tech: eye	2	.5%	.7%
	Desired tech: assistive list	20	4.6%	7.2%
	Desired tech: ring signaler	50	11.4%	18.1%
	Desired tech: tablet	43	9.8%	15.5%
	Desired tech: computer	25	5.7%	9.0%
	Desired tech: handsfree	11	2.5%	4.0%
	Desired tech: family	4	.9%	1.4%
	Desired tech: PCA	3	.7%	1.1%
Desired tech: Other	27	6.2%	9.7%	
Total		438	100.0%	158.1%

\$barriers Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$barriers ^a	B: Equip requirements (needs improvement, doesn't meet needs)	59	20.4%	26.9%
	Unaware of what is available	8	2.8%	3.7%
	Training/installation needed	9	3.1%	4.1%
	Internet	48	16.6%	21.9%
	Cell service	10	3.5%	4.6%
	Cost	105	36.3%	47.9%
	Issues with multi providers	11	3.8%	5.0%
	B: None	39	13.5%	17.8%
Total		289	100.0%	132.0%

\$If you had everything you needed, what would your life look like? Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$changes ^a	C: Better equip	145	59.2%	71.1%
	Block telemarketing	2	.8%	1.0%
	Don't know what is available to me	11	4.5%	5.4%
	None	31	12.7%	15.2%
	Provider/cell/VP company changes	5	2.0%	2.5%
	Internet access	17	6.9%	8.3%
	no high expenses	13	5.3%	6.4%
	Community change	21	8.6%	10.3%
Total		245	100.0%	120.1%

\$TED recommendations Frequencies				
		Responses		Percent of Cases
		N	Percent	
\$TEDchan ges ^a	T: Discounts	86	27.6%	40.4%
	Provide equipment	72	23.1%	33.8%
	Better access to the program	16	5.1%	7.5%
	Change internet	13	4.2%	6.1%
	Better training	17	5.4%	8.0%
	Try equipment out	42	13.5%	19.7%
	Better information/knowledge	39	12.5%	18.3%
	T: Nothing	27	8.7%	12.7%
Total		312	100.0%	146.5%

\$Identity*\$techused Crosstabulation																	
			Stechused ^a														Total
			Tech used: TTY	Tech used: caption	Tech used: amplified	Tech used: speech amp	Tech used: cell	Tech used: VP	Tech used: assistive list	Tech used: ring signaler	Tech used: tablet	Tech used: computer	Tech used: handsfree	Tech used: family	Tech used: PCA	Tech used: Other	
\$Identity ^a	Deaf	Count	12	14	4	2	115	87	2	29	60	71	10	12	1	11	160
		% within \$Identity	7.5%	8.8%	2.5%	1.3%	71.9%	54.4%	1.3%	18.1%	37.5%	44.4%	6.3%	7.5%	.6%	6.9%	
	Deafblind	Count	0	2	2	0	9	7	1	3	9	8	1	1	6	2	21
		% within \$Identity	.0%	9.5%	9.5%	.0%	42.9%	33.3%	4.8%	14.3%	42.9%	38.1%	4.8%	4.8%	28.6%	9.5%	
	HOH	Count	2	25	40	10	63	17	13	10	23	60	11	11	1	10	118
		% within \$Identity	1.7%	21.2%	33.9%	8.5%	53.4%	14.4%	11.0%	8.5%	19.5%	50.8%	9.3%	9.3%	.8%	8.5%	
	Speech	Count	3	2	2	1	9	4	0	1	8	6	1	10	4	1	19
		% within \$Identity	15.8%	10.5%	10.5%	5.3%	47.4%	21.1%	.0%	5.3%	42.1%	31.6%	5.3%	52.6%	21.1%	5.3%	
	Mobility	Count	1	2	9	3	18	0	0	2	10	15	5	4	1	2	31
		% within \$Identity	3.2%	6.5%	29.0%	9.7%	58.1%	.0%	.0%	6.5%	32.3%	48.4%	16.1%	12.9%	3.2%	6.5%	
	Other identity	Count	0	1	0	0	1	0	0	0	0	1	0	1	1	0	2
		% within \$Identity	.0%	50.0%	.0%	.0%	50.0%	.0%	.0%	.0%	.0%	50.0%	.0%	50.0%	50.0%	.0%	
Total		Count	16	38	45	10	188	103	15	40	87	139	24	28	11	23	296

\$Identity*\$whyprefer Crosstabulation							
			\$whyprefer ^a				Total
			Easy to use	Convenient	Meets needs	Serves multi purposes	
\$Identity ^a	Deaf	Count	19	4	23	15	49
		% within \$Identity	38.8%	8.2%	46.9%	30.6%	
	Deafblind	Count	2	0	1	2	5
		% within \$Identity	40.0%	.0%	20.0%	40.0%	
	HOH	Count	9	5	35	10	49
		% within \$Identity	18.4%	10.2%	71.4%	20.4%	
	Speech	Count	2	0	7	3	8
		% within \$Identity	25.0%	.0%	87.5%	37.5%	
	Mobility	Count	4	0	14	5	18
		% within \$Identity	22.2%	.0%	77.8%	27.8%	
	Other identity	Count	1	0	1	1	1
		% within \$Identity	100.0%	.0%	100.0%	100.0%	
Total		Count	31	7	62	26	101

\$identity*\$desiredtech Crosstabulation																				
			\$desiredtech ^a																	Total
			Desired tech: None	Desired tech: TTY	Desired tech: caption	Desired tech: amplified	Desired tech: speech amp	Desired tech: cell	Desired tech: VP	Desired tech: eye	Desired tech: assistive list	Desired tech: ring signaler	Desired tech: tablet	Desired tech: computer	Desired tech: handsfree	Desired tech: family	Desired tech: PCA	Desired tech: Other		
\$identity ^a	Deaf	Count	58	3	18	2	2	32	21	0	9	31	24	13	5	3	0	13	150	
		% within \$identity	38.7%	2.0%	12.0%	1.3%	1.3%	21.3%	14.0%	.0%	6.0%	20.7%	16.0%	8.7%	3.3%	2.0%	.0%	8.7%		
	Deafblind	Count	5	0	1	0	0	5	2	0	1	3	4	3	0	0	3	6	18	
		% within \$identity	27.8%	.0%	5.6%	.0%	.0%	27.8%	11.1%	.0%	5.6%	16.7%	22.2%	16.7%	.0%	.0%	16.7%	33.3%		
	HOH	Count	40	3	20	10	8	17	8	1	10	14	14	10	5	1	0	7	109	
		% within \$identity	36.7%	2.8%	18.3%	9.2%	7.3%	15.6%	7.3%	.9%	9.2%	12.8%	12.8%	9.2%	4.6%	.9%	.0%	6.4%		
	Speech	Count	3	1	2	1	3	4	3	0	2	2	4	2	3	0	0	1	17	
		% within \$identity	17.6%	5.9%	11.8%	5.9%	17.6%	23.5%	17.6%	.0%	11.8%	11.8%	23.5%	11.8%	17.6%	.0%	.0%	5.9%		
	Mobility	Count	6	0	2	5	4	6	2	1	2	8	5	5	2	0	0	1	27	
		% within \$identity	22.2%	.0%	7.4%	18.5%	14.8%	22.2%	7.4%	3.7%	7.4%	29.6%	18.5%	18.5%	7.4%	.0%	.0%	3.7%		
	Other identity	Count	0	0	0	0	1	0	0	0	0	0	1	0	2	0	0	1	2	
		% within \$identity	.0%	.0%	.0%	.0%	50.0%	.0%	.0%	.0%	.0%	.0%	50.0%	.0%	100.0%	.0%	.0%	50.0%		
Total		Count	104	6	33	13	12	52	33	2	19	50	43	25	11	4	3	26	276	

\$identity*\$barriers Crosstabulation											
			\$barriers ^a								Total
			B: Equip requirements (needs improvement, doesn't meet needs)	Unaware of what is available	Training/in stallation needed	Internet	Cell service	Cost	Issues with multi providers	B: None	
\$identity ^a	Deaf	Count	36	1	2	35	5	54	10	15	112
		% within \$identity	32.1%	.9%	1.8%	31.3%	4.5%	48.2%	8.9%	13.4%	
	Deafblind	Count	4	2	2	3	2	8	1	3	19
		% within \$identity	21.1%	10.5%	10.5%	15.8%	10.5%	42.1%	5.3%	15.8%	
	HOH	Count	25	6	4	9	4	41	1	18	88
		% within \$identity	28.4%	6.8%	4.5%	10.2%	4.5%	46.6%	1.1%	20.5%	
	Speech	Count	5	1	1	7	0	11	0	1	17
		% within \$identity	29.4%	5.9%	5.9%	41.2%	.0%	64.7%	.0%	5.9%	
	Mobility	Count	4	2	3	6	1	15	0	4	25
		% within \$identity	16.0%	8.0%	12.0%	24.0%	4.0%	60.0%	.0%	16.0%	
	Other identity	Count	1	0	0	1	0	1	0	0	2
		% within \$identity	50.0%	.0%	.0%	50.0%	.0%	50.0%	.0%	.0%	
Total		Count	59	8	9	48	10	105	11	37	217

Sidentity*If you had everything you needed, what would your life look like? Crosstabulation											
			Schanges ^a								
			C: Better equip	Block telemarketing	Don't know what is available to me	None	Provider/c ell/VP company changes	Internet access	no high expenses	Community change	Total
Sidentity ^b	Deaf	Count	70	1	4	15	4	13	6	12	102
		% within Sidentity	68.6%	1.0%	3.9%	14.7%	3.9%	12.7%	5.9%	11.8%	
	Deafblind	Count	9	0	3	5	0	1	0	2	15
		% within Sidentity	60.0%	.0%	20.0%	33.3%	.0%	6.7%	.0%	13.3%	
	HOH	Count	65	1	6	11	2	3	5	10	87
		% within Sidentity	74.7%	1.1%	6.9%	12.6%	2.3%	3.4%	5.7%	11.5%	
	Speech	Count	14	0	1	1	1	0	2	0	16
		% within Sidentity	87.5%	.0%	6.3%	6.3%	6.3%	.0%	12.5%	.0%	
	Mobility	Count	22	0	0	3	0	0	0	0	25
		% within Sidentity	88.0%	.0%	.0%	12.0%	.0%	.0%	.0%	.0%	
	Other identity	Count	1	0	0	0	0	0	0	0	1
		% within Sidentity	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	
Total		Count	144	2	11	31	5	17	13	21	203

Sidentity*STEDchanges Crosstabulation											
			STEDchanges ^a								
			T: Discounts	Provide equipment	Better access to the program	Change internet	Better training	Try equipment out	Better information/knowledge	T: Nothing	Total
Sidentity ^b	Deaf	Count	54	43	9	10	4	11	15	7	105
		% within Sidentity	51.4%	41.0%	8.6%	9.5%	3.8%	10.5%	14.3%	6.7%	
	Deafblind	Count	5	4	1	0	1	4	3	3	15
		% within Sidentity	33.3%	26.7%	6.7%	.0%	6.7%	26.7%	20.0%	20.0%	
	HOH	Count	28	29	4	3	10	23	22	16	94
		% within Sidentity	29.8%	30.9%	4.3%	3.2%	10.6%	24.5%	23.4%	17.0%	
	Speech	Count	7	6	2	1	2	10	4	0	18
		% within Sidentity	38.9%	33.3%	11.1%	5.6%	11.1%	55.6%	22.2%	.0%	
	Mobility	Count	12	5	2	0	3	9	5	4	24
		% within Sidentity	50.0%	20.8%	8.3%	.0%	12.5%	37.5%	20.8%	16.7%	
	Other identity	Count	1	0	0	0	0	2	2	0	2
		% within Sidentity	50.0%	.0%	.0%	.0%	.0%	100.0%	100.0%	.0%	
Total		Count	86	71	16	13	17	42	39	27	212

		Sdesiredtech*Stechused Crosstabulation																
				Stechused*														
		Tech used: TTY	Tech used: caption	Tech used: amplified	Tech used: speech amp	Tech used: cell	Tech used: VP	Tech used: assistive list	Tech used: ring signaler	Tech used: tablet	Tech used: computer	Tech used: handsfree	Tech used: family	Tech used: PCA	Tech used: Other	Total		
Sdesiredtech*	Desired tech: None	Count	4	10	17	2	70	46	7	16	30	48	4	4	1	11	102	
		% within Sdesiredtech	3.9%	9.8%	16.7%	2.0%	68.6%	45.1%	6.9%	15.7%	29.4%	47.1%	3.9%	3.9%	1.0%	10.8%		
	Desired tech: TTY	Count	0	3	0	0	3	0	0	1	2	3	0	4	1	0	6	
		% within Sdesiredtech	.0%	50.0%	.0%	.0%	50.0%	.0%	.0%	16.7%	33.3%	50.0%	.0%	66.7%	16.7%	.0%		
	Desired tech: caption	Count	1	5	6	2	17	6	3	4	12	17	6	5	0	1	32	
		% within Sdesiredtech	3.1%	15.6%	18.8%	6.3%	53.1%	18.8%	9.4%	12.5%	37.5%	53.1%	18.8%	15.6%	.0%	3.1%		
	Desired tech: amplified	Count	0	2	6	3	6	1	2	0	2	5	1	1	0	2	13	
		% within Sdesiredtech	.0%	15.4%	46.2%	23.1%	46.2%	7.7%	15.4%	.0%	15.4%	38.5%	7.7%	7.7%	.0%	15.4%		
	Desired tech: speech amp	Count	1	2	5	3	4	1	0	0	2	3	1	2	1	2	12	
		% within Sdesiredtech	8.3%	16.7%	41.7%	25.0%	33.3%	8.3%	.0%	.0%	16.7%	25.0%	8.3%	16.7%	8.3%	16.7%		
	Desired tech: cell	Count	6	5	5	0	27	21	1	11	15	23	7	7	3	3	52	
		% within Sdesiredtech	11.5%	9.6%	9.6%	.0%	51.9%	40.4%	1.9%	21.2%	28.8%	44.2%	13.5%	13.5%	5.8%	5.8%		
	Desired tech: VP	Count	2	4	4	0	20	9	1	6	7	17	4	5	4	1	33	
		% within Sdesiredtech	6.1%	12.1%	12.1%	.0%	60.6%	27.3%	3.0%	18.2%	21.2%	51.5%	12.1%	15.2%	12.1%	3.0%		
	Desired tech: eye	Count	0	0	0	0	1	0	0	0	0	2	1	0	0	1	2	
		% within Sdesiredtech	.0%	.0%	.0%	.0%	50.0%	.0%	.0%	.0%	.0%	100.0%	50.0%	.0%	.0%	50.0%		
Desired tech: assistive list	Count	1	2	1	1	17	9	1	6	5	4	4	1	1	1	20		
	% within Sdesiredtech	5.0%	10.0%	5.0%	5.0%	85.0%	45.0%	5.0%	30.0%	25.0%	20.0%	20.0%	5.0%	5.0%	5.0%			
Desired tech: ring signaler	Count	2	7	4	0	37	20	2	3	19	22	8	8	2	3	50		
	% within Sdesiredtech	4.0%	14.0%	8.0%	.0%	74.0%	40.0%	4.0%	6.0%	38.0%	44.0%	16.0%	16.0%	4.0%	6.0%			
Desired tech: tablet	Count	3	8	3	0	27	16	1	6	10	20	2	6	3	2	42		
	% within Sdesiredtech	7.1%	19.0%	7.1%	.0%	64.3%	38.1%	2.4%	14.3%	23.8%	47.6%	4.8%	14.3%	7.1%	4.8%			
Desired tech: computer	Count	0	1	2	1	17	11	1	3	9	11	1	3	2	2	25		
	% within Sdesiredtech	.0%	4.0%	8.0%	4.0%	68.0%	44.0%	4.0%	12.0%	36.0%	44.0%	4.0%	12.0%	8.0%	8.0%			
Desired tech: handsfree	Count	0	2	1	1	8	2	0	4	2	5	1	2	1	0	10		
	% within Sdesiredtech	.0%	20.0%	10.0%	10.0%	80.0%	20.0%	.0%	40.0%	20.0%	50.0%	10.0%	20.0%	10.0%	.0%			
Desired tech: family	Count	0	2	0	0	2	1	0	0	1	2	0	2	0	0	4		
	% within Sdesiredtech	.0%	50.0%	.0%	.0%	50.0%	25.0%	.0%	.0%	25.0%	50.0%	.0%	50.0%	.0%	.0%			
Desired tech: PCA	Count	0	0	0	0	0	2	0	1	1	0	1	0	3	0	3		
	% within Sdesiredtech	.0%	.0%	.0%	.0%	.0%	66.7%	.0%	33.3%	33.3%	.0%	33.3%	.0%	100.0%	.0%			
Desired tech: Other	Count	2	5	2	1	17	8	1	6	8	14	1	3	3	4	27		
	% within Sdesiredtech	7.4%	18.5%	7.4%	3.7%	63.0%	29.6%	3.7%	22.2%	29.6%	51.9%	3.7%	11.1%	11.1%	14.8%			
Total	Count	14	34	40	9	174	97	14	40	81	129	21	27	11	22	274		

\$desiredtech*\$whyprefer Crosstabulation

			\$whyprefer ^a				Total
			Easy to use	Convenient	Meets needs	Serves multi purposes	
\$desiredtech ^a	Desired tech: None	Count	12	0	20	8	32
		% within \$desiredtech	37.5%	.0%	62.5%	25.0%	
	Desired tech: TTY	Count	0	0	1	0	1
		% within \$desiredtech	.0%	.0%	100.0%	.0%	
	Desired tech: caption	Count	4	3	4	3	13
		% within \$desiredtech	30.8%	23.1%	30.8%	23.1%	
	Desired tech: amplified	Count	0	0	2	1	2
		% within \$desiredtech	.0%	.0%	100.0%	50.0%	
	Desired tech: speech amp	Count	0	0	2	0	2
		% within \$desiredtech	.0%	.0%	100.0%	.0%	
	Desired tech: cell	Count	9	2	10	6	21
		% within \$desiredtech	42.9%	9.5%	47.6%	28.6%	
	Desired tech: VP	Count	1	1	7	2	10
		% within \$desiredtech	10.0%	10.0%	70.0%	20.0%	
	Desired tech: eye	Count	1	0	0	0	1
		% within \$desiredtech	100.0%	.0%	.0%	.0%	
	Desired tech: assistive list	Count	2	0	3	3	6
		% within \$desiredtech	33.3%	.0%	50.0%	50.0%	
	Desired tech: ring signaler	Count	1	2	13	5	18
		% within \$desiredtech	5.6%	11.1%	72.2%	27.8%	
Desired tech: tablet	Count	7	2	10	4	19	
	% within \$desiredtech	36.8%	10.5%	52.6%	21.1%		
Desired tech: computer	Count	3	0	7	1	10	
	% within \$desiredtech	30.0%	.0%	70.0%	10.0%		
Desired tech: handsfree	Count	1	0	3	2	3	
	% within \$desiredtech	33.3%	.0%	100.0%	66.7%		
Desired tech: family	Count	1	0	0	0	1	
	% within \$desiredtech	100.0%	.0%	.0%	.0%		
Desired tech: Other	Count	3	1	9	2	12	
	% within \$desiredtech	25.0%	8.3%	75.0%	16.7%		
Total	Count	28	6	59	25	96	

Desiredtech*Barriers Crosstabulation											
			Barriers ^a								Total
			B: Equip requirements (needs improvement, doesn't meet needs)	Unaware of what is available	Training/installation needed	Internet	Cell service	Cost	Issues with multi providers	B: None	
Desiredtech ^a	Desired tech: None	Count	13	1	1	16	5	25	7	25	72
		% within Desiredtech	18.1%	1.4%	1.4%	22.2%	6.9%	34.7%	9.7%	34.7%	
	Desired tech: TTY	Count	2	1	0	1	0	0	0	0	4
		% within Desiredtech	50.0%	25.0%	.0%	25.0%	.0%	.0%	.0%	.0%	
	Desired tech: caption	Count	10	1	3	6	0	10	0	0	25
		% within Desiredtech	40.0%	4.0%	12.0%	24.0%	.0%	40.0%	.0%	.0%	
	Desired tech: amplified	Count	1	0	0	2	1	7	0	0	8
		% within Desiredtech	12.5%	.0%	.0%	25.0%	12.5%	87.5%	.0%	.0%	
	Desired tech: speech amp	Count	2	1	0	1	0	6	0	0	8
		% within Desiredtech	25.0%	12.5%	.0%	12.5%	.0%	75.0%	.0%	.0%	
	Desired tech: cell	Count	11	3	3	11	3	20	2	4	37
		% within Desiredtech	29.7%	8.1%	8.1%	29.7%	8.1%	54.1%	5.4%	10.8%	
	Desired tech: VP	Count	10	1	2	4	1	15	0	0	25
		% within Desiredtech	40.0%	4.0%	8.0%	16.0%	4.0%	60.0%	.0%	.0%	
	Desired tech: eye	Count	0	0	0	0	0	1	0	0	1
		% within Desiredtech	.0%	.0%	.0%	.0%	.0%	100.0%	.0%	.0%	
	Desired tech: assistive list	Count	5	2	1	5	1	11	1	1	17
		% within Desiredtech	29.4%	11.8%	5.9%	29.4%	5.9%	64.7%	5.9%	5.9%	
	Desired tech: ring signaler	Count	13	2	3	11	0	26	2	2	43
		% within Desiredtech	30.2%	4.7%	7.0%	25.6%	.0%	60.5%	4.7%	4.7%	
Desired tech: tablet	Count	9	2	3	11	0	22	1	3	36	
	% within Desiredtech	25.0%	5.6%	8.3%	30.6%	.0%	61.1%	2.8%	8.3%		
Desired tech: computer	Count	5	1	1	6	2	11	0	1	19	
	% within Desiredtech	26.3%	5.3%	5.3%	31.6%	10.5%	57.9%	.0%	5.3%		
Desired tech: handsfree	Count	2	1	0	4	0	5	0	1	9	
	% within Desiredtech	22.2%	11.1%	.0%	44.4%	.0%	55.6%	.0%	11.1%		
Desired tech: family	Count	1	0	0	3	0	0	0	0	4	
	% within Desiredtech	25.0%	.0%	.0%	75.0%	.0%	.0%	.0%	.0%		
Desired tech: PCA	Count	0	0	0	0	0	2	0	0	2	
	% within Desiredtech	.0%	.0%	.0%	.0%	.0%	100.0%	.0%	.0%		
Desired tech: Other	Count	5	1	2	3	1	9	0	4	20	
	% within Desiredtech	25.0%	5.0%	10.0%	15.0%	5.0%	45.0%	.0%	20.0%		
Total	Count	54	7	9	46	10	99	11	33	201	

\$desiredtech*\$If you had everything you needed, what would your life look like? Crosstabulation											
			\$changes ^a								Total
			C: Better equip	Block telemarketing	Don't know what is available to me	None	Provider/cell/VP company changes	Internet access	no high expenses	Community change	
\$desiredtech ^a	Desired tech: None	Count	36	1	1	17	1	6	4	11	66
		% within \$desiredtech	54.5%	1.5%	1.5%	25.8%	1.5%	9.1%	6.1%	16.7%	
	Desired tech: TTY	Count	4	0	0	0	0	1	0	0	4
		% within \$desiredtech	100.0%	.0%	.0%	.0%	.0%	25.0%	.0%	.0%	
	Desired tech: caption	Count	22	0	1	0	1	1	2	3	24
		% within \$desiredtech	91.7%	.0%	4.2%	.0%	4.2%	4.2%	8.3%	12.5%	
	Desired tech: amplified	Count	8	0	0	1	0	0	0	0	9
		% within \$desiredtech	88.9%	.0%	.0%	11.1%	.0%	.0%	.0%	.0%	
	Desired tech: speech amp	Count	5	0	0	2	0	0	1	0	7
		% within \$desiredtech	71.4%	.0%	.0%	28.6%	.0%	.0%	14.3%	.0%	
	Desired tech: cell	Count	25	0	3	6	1	4	3	4	36
		% within \$desiredtech	69.4%	.0%	8.3%	16.7%	2.8%	11.1%	8.3%	11.1%	
	Desired tech: VP	Count	16	1	3	1	2	3	3	3	22
		% within \$desiredtech	72.7%	4.5%	13.6%	4.5%	9.1%	13.6%	13.6%	13.6%	
	Desired tech: eye	Count	1	0	0	0	0	0	0	0	1
		% within \$desiredtech	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	
	Desired tech: assistive list	Count	15	0	3	0	1	1	1	2	18
		% within \$desiredtech	83.3%	.0%	16.7%	.0%	5.6%	5.6%	5.6%	11.1%	
	Desired tech: ring signaler	Count	28	0	3	4	3	3	4	3	38
		% within \$desiredtech	73.7%	.0%	7.9%	10.5%	7.9%	7.9%	10.5%	7.9%	
	Desired tech: tablet	Count	24	0	2	2	2	6	5	3	31
		% within \$desiredtech	77.4%	.0%	6.5%	6.5%	6.5%	19.4%	16.1%	9.7%	
	Desired tech: computer	Count	15	0	2	4	0	1	1	1	21
		% within \$desiredtech	71.4%	.0%	9.5%	19.0%	.0%	4.8%	4.8%	4.8%	
	Desired tech: handsfree	Count	8	0	1	0	0	1	1	0	9
		% within \$desiredtech	88.9%	.0%	11.1%	.0%	.0%	11.1%	11.1%	.0%	
	Desired tech: family	Count	2	0	0	0	0	0	0	0	2
		% within \$desiredtech	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	
	Desired tech: PCA	Count	0	0	1	1	0	0	0	0	2
		% within \$desiredtech	.0%	.0%	50.0%	50.0%	.0%	.0%	.0%	.0%	
	Desired tech: Other	Count	16	0	1	2	2	1	0	3	18
		% within \$desiredtech	88.9%	.0%	5.6%	11.1%	11.1%	5.6%	.0%	16.7%	
Total		Count	134	2	10	28	5	16	13	20	188

\$desiredtech*\$TEDchanges Crosstabulation											
			\$TEDchanges ^a							T: Nothing	Total
			T: Discounts	Provide equipment	Better access to the program	Change internet	Better training	Try equipment out	Better information/knowledge		
\$desiredtech ^a	Desired tech: None	Count	30	16	4	5	5	6	7	20	72
		% within \$desiredtech	41.7%	22.2%	5.6%	6.9%	6.9%	8.3%	9.7%	27.8%	
	Desired tech: TTY	Count	0	0	0	1	1	1	1	0	3
		% within \$desiredtech	.0%	.0%	.0%	33.3%	33.3%	33.3%	33.3%	.0%	
	Desired tech: caption	Count	9	5	4	0	2	7	8	1	21
		% within \$desiredtech	42.9%	23.8%	19.0%	.0%	9.5%	33.3%	38.1%	4.8%	
	Desired tech: amplified	Count	2	3	1	0	1	4	3	0	10
		% within \$desiredtech	20.0%	30.0%	10.0%	.0%	10.0%	40.0%	30.0%	.0%	
	Desired tech: speech amp	Count	5	1	1	0	2	7	3	0	10
		% within \$desiredtech	50.0%	10.0%	10.0%	.0%	20.0%	70.0%	30.0%	.0%	
	Desired tech: cell	Count	14	16	1	2	3	8	7	1	37
		% within \$desiredtech	37.8%	43.2%	2.7%	5.4%	8.1%	21.6%	18.9%	2.7%	
	Desired tech: VP	Count	9	6	4	1	3	4	6	1	20
		% within \$desiredtech	45.0%	30.0%	20.0%	5.0%	15.0%	20.0%	30.0%	5.0%	
	Desired tech: eye	Count	0	0	0	0	1	0	1	0	1
		% within \$desiredtech	.0%	.0%	.0%	.0%	100.0%	.0%	100.0%	.0%	
	Desired tech: assistive list	Count	6	5	2	1	2	5	5	0	17
		% within \$desiredtech	35.3%	29.4%	11.8%	5.9%	11.8%	29.4%	29.4%	.0%	
	Desired tech: ring signaler	Count	22	16	8	3	3	8	10	2	40
		% within \$desiredtech	55.0%	40.0%	20.0%	7.5%	7.5%	20.0%	25.0%	5.0%	
	Desired tech: tablet	Count	14	11	4	5	4	7	6	2	35
		% within \$desiredtech	40.0%	31.4%	11.4%	14.3%	11.4%	20.0%	17.1%	5.7%	
	Desired tech: computer	Count	8	9	1	0	1	2	4	2	19
		% within \$desiredtech	42.1%	47.4%	5.3%	.0%	5.3%	10.5%	21.1%	10.5%	
	Desired tech: handsfree	Count	7	2	0	0	0	7	3	1	10
		% within \$desiredtech	70.0%	20.0%	.0%	.0%	.0%	70.0%	30.0%	10.0%	
	Desired tech: family	Count	0	1	0	0	0	0	0	1	2
		% within \$desiredtech	.0%	50.0%	.0%	.0%	.0%	.0%	.0%	50.0%	
	Desired tech: PCA	Count	1	0	0	0	0	0	1	1	3
		% within \$desiredtech	33.3%	.0%	.0%	.0%	.0%	.0%	33.3%	33.3%	
	Desired tech: Other	Count	5	9	2	0	1	3	4	3	16
		% within \$desiredtech	31.3%	56.3%	12.5%	.0%	6.3%	18.8%	25.0%	18.8%	
Total		Count	83	66	15	12	16	36	35	27	197

Age*\$identity Crosstabulation									
			\$identity ^a					Total	
			Deaf	Deafblind	HOH	Speech	Mobility		Other identity
Age	18-29	Count	9	4	4	2	1	1	15
		% within Age	60.0%	26.7%	26.7%	13.3%	6.7%	6.7%	
		% within \$identity	5.6%	19.0%	3.4%	11.8%	3.1%	50.0%	
	30 to 45	Count	25	3	11	5	6	1	41
		% within Age	61.0%	7.3%	26.8%	12.2%	14.6%	2.4%	
		% within \$identity	15.6%	14.3%	9.3%	29.4%	18.8%	50.0%	
	46 to 64	Count	81	9	41	8	12	0	128
		% within Age	63.3%	7.0%	32.0%	6.3%	9.4%	.0%	
		% within \$identity	50.6%	42.9%	34.7%	47.1%	37.5%	.0%	
	65 years or older	Count	45	5	62	2	13	0	112
		% within Age	40.2%	4.5%	55.4%	1.8%	11.6%	.0%	
		% within \$identity	28.1%	23.8%	52.5%	11.8%	40.6%	.0%	
Total	Count	160	21	118	17	32	2	296	

Age*\$TechUsed Crosstabulation																	
			\$TechUsed ^a													Total	
			Tech used: TTY	Tech used: caption	Tech used: amplified	Tech used: speech amp	Tech used: cell	Tech used: VP	Tech used: assistive list	Tech used: ring signaler	Tech used: tablet	Tech used: computer	Tech used: handsfree	Tech used: family	Tech used: PCA		Tech used: Other
Age	18-29	Count	0	1	0	0	13	6	1	1	6	6	1	4	0	1	14
		% within Age	.0%	7.1%	.0%	.0%	92.9%	42.9%	7.1%	7.1%	42.9%	42.9%	7.1%	28.6%	.0%	7.1%	
		% within \$TechUsed	.0%	2.6%	.0%	.0%	7.0%	5.9%	6.7%	2.5%	6.9%	4.3%	4.3%	14.8%	.0%	4.5%	
	30 to 45	Count	0	2	3	1	35	21	2	8	13	18	5	2	3	2	41
		% within Age	.0%	4.9%	7.3%	2.4%	85.4%	51.2%	4.9%	19.5%	31.7%	43.9%	12.2%	4.9%	7.3%	4.9%	
		% within \$TechUsed	.0%	5.3%	6.8%	10.0%	18.7%	20.6%	13.3%	20.0%	14.9%	12.9%	21.7%	7.4%	30.0%	9.1%	
	46 to 64	Count	9	16	9	2	89	56	3	20	41	54	10	13	5	8	127
		% within Age	7.1%	12.6%	7.1%	1.6%	70.1%	44.1%	2.4%	15.7%	32.3%	42.5%	7.9%	10.2%	3.9%	6.3%	
		% within \$TechUsed	56.3%	42.1%	20.5%	20.0%	47.6%	54.9%	20.0%	50.0%	47.1%	38.8%	43.5%	48.1%	50.0%	36.4%	
	65 years or older	Count	7	19	32	7	50	19	9	11	27	61	7	8	2	11	111
		% within Age	6.3%	17.1%	28.8%	6.3%	45.0%	17.1%	8.1%	9.9%	24.3%	55.0%	6.3%	7.2%	1.8%	9.9%	
		% within \$TechUsed	43.8%	50.0%	72.7%	70.0%	26.7%	18.6%	60.0%	27.5%	31.0%	43.9%	30.4%	29.6%	20.0%	50.0%	
Total	Count	16	38	44	10	187	102	15	40	87	139	23	27	10	22	293	

Age*\$whyprefer Crosstabulation							
			\$whyprefer ^a				Total
			Easy to use	Convenient	Meets needs	Serves multi purposes	
Age	18-29	Count	1	0	2	3	4
		% within Age	25.0%	.0%	50.0%	75.0%	
		% within \$whyprefer	3.2%	.0%	3.3%	11.5%	
	30 to 45	Count	6	1	9	3	14
		% within Age	42.9%	7.1%	64.3%	21.4%	
		% within \$whyprefer	19.4%	14.3%	14.8%	11.5%	
	46 to 64	Count	15	3	24	12	44
		% within Age	34.1%	6.8%	54.5%	27.3%	
		% within \$whyprefer	48.4%	42.9%	39.3%	46.2%	
	65 years or older	Count	9	3	26	8	38
		% within Age	23.7%	7.9%	68.4%	21.1%	
		% within \$whyprefer	29.0%	42.9%	42.6%	30.8%	
Total	Count	31	7	61	26	100	

		Age*\$DesiredTech Crosstabulation																	
		\$DesiredTech ^a																	
		Desired tech: None	Desired tech: TTY	Desired tech: caption	Desired tech: amplified	Desired tech: speech amp	Desired tech: cell	Desired tech: VP	Desired tech: eye	Desired tech: assistive list	Desired tech: ring signaler	Desired tech: tablet	Desired tech: computer	Desired tech: handsfree	Desired tech: family	Desired tech: PCA	Desired tech: Other	Total	
Age	18-29	Count	6	0	1	0	0	3	1	0	0	4	2	2	2	0	0	1	15
		% within Age	40.0%	.0%	6.7%	.0%	.0%	20.0%	6.7%	.0%	.0%	26.7%	13.3%	13.3%	13.3%	.0%	.0%	6.7%	
		% within \$DesiredTech	5.8%	.0%	3.0%	.0%	.0%	5.8%	3.2%	.0%	.0%	8.0%	4.7%	8.0%	18.2%	.0%	.0%	3.8%	
	30 to 45	Count	11	0	4	2	2	8	3	1	2	5	5	3	4	0	0	7	37
		% within Age	29.7%	.0%	10.8%	5.4%	5.4%	21.6%	8.1%	2.7%	5.4%	13.5%	13.5%	8.1%	10.8%	.0%	.0%	18.9%	
		% within \$DesiredTech	10.7%	.0%	12.1%	15.4%	16.7%	15.4%	9.7%	50.0%	10.5%	10.0%	11.6%	12.0%	36.4%	.0%	.0%	26.9%	
	46 to 64	Count	34	4	15	6	5	27	20	0	13	28	27	16	3	1	3	11	116
		% within Age	29.3%	3.4%	12.9%	5.2%	4.3%	23.3%	17.2%	.0%	11.2%	24.1%	23.3%	13.8%	2.6%	.9%	2.6%	9.5%	
		% within \$DesiredTech	33.0%	66.7%	45.5%	46.2%	41.7%	51.9%	64.5%	.0%	68.4%	56.0%	62.8%	64.0%	27.3%	25.0%	100.0%	42.3%	
	65 years or older	Count	52	2	13	5	5	14	7	1	4	13	9	4	2	3	0	7	105
		% within Age	49.5%	1.9%	12.4%	4.8%	4.8%	13.3%	6.7%	1.0%	3.8%	12.4%	8.6%	3.8%	1.9%	2.9%	.0%	6.7%	
		% within \$DesiredTech	50.5%	33.3%	39.4%	38.5%	41.7%	26.9%	22.6%	50.0%	21.1%	26.0%	20.9%	16.0%	18.2%	75.0%	.0%	26.9%	
Total	Count	103	6	33	13	12	52	31	2	19	50	43	25	11	4	3	26	273	

		Age*\$Barriers Crosstabulation									
		\$Barriers ^a									
		B: Equip requirements (needs improvement, doesn't meet needs)	Unaware of what is available	Training/in stallation needed	Internet	Cell service	Cost	Issues with multi providers	B: None	Total	
Age	18-29	Count	2	0	0	4	2	7	1	1	11
		% within Age	18.2%	.0%	.0%	36.4%	18.2%	63.6%	9.1%	9.1%	
		% within \$Barriers	3.4%	.0%	.0%	8.3%	20.0%	6.8%	9.1%	2.7%	
	30 to 45	Count	9	0	0	10	1	26	1	4	34
		% within Age	26.5%	.0%	.0%	29.4%	2.9%	76.5%	2.9%	11.8%	
		% within \$Barriers	15.5%	.0%	.0%	20.8%	10.0%	25.2%	9.1%	10.8%	
	46 to 64	Count	31	4	7	26	5	46	6	15	102
		% within Age	30.4%	3.9%	6.9%	25.5%	4.9%	45.1%	5.9%	14.7%	
		% within \$Barriers	53.4%	50.0%	87.5%	54.2%	50.0%	44.7%	54.5%	40.5%	
	65 years or older	Count	16	4	1	8	2	24	3	17	67
		% within Age	23.9%	6.0%	1.5%	11.9%	3.0%	35.8%	4.5%	25.4%	
		% within \$Barriers	27.6%	50.0%	12.5%	16.7%	20.0%	23.3%	27.3%	45.9%	
Total	Count	58	8	8	48	10	103	11	37	214	

Age*\$changes Crosstabulation

		\$changes ^a									Total
		C: Better equip	Block telemarketing	Don't know what is available to me	None	Provider/c ell/VP company changes	Internet access	no high expenses	Community change		
Age	18-29	Count	6	0	1	2	1	1	0	1	10
		% within Age	60.0%	.0%	10.0%	20.0%	10.0%	10.0%	.0%	10.0%	
		% within \$changes	4.3%	.0%	9.1%	6.5%	20.0%	6.3%	.0%	4.8%	
	30 to 45	Count	24	0	0	3	1	5	5	1	32
		% within Age	75.0%	.0%	.0%	9.4%	3.1%	15.6%	15.6%	3.1%	
		% within \$changes	17.0%	.0%	.0%	9.7%	20.0%	31.3%	41.7%	4.8%	
	46 to 64	Count	66	1	8	11	2	9	5	14	93
		% within Age	71.0%	1.1%	8.6%	11.8%	2.2%	9.7%	5.4%	15.1%	
		% within \$changes	46.8%	50.0%	72.7%	35.5%	40.0%	56.3%	41.7%	66.7%	
	65 years or older	Count	45	1	2	15	1	1	2	5	65
		% within Age	69.2%	1.5%	3.1%	23.1%	1.5%	1.5%	3.1%	7.7%	
		% within \$changes	31.9%	50.0%	18.2%	48.4%	20.0%	6.3%	16.7%	23.8%	
Total	Count	141	2	11	31	5	16	12	21	200	

Age*\$TEDchanges Crosstabulation											
			\$TEDchanges ^a							T: Nothing	Total
			T: Discounts	Provide equipment	Better access to the program	Change internet	Better training	Try equipment out	Better information/knowledge		
Age	18-29	Count	4	7	0	1	0	2	2	2	12
		% within Age	33.3%	58.3%	.0%	8.3%	.0%	16.7%	16.7%	16.7%	
		% within \$TEDchanges	4.7%	10.0%	.0%	7.7%	.0%	4.9%	5.1%	7.4%	
	30 to 45	Count	19	14	2	2	1	5	6	2	33
		% within Age	57.6%	42.4%	6.1%	6.1%	3.0%	15.2%	18.2%	6.1%	
		% within \$TEDchanges	22.4%	20.0%	12.5%	15.4%	6.3%	12.2%	15.4%	7.4%	
	46 to 64	Count	38	28	10	10	8	20	23	4	92
		% within Age	41.3%	30.4%	10.9%	10.9%	8.7%	21.7%	25.0%	4.3%	
		% within \$TEDchanges	44.7%	40.0%	62.5%	76.9%	50.0%	48.8%	59.0%	14.8%	
	65 years or older	Count	24	21	4	0	7	14	8	19	72
		% within Age	33.3%	29.2%	5.6%	.0%	9.7%	19.4%	11.1%	26.4%	
		% within \$TEDchanges	28.2%	30.0%	25.0%	.0%	43.8%	34.1%	20.5%	70.4%	
Total	Count	85	70	16	13	16	41	39	27	209	

Survey Tools



TED Study Consumer Questionnaire

Thank you for agreeing to be part of this study. The reason for this questionnaire is to learn about your communication barriers and needs. This information will be shared with the Department of Human Services (DHS) Telephone Equipment Distribution (TED) program. There are no right or wrong answers to the questions. Your identity will stay private. Nothing you say or write will be linked to you. When I write my report, I will not use your name.

Questions or concerns? Contact Sara McGarraugh by email at: saras@theimprovementgroup.com or phone 651-447-5541.

Q1 Check here if you are submitting responses on behalf of a participant:

.....



■ ■

Demographics Continued (Page 2 of 6)

Q2 **How would you describe yourself?** (check all that apply)

Deaf

Deafblind.....

Person with hearing loss.....

Person with speech challenges.....

Person with limited mobility.....

Other.....

If you selected other, please describe:

Q3 **Where is your primary residence in Minnesota?**

Twin Cities Metro

Northeast

Northwest.....

Central

South

Q4 **How old are you?**

18-29 years old

30 to 45 years old

46 to 64 years old

65 years or older

■ ■
Preferred Communication (Page 3 of 6)

Q5 **What is your primary language?**

- English.....
- ASL.....
- Spanish.....
- Somali.....
- Hmong
- Other.....

If you selected other, please describe:

Q6 **How do you prefer to communicate with others? I use...**

- Voice/speech
- Sign language
- Tactile sign language
- Sign language tracking (Pro-tactile).....
- Assistive technology
- Other.....

If you selected other, please describe:

■ ■

Preferred Communication (Page 4 of 6)

Q7 Of the technology or assistance you currently use to communicate with others, **what do you prefer the most?** (**choose your top 3 from the whole list**; if you do not know what an item is, do not select it, we assume you do not use it)

- | | | | |
|--|--------------------------|--|--------------------------|
| TTY/TDD | <input type="checkbox"/> | Assistive listening device... | <input type="checkbox"/> |
| Captioned telephone | <input type="checkbox"/> | Tablet..... | <input type="checkbox"/> |
| Amplified telephone | <input type="checkbox"/> | Computer..... | <input type="checkbox"/> |
| Speech amplified telephone | <input type="checkbox"/> | Hands-free speakerphones & accessories | <input type="checkbox"/> |
| Cell phone (e.g. flip, iPhone, Android)..... | <input type="checkbox"/> | Ring signalers..... | <input type="checkbox"/> |
| Video Phone/Video Relay | <input type="checkbox"/> | Family or friend..... | <input type="checkbox"/> |
| Eye controlled assistive technology | <input type="checkbox"/> | PCA or SSP | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

If you selected other, please describe:

Q8 Why do you prefer this technology or assistance?

■ ■

Desired Communication (Page 5 of 6)

Q9 What technology or assistance do you **want to use for communicating, but do not?** (Select up to three; if you do not know what an item is, do not select it)

- | | | | |
|--|--------------------------|--|--------------------------|
| Nothing, I have everything I need | <input type="checkbox"/> | Assistive listening device... | <input type="checkbox"/> |
| TTY/TDD | <input type="checkbox"/> | Tablet..... | <input type="checkbox"/> |
| Captioned telephone | <input type="checkbox"/> | Computer..... | <input type="checkbox"/> |
| Amplified telephone | <input type="checkbox"/> | Hands-free speakerphones & accessories | <input type="checkbox"/> |
| Speech amplified telephone | <input type="checkbox"/> | Ring signalers..... | <input type="checkbox"/> |
| Cell phone (e.g. flip, iPhone, Android)..... | <input type="checkbox"/> | Family or friend..... | <input type="checkbox"/> |
| Video Phone/Video Relay . | <input type="checkbox"/> | PCA or SSP..... | <input type="checkbox"/> |
| Eye controlled assistive technology | <input type="checkbox"/> | Other | <input type="checkbox"/> |
- If you selected other, please describe:

Q10 **What are the barriers you face in accessing the communication tools and resources you need?** (For example: no or limited internet in my area; expensive data plans; no high speed internet; etc.)

■ ■

Changes Needed for Communication (Page 6 of 6)

- Q11 Imagine that you wake up tomorrow and **are able to access all the communication tools and resources you need.** What resources and tools are you using? What looks different from your life today?

- Q12 **What would need to change in order for the TED program** (a state program designed to reduce barriers to communication) **to best meet your communication needs?** (e.g. would like an opportunity to try out equipment at home, would need TED to pay for my phone data plan)

- Q13 Is there any additional information you would like to share? If so, please comment.

Thank you for your time!

■ ■

Interview Protocol for State Agencies

1. Tell me about the program
2. How did this program get started? What initiated it? How did the funding work to get it? Policies and relationships needed?
3. What is working well about it?
4. What are some challenges or issues you are seeing in its implementation? Waiting lists? Having enough money? Were you worried about this at all?
5. What might be some considerations you would recommend for Minnesota if they wanted to implement?
6. Minnesota is thinking about how to advocate for the use of telecommunication funds to expand/provide greater internet access in rural MN. Has your state done anything to improve internet/high speed access to people who are deaf, deafblind, hard of hearing, etc?

Interview Protocol for Social Service Providers

1. People who are deaf, deafblind, have hearing loss, speech challenges, and/or limited mobility face communication barriers. Tell me about the kinds of communication barriers you see each of these populations facing.

Prompt for:

- a. *Deaf*
- b. *Hearing loss*
- c. *DeafBlind*
- d. *Speech challenges*
- e. *Limited mobility*

2. What types of technology or assistance have you seen individuals using to communicate with other people that seem to best meet their needs?

Prompt for:

- a. *Deaf*
- b. *Hearing loss*
- c. *DeafBlind*
- d. *Speech challenges*
- e. *Limited mobility*

3. What communication needs do you believe are not being met in these communities?
(prompt for which communities experience this)
4. What are the barriers to meeting these communities' needs? *(prompt for service delivery as well as policy and individual barriers)*
5. Imagine that all of your clients with communication barriers have equivalent communication access. What does that look like? What did it take to get there?
6. What other opportunities do you see for the TED program to address the communications needs of these communities?

Minnesota Department of Human Services Deaf and Hard of Hearing Services Division

Service Delivery for Minnesotans who are Deaf, DeafBlind
and Hard of Hearing: Final Report

June 2016

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EXECUTIVE SUMMARY

The Minnesota Department of Human Services (DHS), through its Deaf and Hard of Hearing Services Division, (DHHSD) contracted with Public Consulting Group (PCG) to conduct a study of needs of Minnesotans who are deaf, deafblind, and hard of hearing, and the operations of DHHSD.

To accomplish the goals of the study, PCG met with and interviewed DHHSD staff, and conducted surveys of consumers, grantees, and DHHSD staff. PCG conducted five town hall meetings across the state and two stakeholder meetings. PCG also met with the steering committee overseeing the study both at the beginning of the study and the end of the study. The steering committee consisted of representatives from the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans and from DHHSD. Throughout the report, themes are identified regarding the current organizational structure, the current staffing model, the funding model, and specifically the deafblind consumer directed services program.

This report should be used as a call to action for DHS and DHHSD. The study reveals many themes, but most importantly DHHSD currently lacks a clear mission, vision, and plan to serve individuals who are deaf, deafblind, and hard of hearing. While staff work very hard with the limited resources they have, there is no clear strategic plan regarding how to best deliver effective services to people who need them most.

While there are many recommendations contained under the conclusion and recommendation section, the two most critical next steps that would lead to systems change are:

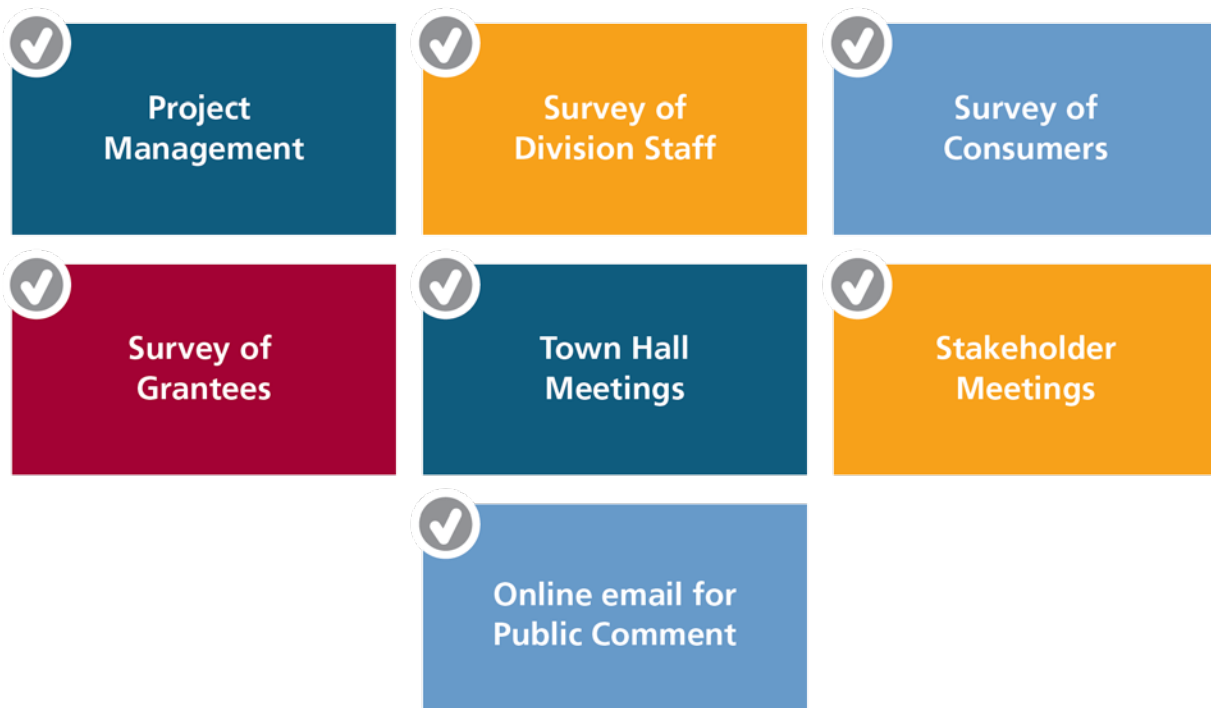
1. DHHSD should develop and implement a strategic plan with measurable goals, outcomes, and action steps. The areas of focus should be developed in conjunction with other stakeholders and include the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans and the interagency management team known as the Quad Agency Team (see page 6)
2. DHHSD should commission and participate in a statewide gap analysis to a) determine the current services available to people who are deaf, deafblind, and hard of hearing, b) identify gaps, and c) work to alleviate the gaps including; redefining the DHHSD service delivery system as needed. Using this analysis, DHHSD should develop clear service descriptions and definitions that can be communicated to consumers, stakeholders, and other interested parties.

Individuals who are deaf, deafblind, and hard of hearing, along with stakeholders and grantees, all indicated that for DHHSD to be successful, this report should be used as a roadmap to begin planning for sustainable change. The report includes four attachments with full survey information and consumer and stakeholder feedback.

STUDY METHODOLOGY

The Minnesota Department of Human Services, through its Deaf and Hard of Hearing Services Division (DHHS), contracted with Public Consulting Group (PCG) to conduct a study of the needs of Minnesotans who are deaf, deafblind and hard of hearing and the operations of the Deaf and Hard of Hearing Services Division. The study included a review of the organizational structure, delivery of services, and programs as well as an in-depth analysis of findings and recommendations for strengthening the Division’s work to meet the current and future needs of all Minnesotans who are deaf, deafblind and hard of hearing.

To accomplish the goals of this study, Public Consulting Group conducted the following activities:



Division Staff Survey

PCG surveyed DHHS regional office staff. The purpose of the survey was to understand the work they do and their daily tasks. Prior to the survey, the regional office staff received instructions about the purpose of the survey and directions on how to complete the survey. DHHS regional staff used a Survey Monkey link to access the survey every business day in February 2016 (see attachment 1 for complete survey results). Staff were able to email PCG if they had any problems completing the survey each workday. Some of the problems staff had experienced included a lack of access to broadband internet or being absent from work. The daily link to the survey expired at midnight each day.

Consumer Survey

PCG developed a consumer survey to identify gaps in services, determine which services DHHS regional offices did a good job providing, and to understand the barriers consumers have in accessing

services (see attachment 2 for the full survey results). A total of 33 consumers out of 134 contacted responded to the survey, though not all 33 responded to all questions. PCG also provided an email address to the public to provide additional comments. From the email address, we received 171 additional comments.

Grantee Survey

PCG sent a survey to grantees that receive funding from DHHSD to get their thoughts on identifying service gaps (see attachment 3 for the full survey results). Twenty (20) surveys were sent and eight (8) grantees responded. The grantees who completed the survey serve 100% of the 87 counties in the state of Minnesota. Some grantees provide services regionally and some provide services statewide.

Town Hall Meetings

PCG hosted five town hall meetings across Minnesota to get an understanding of DHHSD's strengths and areas for improvement. These meetings were by invitation only. Invitations came from DHHSD to groups of consumers and stakeholders. PCG held the meetings in Bemidji, Grand Rapids, Willmar, Owatonna, and Minneapolis. At the Minneapolis meeting, PCG met with members of the refugee population who are deaf and hard of hearing. Interpreters and real-time captioning were available at all the meetings to facilitate communication.

Stakeholder Meetings

PCG hosted two stakeholder meetings in St. Paul. The purpose of these two meetings was to share the preliminary results of the study and to get input on the themes and potential recommendations. The stakeholders' input was used in the refinement of the themes and recommendations for this report.

Public Email Address

PCG provided an email address for consumers, stakeholders, family members, or other interested people to use as an additional way to provide comments during the project. The email address was given at all meetings and published on the DHS's public comment site and DHHSD website. It was disseminated to DHHSD email groups and to the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans email group and website. PCG received 171 comments via the public email address (see attachment 4 for full review of all comments received).

Using the data collected through each activity listed above, PCG identified major themes and developed recommendations for DHHSD and the state of Minnesota. These recommendations are focused on how to improve services for Minnesotans who are deaf, deafblind, and hard of hearing.

PCG does not address the Telephone Equipment Distribution (TED) program in this report. A separate study was conducted during the same time as this study and the report from that study includes recommendations for the TED program.

ORGANIZATIONAL ASSESSMENT

According to Minnesota statute 256C.233, the responsibilities of the Deaf and Hard of Hearing Services Division include:

Subdivision 1. **Deaf and Hard-of-Hearing Services Division.**

The commissioners of human services, education, employment and economic development, and health shall create a distinct and separate organizational unit to be known as the Deaf and Hard-of-Hearing Services Division to address the developmental, social, educational, and occupational needs of deaf, deafblind, and hard-of-hearing persons through a statewide network of collaborative services and by coordinating the promulgation of public policies, regulations, legislation, and programs affecting deaf, deafblind, and hard-of-hearing persons. An interdepartmental management team shall advise the activities of the Deaf and Hard-of-Hearing Services Division. The commissioner of human services shall coordinate the work of the interagency management team and receive legislative appropriations for the division.¹

Subdivision 2. **Responsibilities.**

The Deaf and Hard-of-Hearing Services Division shall:

- (1) establish and maintain a statewide network of regional service centers for deaf, deafblind, and hard-of-hearing Minnesotans;*
- (2) assist the Departments of Human Services, Education, and Employment and Economic Development to coordinate the promulgation and implementation of public policies, regulations, legislation, programs, and services affecting deaf, deafblind, and hard-of-hearing persons; and*
- (3) provide a coordinated system of statewide interpreting or interpreter referral services.*

Subdivision 3. **Health.**

The commissioner of health shall establish standards for screening for hearing loss with special emphasis on screening of persons from birth through school age and persons over age 65.

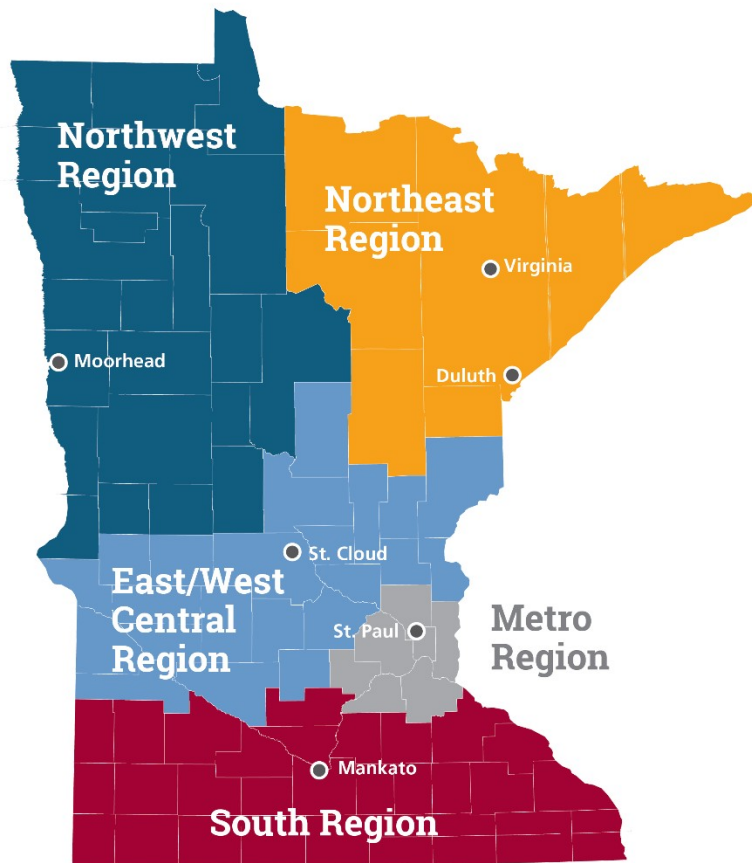
Subdivision 4. **State commissioners.**

The commissioners of all state agencies shall consult with the Deaf and Hard-of-Hearing Services Division concerning the promulgation of public policies, regulations, and programs necessary to address the needs of deaf, deafblind, and hard-of-hearing Minnesotans. Each state agency shall consult with the Deaf and Hard-of-Hearing Services Division concerning the need to forward legislative initiatives to the governor to address the concerns of deaf, deafblind, and hard of hearing Minnesotans.

¹ This interagency management team is also known as the “Quad Agency team.”

Organizational Structure

The Minnesota DHHS is comprised of regional offices in the following locations in Minnesota.



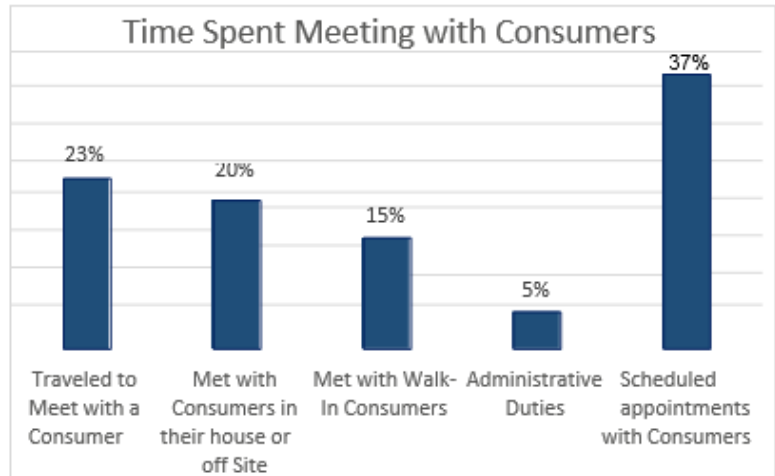
The regional offices are supported by the central administrative office located in St. Paul. Staff in the regional offices include a regional manager, administrative assistant, DHHS specialist, mental health specialist and TED specialist. Three of the offices have staff interpreters. The number of DHHS specialists varies by region. There are eight full-time DHHS specialists across the state of Minnesota. Three of the five regional managers have split duties and are half-time regional managers and half-time DHHS specialists.

Deaf and hard of hearing specialists develop resources and programs, consult, educate and provide technical assistance to agencies serving people who are deaf, deafblind and hard of hearing, provide direct services to consumers, and offer hearing-loss-related training. Mental health specialists provide therapy, case management, crisis intervention and aftercare planning service. Staff interpreters provide interpreting services for staff who are deaf and hard of hearing, assist consumers in obtaining interpreting services, and work with local interpreters to improve services. TED specialists provide telephone equipment to eligible individuals who have disabilities that prevent them from using standard telephone equipment. Regional managers supervise the regional offices and participate in the DHHS management team. Administrative assistants provide clerical support to the office and are often the first point of contact from consumers.

Regional office activities are very broad, and the regional office staff are able to prioritize what they want to focus on. The regional offices act as access points for individuals who are deaf, deafblind, and hard of hearing, families, and service providers and agencies in their areas. If a consumer calls a regional office outside their home region, they are referred to the appropriate regional office as designated by the regional boundaries.

Regional offices in Greater Minnesota cover large rural areas of the state. The Twin Cities metro region covers a smaller geographic area but has a much larger population. In recent years, budget cuts have forced the closing of two offices in the state and required other offices to consolidate. The physical space used by the DHHSD offices does not meet the space needed for the number of staff in each office. Examples include: not enough rooms to meet with consumers who have appointments and small meeting room spaces for hosting meetings.

As part of the DHHSD staff survey, PCG asked about the time spent with consumers both in the office and in the consumer’s home. The percent of time staff spent meeting with walk in consumers was 15% compared to 37% of the staff time spent with



consumers with scheduled appointments. Staff spent 20% of their work hours meeting in consumers’ homes, while 23% of the staff hours were travel time to meet with a consumer.

“The survey results show staff spend more time traveling to meet with people in their homes, than actually being with the consumers assisting them.”

The survey results show staff spend more time traveling to meet with people in their homes, than actually being with the consumers assisting them. This is likely due to the large rural areas covered by a number of the regional offices.

Staff were asked if regional offices work together to have staff in the closest proximity to the consumer’s home meet with the person. We learned that staff only work in their assigned geographic area and these areas do not overlap. The only exception to this geographic designation issue was the mental

health specialists, who indicated they would cover for each other when necessary, and may serve clients from other regions.

As part of the grantee survey, PCG asked respondents to indicate if they agreed with the current locations of the regional offices and 100% of the grantee respondents indicated “yes”.

In the consumer survey, people were asked to describe any problems experienced when accessing services through DHHSD regional offices. Twenty (20) consumers said they have not had issues, two had not attempted to contact their regional office, and four shared areas for improvement as detailed below:

- o Two consumers said the regional office staff are sometimes difficult to contact and communication is slow. One of these consumers stated once contact had been made, services were provided in a timely manner.
- o Two consumers cited specific instances in which they had not been able to access services they needed through DHHSD regional offices, which included help finding American Sign Language classes for a child in need of services, and assistance finding an attorney who could assist the person at reduced cost.

During the town hall and stakeholder meetings, participants stated the regional office structure did not provide the needed resources for the deaf and hard of hearing population. While everyone indicated the staff worked very hard and did what they could, many indicated there were not enough staff and that their offices were not in the best locations across the state. During a town hall meeting, a person who is deaf stated the regional office is so far away from her home she would not be willing to access their services. She also stated she did not have broadband access to contact the office using a video phone.

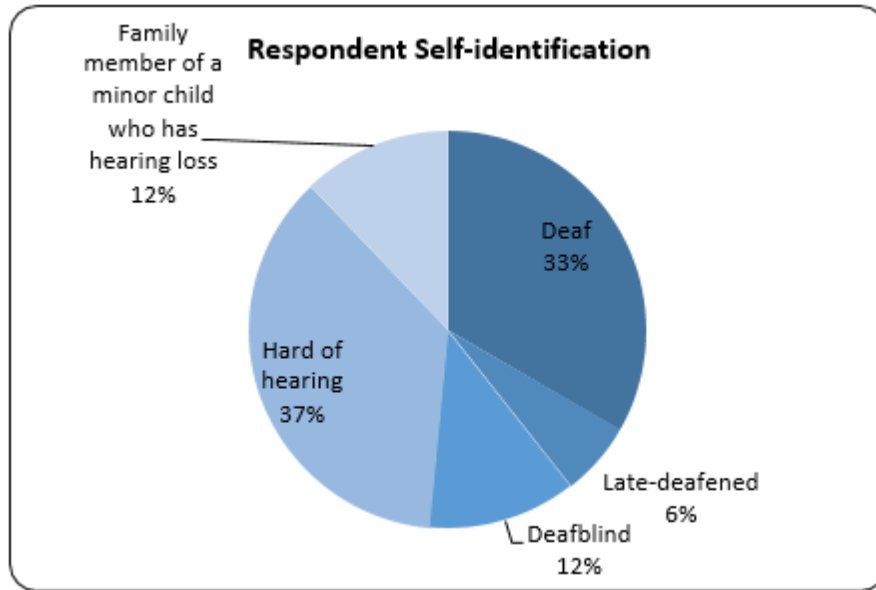
Individuals at town hall meetings stated since the budget cuts, there were changes in how the regional offices worked. These changes include DHHSD regional office staff traveling less often to provide training, meet with employers, and attend community meetings with consumers.

Service Delivery

DHHSD delivers services directly through its regional offices and indirectly through grant funded programs. Grant funded programs are provided for interpreter-related services, deafblind services, deaf and hard of hearing mentors for families, adult and children's mental health services, and local TV news captioning. Grant funded programs are provided by agencies and organizations within the community.

Direct services are provided in the DHHSD mental health program, the TED program and through the regional offices. As described by division staff, consumers, and stakeholders, DHHSD regional offices are the "catch all" for providing both direct services and indirect services such as advocacy and community trainings for individuals who are deaf, deafblind, and hard of hearing. A variety of consumers contact the division for services. The respondents from the consumer survey included the following populations:

Of the 33 respondents, 12 identified themselves as hard of hearing, with nearly as many (11) identifying as deaf. Four respondents described themselves as deafblind, and the same number identified as the family member of a minor child with a hearing loss. Finally, two people described themselves as late-deafened.



Respondents came from a total of 20 counties across the state of Minnesota, and all respondents have accessed services through DHHSD. While this representation and participation in the consumer survey was low, it makes sense based on what people described as “system fatigue.” System fatigue is when consumers have stated before, they wanted a change to DHHSD services but it has not occurred. Consumers become reluctant to provide feedback after a while because they do not believe it will make a difference.

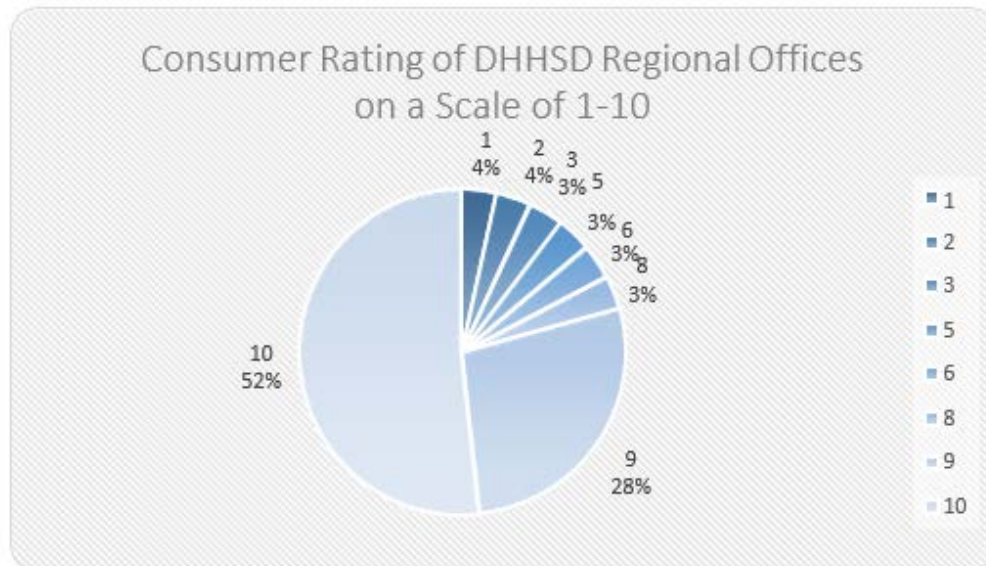
To better understand the current service offering of DHHSD, and to assist in the development of the consumer surveys and questions for town hall meetings, PCG asked DHHSD to provide a document containing their current service offering. The following information was reported by the division staff:

<ul style="list-style-type: none"> • Direct consumer assistance to help people who are deaf, deafblind and hard of hearing and their family members: <ul style="list-style-type: none"> ○ Ensure communication access services from other agencies ○ Coordinate services with other agencies ○ Get information and materials about hearing loss and available services ○ Identify and solve day-to-day independent living problems ○ Learn about assistive technology
<ul style="list-style-type: none"> • DeafBlind Consumer Directed Services program <ul style="list-style-type: none"> ○ Regional offices staff work with program participants to develop and monitor annual Service and Budget Agreements; services and goods are purchased through a fiscal support entity with grant funding
<ul style="list-style-type: none"> • Training and consultation to agencies to make their services more accessible
<ul style="list-style-type: none"> • Assistive technology demonstration labs for individuals with hearing loss, family and friends and the general public to learn about assistive technology related to hearing loss and to try out (in the lab, not for loan) different technology options
<ul style="list-style-type: none"> • Lending library in Greater Minnesota offices for hearing loss related documents, CDs, DVDs

<ul style="list-style-type: none"> Information, referral and technical assistance for the general public on hearing loss, assistive technology, community resources and supports
<ul style="list-style-type: none"> Collaborate service providers who are assisting deaf consumers develop independent living skills; i.e. securing and maintaining housing and managing a budget.
<ul style="list-style-type: none"> Identify optional ways to resolve employment challenges without using a law suit as the initial option or quitting a job.
<ul style="list-style-type: none"> Northwest regional office works with local partners to offer hearing aids at a reduced cost.

The services listed above have been grouped into broad areas, and it is important to note there are other services staff provide according to the survey and town hall meetings. Each regional office has the autonomy to provide an array of services, and each region tailors their offering to the community they currently serve.

As indicated by internal and external stakeholders, this model of practice is challenging because consumers do not know what the service menu or options that may be provided by the division and therefore do not always access needed services due to regional variations. As shown in the chart below, when asking consumers to rate services by DHHSD regional offices on a scale of 1-10 (with the higher the number meaning the better the office is), 19 out of 29 consumers who answered the question, or 80 percent, rated the offices as a nine or ten. One respondent rated the offices as an eight, one respondent rated the offices as a 6 and four respondents rated the offices as a 5 or below. While consumers and stakeholders like the idea of regional flexibility, it results in them having difficulty knowing what assistance DHHSD can provide.



When consumers were asked if they would recommend DHHSD regional offices to others, 28 out of 29 said yes. The consumer who gave an answer of “no” stated they could not recommend services, **because they are unaware of what services regional offices provide.**

Consumers were asked how often they reach out to their local regional office. The results showed that seven consumers reach out to regional offices frequently, nine consumers reach out a few times per year, nine consumers said they have reached out a few times in the past, and three consumers said they have never contacted regional offices.

The primary reason for consumers contacting regional offices was to seek assistance/counseling in the areas of technology and transition. Five consumers stated they have used regional offices for assistance in employment training or technology related to employment.

Consumers were asked if there are services that the DHHSD regional offices do not provide and four consumers said yes.

- One consumer stated community meetings for people who are deaf or hard of hearing should provide assistance so people who are deafblind have equal access to participate.
- One other consumer stated she would like deafblind supports.
- One person requested more on-the-job supports, technology and advocacy.
- One person requested support in helping family members to become fluent in ASL.

Similar themes were raised during the town hall and stakeholder meetings. PCG asked if DHHSD has a listing of service definitions for the services offered. The division was not able to give a detailed set of services for each office or definitions of the services they provide for consumers. The explanation provided is, the division and the regional offices' understanding of the current laws governing them require that they must provide anything needed by a consumer, stakeholder, or family member. During town hall and stakeholder meetings, people praised DHHSD staff and stated DHHSD is doing the best they can, however, consumers and stakeholders described the confusion they experience when accessing the services provided by DHHSD compared to the clear information from other service providers in the community. When asking grantees what would improve the services provided by DHHSD, three people said additional staff, one said geographic location, and one stated it seems there is inconsistent knowledge from region to region about the population who is deaf and hard of hearing they need to reach out to.

Technology

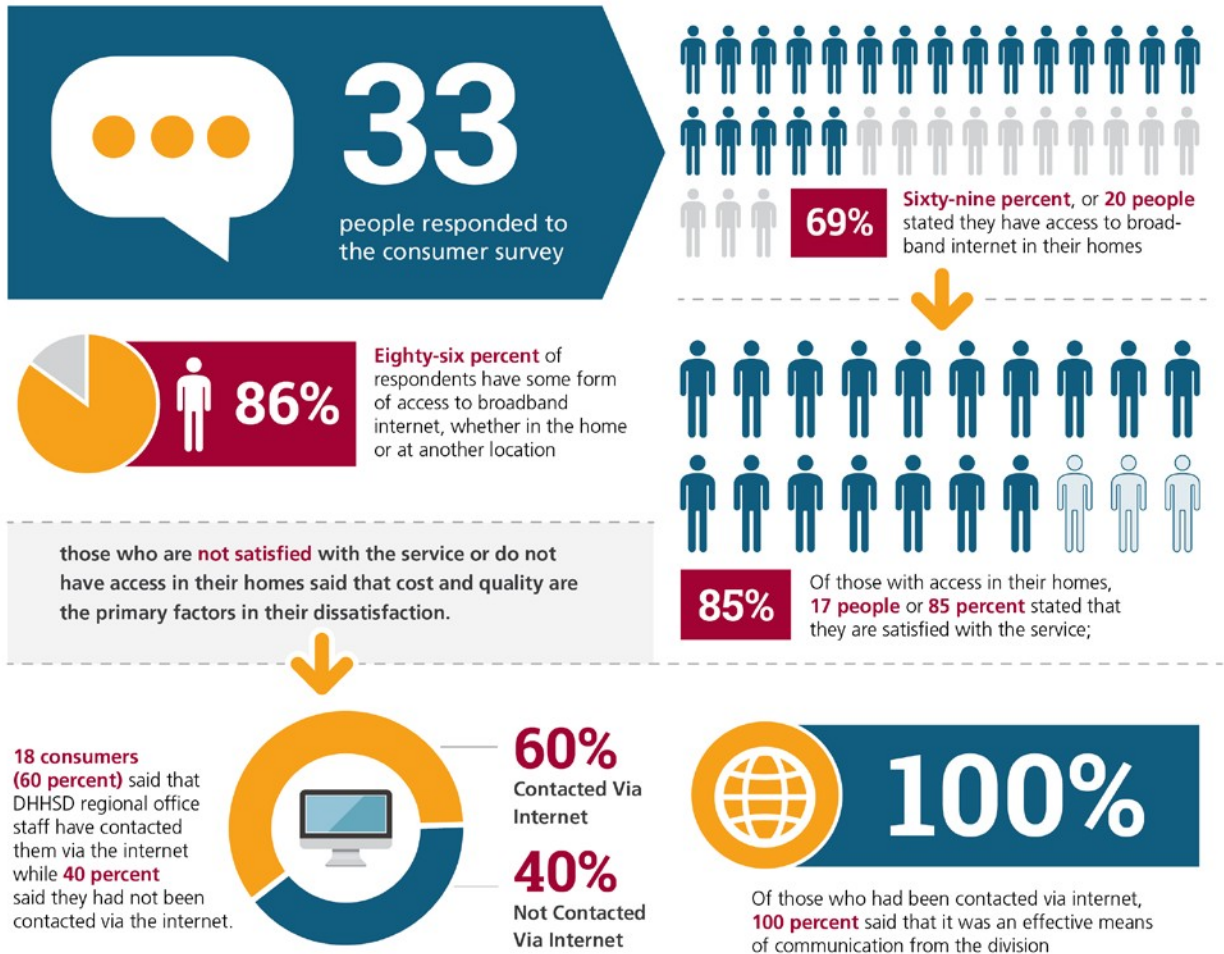
Communication access is vital to individuals who are deaf, deafblind, and hard of hearing. DHHSD can assist individuals with getting communication access. However, consumers in greater Minnesota often do not have access to broadband internet which limits their ability to have communication access. For consumers in larger metropolitan areas of the state, the financial burden of obtaining and maintaining broadband internet is another barrier to consumer access. While technology is a great resource for providing communication access, according to consumers and stakeholders it must be readily accessible and be used together with in-person interpreters.

“Access to internet, especially broadband internet, is not readily accessible to consumers who rely on it to communicate with others to get their needs met.”

Access to internet, especially broadband internet, is not readily accessible to consumers who rely on it to communicate with others to get their needs met. As indicated by the graphic below, of the 33 people who responded to the consumer survey, sixty-nine percent (69%), or 20 people stated they have access to broadband internet in their homes. Eighty-six (86%) percent of respondents have some form of access to broadband internet, whether in the home or at another location.

Of those with access in their homes, 17 stated they are satisfied with the service; those who are not satisfied with the service or do not have access in their homes said that cost and quality are the primary factors in their dissatisfaction.

Eighteen consumers (60 percent) said that DHHS regional office staff have contacted them via the internet, while 40 percent said they had not been contacted via the internet. Of those who had been contacted via internet, 100 percent said that it was an effective means of communication from the division.



During town hall and stakeholder meetings, people stated the lack of internet access or the quality of the access in the rural areas leads to ongoing isolation for those who are deaf, deafblind, and hard of hearing. For people in metro areas, the lack of options for reduced cost internet access for persons who are deaf, deafblind, or hard of hearing has the same effect. Consumers identified in the survey that if they had access to quality internet at a fair price, their communication access would be greatly improved with DHHS and with others.

Consumers, stakeholders, and family members also expressed in town hall and stakeholder meetings that VRI (Video Relay Interpreting) is becoming the primary form of technology being used to communicate with individuals who are deaf and hard of hearing in place of in-person interpreters. While

“While technology is seen favorably by the community, the use of VRI is not always the best alternative to in-person interpreters.”

technology is seen favorably by the community, the use of VRI is not always the best alternative to in-person interpreters. An individual who is deaf described being in a hospital during an emergency and having to look at a small VRI screen to try and communicate with his doctor. While using VRI is cost effective for businesses, consumers want DHHS staff to educate these businesses about when it is appropriate to use technology versus an in-person interpreter service. According to individuals, this is an area where advocacy is needed, and they want DHHS to lead the effort.

As part of the consumer survey, PCG asked respondents to provide suggestions about how the use of technology could improve communication with the DHHS office. Ten out of 22 respondents offered recommendations. Four consumers stated they would like access to computers, tablets and other technology. One respondent stated while a family member had access to an iPad, it was not being used to its full potential, so more training on the use of available technology would be beneficial. One person stated more access for rural populations is needed. One person said larger print and more access to ASL formatted communication would be helpful.

Eight of the thirty consumers responding to the consumer survey made recommendations for how DHHS regional offices can better serve them and their families. One consumer stated assistance for consumers who are deafblind with their costs for higher education would be beneficial. Two consumers stated DHHS regional offices should market themselves and conduct more community outreach so consumers know what services are available. One person stated the use of more icons and pictures would be helpful to make the website more user-friendly. One person stated an increase in funding for interpreters at community meetings would help.

When consumers were asked through the survey what services DHHS regional offices should focus on over the next one to five years, 17 people responded with the following:

- o Regional offices should focus on outreach and increased services to consumers who need them the most, including additional public relations with the community, and public awareness about individuals who are deaf, deafblind, and hard of hearing (3 people).
- o More assistance is needed to help consumers who are deaf, deafblind and hard of hearing in the workplace through the use of technology, employer education and advocacy (2 people).
- o DHHS should take on a more political role in advocating for the rights of people who are deaf, deafblind and hard of hearing (2 people).
- o More mental health counseling services should be made available (2 people).
- o Emergency preparedness technology and training should be a focus (1 person).
- o Access to technology is important, including more information, access, and affordability, and it was noted that “looping” technology is prohibitively expensive (4 people).
- o Rural Minnesotans need more services especially in Northwest Minnesota (1 person).
- o Services across the lifespan are needed: for children in school, adults who need assistance to work and aging consumers who are losing their hearing (1 person).
- o Regional offices should work to minimize the use of VRI in place of interpreters (1 person).

Mental Health Services

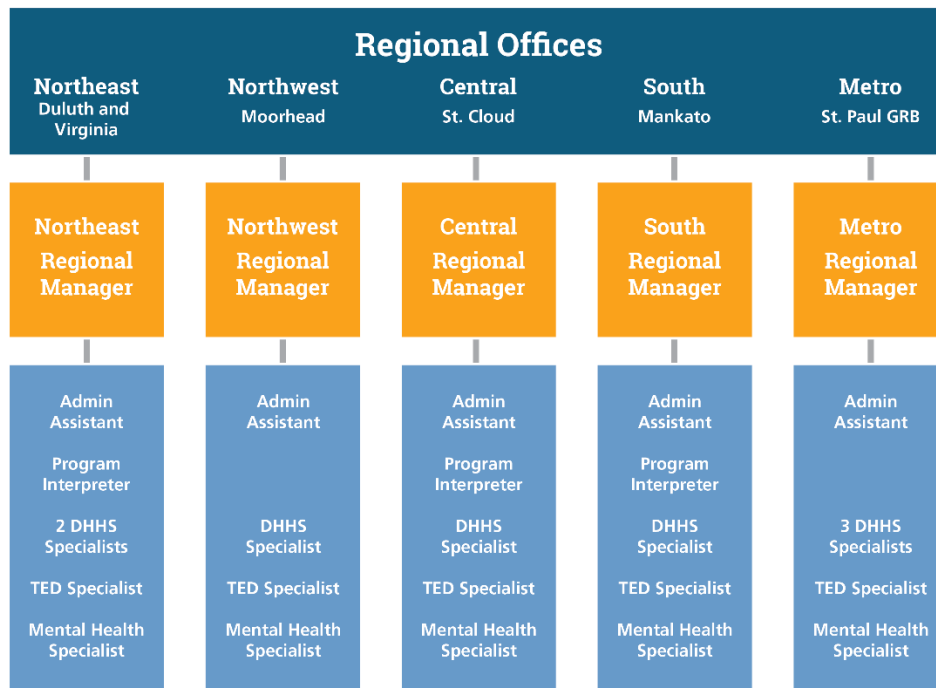
Regarding mental health services for consumers who are deaf, deafblind, and hard of hearing there were several needs identified both through survey’s, town hall meetings, and via the email address. The themes included were:

- Psychiatric services available in American Sign Language.
- Mental health practitioners qualified to do culturally and linguistically appropriate testing and diagnostics
- More mental health services available to avoid waiting periods to get services and to serve rural areas of the state
- Specific mental health services such as support groups for people who are deafblind, for people who are aging and losing their hearing and for people who are late deafened.

STAFFING ASSESSMENT

Staffing Analysis

The regional office functional organizational chart with positions in each office, as of September 2015, is below. The number of staff in each region is often determined by funding availability and by the regional manager’s assessment of where staff are needed across the state. There are thirty-one staff who are working in the regions.



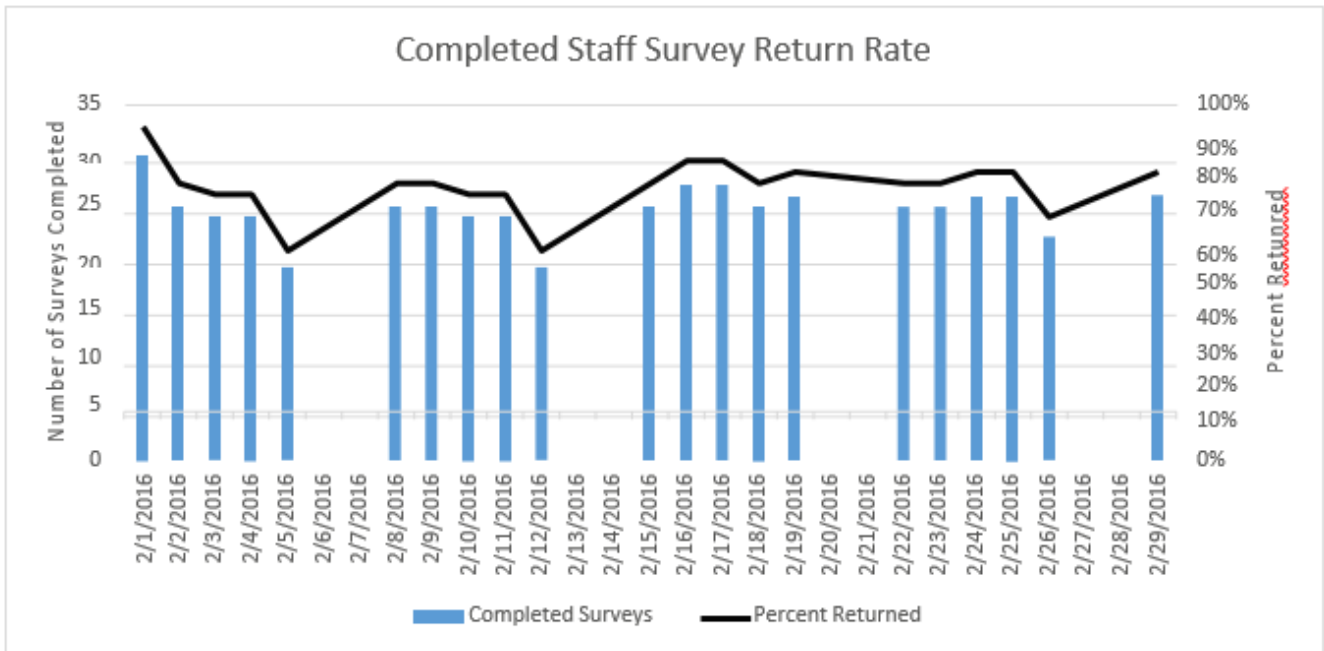
Regional office staff include a regional manager, administrative assistant, DHHS specialist(s), mental health specialist, TED specialist, and interpreter (in three offices).

1. Regional Manager - This position exists to lead, manage, and supervise regional resources and staff for deaf and hard of hearing people within the Department of Human Services (DHS), Deaf and Hard of Hearing Services Division (DHHSD). This position also supervises the regional community program specialists with the Telephone Equipment Distribution (TED) Program that is

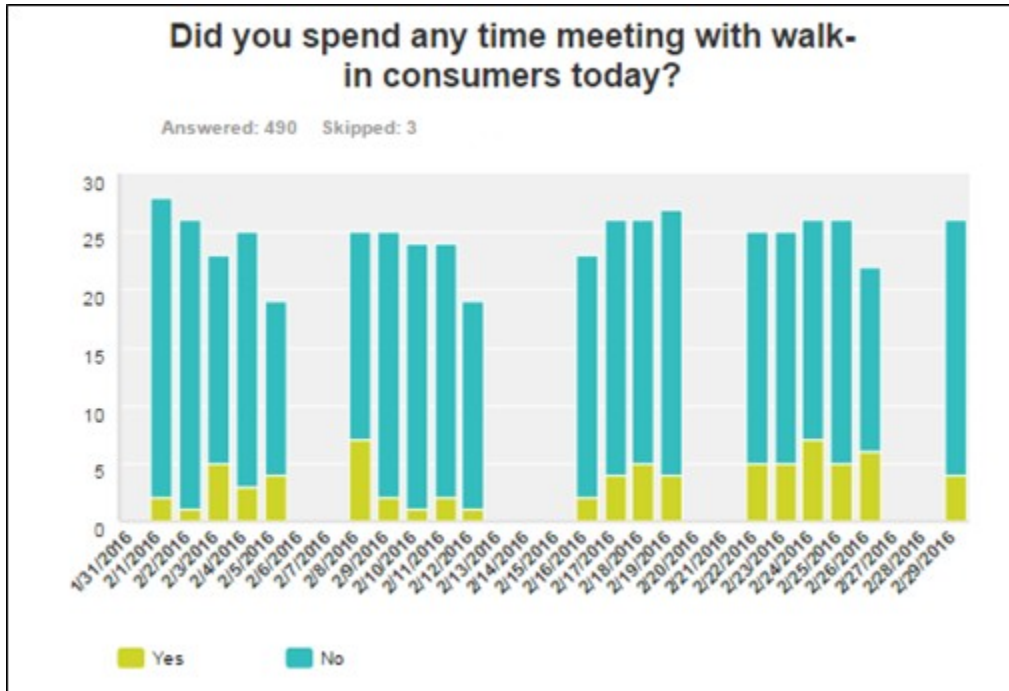
- a part of the Telecommunications Access Minnesota (TAM) mandate. The Deaf and Hard of Hearing Service Division (DHHS) regional centers are mandated by the Deaf and Hard of Hearing Services Act (DHHSA), MS256C.24. The TED Program is required under MS237.51.
2. Administrative Assistant - This position exists to provide excellent oral, signed, and written communication and follow up services to consumers and agencies and to provide administrative services for DHHS staff. This position requires the ability to work independently and manage multiple priorities to accomplish tasks within a required time frame. This position also requires the coordination of complex clerical duties for Deaf and Hard of Hearing Services and the Telephone Equipment Distribution Program.
 3. DHHS Specialist - Per Minnesota Statutes 1994, section 256C.24, amended in 1996, this position exists to ensure that DHHS Regional Offices serve as a central entry point for Minnesotans who are deaf, deafblind and hard of hearing in need of public and private services. This position develops resources and programs, consults, educates and provides technical assistance to agencies serving people who are deaf, deafblind and hard of hearing, and provides direct services to consumers.
 4. Mental Health Specialist – This position provides direct mental health services to adults who are deaf, deafblind and hard of hearing coping with mental health issues.
 5. TED Specialist – This position interviews applicants, determines eligibility, evaluates applicant's telecommunications needs, assigns equipment to eligible applicants, and provides training and follow-up services to those who receive equipment from the TED program.
 6. Interpreter – This position provides sign language interpreting services to staff and consumers of DHHS and provides information, advocacy, training and technical assistance regarding communication accessibility.

The survey of DHHS staff included the following positions: regional managers, TED specialists, DHHS specialists, administrative assistants, and mental health specialists. During the month of February 2016, 493 survey responses were received by PCG, and the chart below shows the number of responses received from staff. If staff were not able to complete a survey because they were out of the office, they were instructed to email PCG staff. PCG received 493 survey responses, which is a between a 70-80% return rate².

² Exact return rate is contingent on the number of staff in work status (meaning at work and not on vacation or other leave) each day. This information was not available to PCG.



Based on the survey results received by PCG during the month of February, we were able to get a good picture of how regional office staff spend their time. A key question was whether offices across the state were seeing heavy hours of walk-in traffic in each office across the state. As depicted in the graphic below, on most days less than ten hours were spent with walk-ins across the entire population of staff answering the survey for the day. As indicated in the graphic, the less people who answered the survey for the day, the less walk-ins were recorded. ***It appears toward the end of the month there were more walk-ins than earlier in the month.***



PCG analyzed the data by regional office to have a better understanding of how many hours were spent on scheduled time with consumers including in person and on the phone. Of the total hours of in person time across the state, the Southern region spent more hours off site visiting with consumers, and spent more hours during the month in person with consumers. **However, by phone, the metro area spent considerably more hours than the rest of the regions with consumers on the phone. This is particularly interesting as most of those hours were unscheduled.** Therefore, the staff did not have time to prepare for the call before speaking with the consumer.

Findings by Region

Regional Data All staff *includes Mental Health Specialists							
Region	In Person Hours February			In person Total	Phone Hours February		Phone Total
	Scheduled	Walk In	Off site		Scheduled	Unscheduled	
Northeast	40.25	5.55	24.00	69.80	18.35	48.00	66.35
E-W Central	48.05	17.50	24.25	89.80	16.25	68.75	85.00
Northwest	12.50	4.60	8.75	25.85	5.75	40.34	46.09
Metro	39.75	6.00	19.00	64.75	16.05	125.41	141.46
South	48.00	6.50	39.00	93.50	6.45	41.28	47.73

PCG also analyzed the same data, taking out the mental health specialists, to gain a better understanding of how DHHS specialists' time was being spent. In regards to in-person time, the E-W Central office spent more time than any other region with consumers in person, with most of the hours being scheduled. While the metro office continued to surpass the rest of the state in time spent on the phone with consumers, most of those hours being unscheduled.

Regional Data without Mental Health Specialists							
Region	In Person Hours February			In person Total	Phone Hours February		Phone Total
	Scheduled	Walk In	Off site		Scheduled	Unscheduled	
Northeast	18.75	5.50	14.50	38.75	3.85	35.00	38.85
E-W Central	30.05	17.00	17.75	64.80	12.75	42.25	55.00
Northwest	6.50	3.85	3.75	14.10	0.75	33.09	33.84
Metro	20.75	6.00	7.50	34.25	15.55	114.41	129.96
South	27.50	4.50	24.75	56.75	3.50	14.85	18.35

Key Takeaways from Staff Survey:

1. The majority of regional staff time is spent working with consumers in the office either via phone or in person.
2. Consumers do not frequently utilize the regional offices without an appointment.
3. The majority of interactions with clients is conducted via phone or video conference versus in-person visits.³
4. The majority of phone and video calls completed were unscheduled: 65% unscheduled, 19% scheduled.
5. 32% of respondents made calls on behalf of the consumer to other agencies.
6. 91% of respondents spend time completing administrative duties and filing paperwork. These respondents spent 5% of their time on these duties.
7. There doesn't appear to be a trend regarding when clients come into the office for scheduled or unscheduled appointments.

The charts above show that regional office staff meet with consumers both in person and by phone and videophone. When consumers schedule appointments they are not required to identify a reason/purpose for the meeting so staff often do not know the reason for the meeting or needs of the consumer in advance. The consumer may have needs requiring multiple calls and/or in person visits to address their needs. While grantees and consumers indicate they are mostly satisfied with the work of the division, both groups note there is a lack of staff to assist consumers. In both town hall and stakeholder meetings, individuals indicated staff is overworked, and therefore, services are delayed to consumers.

During interviews with division staff, consumers and stakeholders, succession planning surfaced as a concern. Individuals talked about how knowledgeable the DHHS staff are and that many of the staff are long time employees. The knowledge and experience result in staff being able to refer consumers to needed resources and to appropriately advocate on their behalf. In town hall meetings, consumers expressed concern that many staff will soon be retiring and that new staff who will assume the responsibilities may not have the same level of knowledge and experience, and this will have a negative impact on services. Many suggested succession planning be explored by DHHS in the next twelve months.


³ This data includes all staff positions.

Another factor related to staffing is the perception that the staff lack a clear understanding of other resources and services in the community. During town hall and stakeholder meetings, many indicated that DHHSD, due to the lack of staffing, is unable to attend meetings with other providers who serve individuals who are deaf and hard of hearing.

In speaking with the other service providers, they believe there is potentially a duplication of work occurring between DHHSD and the non-profit providers. For example, DHHSD may be helping a consumer with employment related issues, while the vocational rehabilitation office is also assisting the same consumer. As demonstrated in the state of Texas, the vocational rehabilitation system and the deaf and hard of hearing agency had streamlined communication regarding each agencies activities and responsibilities.

While DHHSD has the role of making sure consumers do not fall through the cracks in the system, it is important their resources not be used to duplicate existing services. DHHSD should be providing services bridge gaps or are unique to their agency and the people they serve. There were specific examples noted where duplication may be occurring, for example staff at DHHSD assisting with employment related activities for individuals.

One of the desired outcomes for this study was a recommendation about how many and the type of staff needed at DHHSD. The lack of clear and specific service definitions or scope of services prohibits there being a clear understanding of the goals and tasks of the division. This makes it difficult to determine how many staff and the type of staff needed at DHHSD without doing a gap analysis within Minnesota's existing resources.



“Another factor regarding staffing is the lack of a clear understanding of other services in the community.”

ANALYSIS OF FUNDING STREAMS

Currently, DHHS uses 100% state funds for its operations and service provision. The specific sources of the funding are 70% general fund dollars and 30% special revenue dollars. DHHS does not utilize any federal funds for their staffing or service program. For mental health treatment, the services are also funded through state general funds which is unique to Minnesota. In evaluating possible funding sources for DHHS services, the state may want to explore the use of Medicaid funded services both through state plan options and Home and Community-Based Services (HCBS) waiver programs for Medicaid eligible people.

For example, many waiver programs include participant directed services, which is similar to the deafblind consumer directed services DHHS provides. Also, DHHS may want to use similar processes and requirements used in waiver programs to bring more structure to their current consumer directed program.

DHHS also currently supports people who, at least for some, are likely to be eligible for state Medicaid plan services or waiver services, which could meet some of their needs. These services could include access to training for independent living skills, language skills, mental health services, vocational skills and clinical/medical supports and equipment/technology. States use the 1915 (c) HCBS waiver authority to provide services to people who have intellectual and/or developmental disabilities and who are also deaf, deafblind or hard of hearing using, so to the extent that DHHS is supporting anyone who meets these eligibility criteria they should be connecting the people to this resource.

Additionally, DHHS should also explore with the Medicaid agency the potential of developing a 1915 (i) option in the Medicaid state plan which is specifically targeted to people who are deaf, deafblind or hard of hearing. The 1915 (i) option allows the state to target a specific population and tailor the services to meet their needs. Exploring these potential options with the state's Medicaid agency could result in benefits to consumers who are Medicaid eligible. If DHHS uses federal Medicaid dollars for services for eligible people, the current state funding allocation will go further and could continue to fund people who are not Medicaid eligible and services that are not eligible for federal reimbursement, which could result in DHHS being able to serve more individuals. If Medicaid funded services are a viable option, DHHS would need resources to establish the electronic health records management system and personnel infrastructure to process Medicaid billing.

“DHHSD should expand current collaborative work with other government agencies, non-profit agencies, and for profit agencies who are serving individuals who are deaf, deafblind, and hard of hearing to leverage private funding.”

DHHSD should expand current collaborative work with other government agencies, non-profit agencies, and for profit agencies who are serving individuals who are deaf, deafblind, and hard of hearing to leverage grant funding available to provide services. DHHSD should also work collaboratively with the state Vocational Rehabilitation (VR) entity to ensure consumers can access VR services to prepare for and secure employment. DHHSD should also engage with the state’s Centers for Independent Living (CIL) to ensure that people who are deaf, deafblind and hard of hearing can access these federally funded centers.

The “Quad Agency Team” which is comprised of DHHSD, the Department of Employment and Economic Development, Department of Education, and Department of Health meets quarterly to discuss issues and policies related to services for people who are deaf and hard of hearing. This group does not currently have a strategic plan and has not discussed how the funding streams for each agency could be leveraged to assist consumers. This is a forum DHHSD should utilize to collectively plan for, develop, and implement a strategic plan to benefit consumers. In speaking with members of this group, while they attend the quarterly meetings, participants do not have a clear direction and understanding of the needs of consumers and don’t have a plan with action steps to move toward providing services to more effectively serve the community.

Another area PCG explored was the interface between DHHSD and the Centers for Independent Living located in Minnesota. Based on our assessment there was limited knowledge about these Centers and little if any collaboration with these entities for individuals who are deaf, deafblind, and hard of hearing. The Centers for Independent Living are community-based, cross-disability, non-profit organizations that are designed and operated by people with disabilities. CILs are unique in that they operate according to a strict philosophy of consumer control, wherein people with all types of disabilities directly govern and staff the organization. Centers for Independent Living provide: Peer Support, Information and Referral, Individual and Systems Advocacy, and Independent Living Skills Training. These centers are federally funded non-profit agencies and serve a variety of consumers. DHHSD should explore how the CILs in Minnesota could develop the capacity to serve people who are deaf, deafblind and hard of hearing and how DHHSD could then leverage referrals to these other agencies to provide services to consumers. Florida’s model for serving people who are deaf and hard of hearing in the CILs may be of particular interest for DHHSD.

Investigating the options for enhancing DHHSD services and implementing recommendations in this report will take time. It is clear that many Minnesotans who are deaf, deafblind and hard of hearing and their families rely on and benefit from the services of DHHSD and the regional offices. It is important to maintain the current services as changes are considered.

DHHSD recently added services as a result of a two-year funding increase it received for state fiscal years 2016 and 2017. The added services include a mental health specialist in northwestern Minnesota, a DHHS specialist to focus on consumers who are deafblind in the Twin Cities area, a post-doctorate

psychologist position to provide mental health assessments statewide, grant-funded children's mental health services in northeastern and northwestern Minnesota, and expanded services to individuals who are deafblind to alleviate the waiting list for technology and training assistance. It is critical for the funding for these services to be continued. The division will have to cut these services if funding is not extended past 2017.

SERVICES FOR PEOPLE WHO ARE DEAFBLIND

DHHS currently manages a deafblind consumer directed services program through the division using DHHS specialists. The program is designed to help individuals who are deafblind to live independently, become more self-sufficient, and integrate into their families and communities. It is also designed to help children who are deafblind develop and improve their communication skills, expand knowledge of their environment, become more involved in their family and community and to help families develop the knowledge and skills they need to help the deafblind child be an integral part of the family.

The following services and supports are available as part of the program:

- Ongoing and regular Support Service Providers (SSP), SSP/Interpreters, Interveners, other staffing, transportation services, equipment and training.
- Includes deafblindness-related training: may pay for trainers, registration costs, room and board for the program participant, transportation costs, etc., if needed as an accommodation for hearing and vision loss.
- Includes technology and equipment and training on technology/equipment needed by individuals who are deafblind for independence and/or integration into the family or community. Equipment needs must be related to deafblindness (examples: computers, hearing aids, assistive listening devices, low vision equipment, eyeglasses, etc.).

As part of the study, PCG conducted an analysis of this specific program. To accomplish this, PCG spoke with the DHHS specialists, included specific questions in the consumer survey of individuals who are deafblind, and spoke with people who are deafblind and their advocates during town hall and stakeholder meetings.

Consumers and stakeholders stated that they were confused about the difference between the DHHS's deafblind consumer directed program and the traditional program run by the grantees.

There is one other grantee providing related services, Deafblind Services Minnesota. Consumers noted confusion regarding which program pays for specific services, and they were also unclear about which program is most advantageous for them. As indicated by one stakeholder, the grantees of DHHS are in competition with DHHS regarding consumers who are deafblind. While each entity has its own program model, there is little information regarding the difference between the programs so consumers can make an informed choice on which program is best for them.

Three individuals who are deafblind participated in the consumer survey. Two of them are enrolled in the DHHS deafblind consumer directed services program. Both consumers participating in the program said that their needs are being met through the program. When asked for ways to improve services, both of the people who are deafblind stated that they would like to see an emphasis placed on having staff who are deaf become eligible to serve others who are deaf or deafblind. One consumer also stated that more money (larger grants per person) for services would help to improve the program.

DHHS should review the criteria for Support Services Providers (SSP) staff to ensure people who are deaf or hard of hearing are able to meet the job requirements. Ensuring an avenue for people who are deaf or hard of hearing to be employed as SSPs provides employment opportunities and addresses the request of people surveyed who wanted to be able to hire a person who, like them, is deaf or hard of hearing.

DHHSD may want to review how participant/self-directed services are structured in HCBS waiver programs to get information on how to improve and/or standardized the current option for people. For example: people who use this option in HCBS waiver programs are provided training on how to recruit, hire, train and manage staff; training on understanding their responsibilities when participating in this service option; and how to manage a budget to purchase goods and services. Additionally, there are specific requirements on approaches to financial management strategies that states can choose from.

The deafblind consumer directed services program was designed so DHHS specialists provide the direct service of case management/service and budget planning to program participants. The decision to provide the service through DHHSD was made because the staff have the needed communication expertise and because more grant dollars could go to direct services if the program administration was not paid for with grant funds. This does cause a divided service system that is confusing for deafblind consumers. In analyzing the benefit of the grantee providing these services, DHHSD should work with the grantees to negotiate the lowest administrative rate possible. It is likely, with multiple grants being administered by one agency, there will be economies of scale that can be gained under the grantee model. This would allow deafblind individuals one grantee to contact for services. This will also allow the staff positions under DHHSD to focus on the services most requested by consumers including advocacy, training, and outreach to the community.

CONCLUSION AND RECOMMENDATIONS

As indicated by consumers, stakeholders, family members, and other community members, DHHS staff are knowledgeable, hardworking, and provide the best services they can within limited resources. In distilling all the information received through surveys, comments through the email address, town hall meetings, and stakeholder meetings, the clear message is that the division appears to lack direction and clear understanding of the services consumers need throughout the state. The staff are providing both direct services and indirect services for the population and they are trying to provide so many different services, some of which are provided by other agencies, they are not providing the most effective services possible.

The following themes emerged as part of this study:

- There is a shortage of communication access in Greater Minnesota. This includes interpreters, lack of quality broadband internet, and lack of technology access such as offices with video phones available to the public.
- Across Minnesota, the cost of broadband internet access is a barrier for deaf, deafblind, and hard of hearing individuals.
- DHHS lacks coordination and collaboration with other agencies including vocational rehabilitation, State Services for the Blind, Centers for Independent Living, and other key agencies.
- DHHS does not have a process to prioritize consumer needs for people who contact the division; each region stays in their own territory, and there is not a prioritization of consumers statewide based on their needs.
- There is a lack of DHHS specialist staff in greater Minnesota, especially in the Northwest and Southern regions of the state.
- DHHS does not communicate its mission and service options and provide outreach to consumers across the state
- The DHHS website is cumbersome and not accessible to consumers.
- There is a lack of ASL classes for immigrants, and immigrants lack an understanding of DHHS services.
- There is a lack of succession planning within DHHS; the division should also consider hiring qualified individuals who culturally represent the population they serve.
- For late deafened individuals, or those who become hard of hearing as they age, mental health services are needed to assist them with depression and feelings of isolation.
- The combination of having state-run regional offices and grant-funded community agency providers works effectively. The one exception may be the deafblind consumer directed services program as noted in the previous section of this report.

Using the themes indicated above, PCG makes the following recommendations, and believes DHHS must focus on these to move the system toward delivering more effective services for people. The first two recommendations, which are stated in the executive summary, should be the first steps taken to shape the divisions plan moving forward. These recommendations are key to planning for the future and to build a better system for people who are deaf, deafblind, and hard of hearing:

1. DHHS should develop and implement a strategic plan with measurable goals, outcomes, and action steps. The areas of focus should be developed in conjunction with other stakeholders and include the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans and the Quad Agency team.

2. DHHSD should commission and participate in a statewide gap analysis to determine the current services available to people who are deaf, deafblind, and hard of hearing. DHHSD should identify gaps and work to alleviate the gaps. Using the gap analysis, DHHSD should develop clear service descriptions and definitions that can be communicated to consumers, stakeholders, and other interested parties.
3. DHHSD should to operate its regional offices and programs as it works on enhancing services. At a minimum, funding should be continued at the state fiscal year 2017 level.
4. DHHSD should consider various models for deploying regional office staff in the rural areas of the state. The options of remote work or sharing office space with another government or provider entity, or staff working remotely from their homes, or splitting time between the regional office and other towns in geographic area should all be explored.
5. DHHSD should consider a centralized information and referral and intake process for people who contact the division for services.
6. DHHSD should develop a statewide outreach plan to inform people about their services and include more program information and resources on its website.
7. DHHSD should partner with the state's Medicaid division to consider development of state plan or HCBS waiver services for people who are deaf, deafblind, and hard of hearing.
8. DHHSD should leverage their relationship through the Quad Agency team and with the Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans to develop a cross agency strategic plan to improve services to consumers.
9. DHHSD should develop a strategy to strengthen the link between the division and the immigrant populations to improve services. This should include resources to assist immigrants in learning ASL and providing referrals to other community based agencies to assist them with job placement, housing, and basic needs.
10. DHHSD should review their current statutory requirements as part of the strategic planning process and determine where there is a need for modernization, clarification and/or expansion. Information from the gap analysis may be useful in designing needed legislative changes.

DHHSD published a Request for Proposal (RFP) for the study of the division in the fall of 2015. The division wanted recommendations about specific organizational and service delivery changes that could be made to strengthen DHHSD's services into the future. Based on the findings in the study, it would be premature to make comprehensive or more specific recommendations including organizational structure and staffing pattern changes until a gap analysis and strategic plan is completed.



APPENDIX 1

Staffing Survey Design

Prior to the implementation of the survey, regional office staff were sent directions on how to complete the survey and its purpose. DHHSD regional staff received a Survey Monkey link, via email, every business day in February of 2016. Staff were instructed to email PCG if they were unable to take the survey due to lack of access to broadband or absence. The link to that day's survey expired at midnight each day.

Survey format

The daily survey included the following questions. Questions with drop down choices are listed below the question, while those without options were fill-in-the-blank.

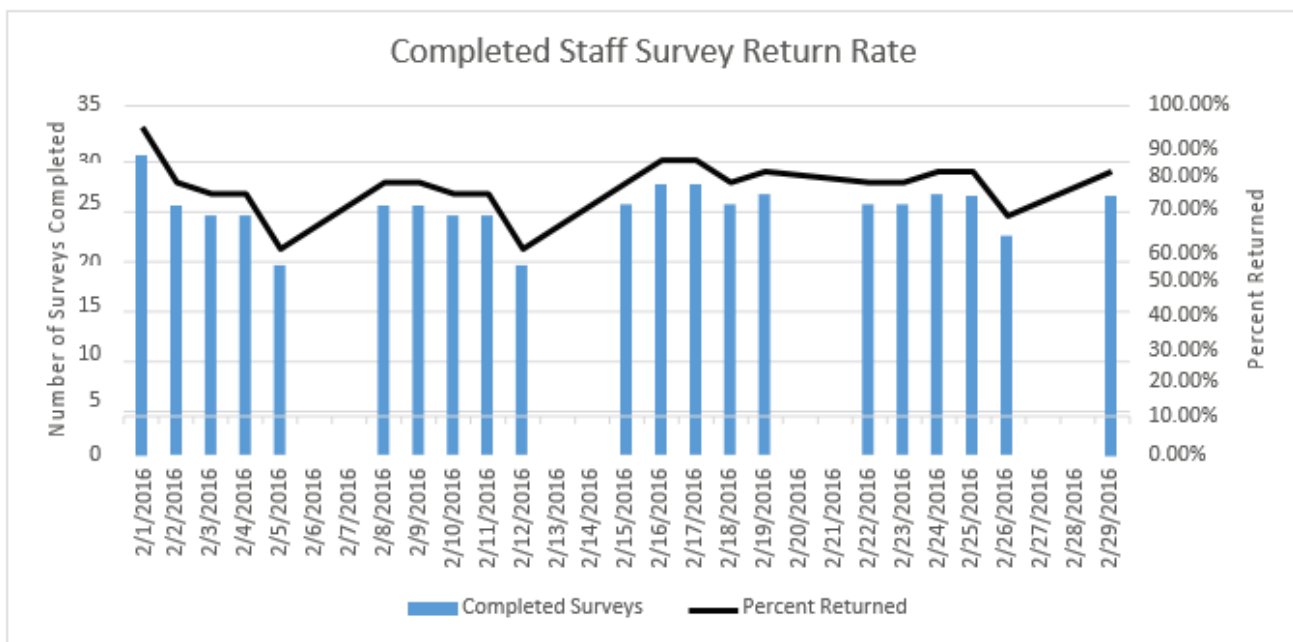
- 1) What is today's date?
- 2) What is your job title?
- 3) What office are you located in?
- 4) Were you working for all or a portion of the day?
 - a. All Day
 - b. A portion of the day
 - c. Out of office (vacation/sick)
- 5) How many total hours did you work today?
- 6) Did you travel to meet with consumers today?
 - a. Yes
 - b. No
- 7) If yes, write the consumer's initials and the number of hours you spent traveling round trip to meet them.
- 8) Did you travel for other purposes related to DHHSD duties such as attending a meeting (not related to a specific consumer), made a presentation, etc.?
 - a. Yes
 - b. No
- 9) If yes, write the number of hours you spent traveling round trip for other purposes related to DHHSD duties.
- 10) Did you have any scheduled appointments with consumers today?
 - a. Yes
 - b. No
- 11) If yes, write the consumer's initials and number of hours spent meeting with each consumer for their scheduled appointment. For example, if you spent 2 hours with the consumer Sam Johnson write "SJ-2."
- 12) Did you spend any time meeting with walk-in consumers today?
 - a. Yes
 - b. No
- 13) If yes, write the consumer's initials and the number of hours you spent meeting with each walk-in consumer. For example, if you spent 2 hours with the consumer Sam Johnson write "SJ-2."
- 14) Did you spend time today meeting with a consumer in his/her home or elsewhere outside of the DHHSD office?
 - a. Yes
 - b. No

- 15) If yes, write the consumer's initials and the number of hours you spent meeting with each consumer outside of the DHHSD office. For example, if you spent 2 hours with the consumer Sam Johnson write "SJ-2."
- 16) Did you spend any time completing a scheduled phone/video call with consumers today?
 - a. Yes
 - b. No
- 17) If yes, write the consumer's initials and the number of hours spent on the scheduled phone/video call for each consumer. For example, if you spent 2 hours with the consumer Sam Johnson write "SJ-2."
- 18) Did you spend any time completing unscheduled video or phone calls or emailing with consumers today?
 - a. Yes
 - b. No
- 19) If yes, write the consumer's initials and the number of hours you spent on unscheduled phone/video calls or sending emails for each consumer. For example, if you spent 2 hours with the consumer Sam Johnson write "SJ-2."
- 20) Did you spend any time making calls on behalf of a consumer to another agency or service today?
 - a. Yes
 - b. No
- 21) If yes, write the consumer's initials and the number of hours you spent making calls on behalf of a consumer to another agency or service. For example, if you spent 2 hours with the consumer Sam Johnson write "SJ-2."
- 22) Did you spend any time completing administrative duties or filing paperwork?
 - a. Yes
 - b. No
- 23) If yes, write the number of hours you spent completing administrative duties or filing paperwork.
- 24) Did you spend any time today completing other duties such as attending a meeting (not related to a specific consumer), made a presentation, etc.?
 - a. Yes
 - b. No
- 25) If yes, write what the task was and the number of hours spent completing it. For example, if you made a 1 hour and 30-minute presentation at a local nursing home write "Presentation 1.5 hours."

SUMMARY OF FINDINGS

General Findings

- 493 Survey Reponses



Phone Calls/Video Calls

- The majority of phone and video calls completed were unscheduled 65% (scheduled 19%)
- 32% of respondent made calls on behalf of the consumer to other agencies

Administrative Duties

- 91% of respondents completed administrative duties and filed paperwork

Key Takeaways

1. The majority of regional staff time was spent processing paperwork in the office with the client.
2. Consumers do not frequently utilize the regional offices without an appointment (41.15 hours of walk in for February)
3. The majority of interaction with clients is conducted via phone or video conference vs. in person visit (data includes all positions)
 - a. **In Person 297.4 hours**
 - i. Scheduled: 188.55
 - ii. Walk-In: 40.15

- iii. Off-site: 115
- b. Phone/Video Conference 386.03 hours**
 - i. Scheduled: 62.85
 - ii. Unscheduled: 323.78

Statewide without Mental Health Specialists							
Region	In Person Hours			In person Total	Phone Hours		Phone Total
	Scheduled	Walk-In	Off-site		Scheduled	Unscheduled	
statewide	109.05	38.85	74.00	221.90	37.10	259.28	296.38

- 4. There is no trend to when clients come into the office for scheduled or unscheduled appointments



Findings by Region

Regional Data							
Region	In Person Hours			In person Total	Phone Hours		Phone Total
	Scheduled	Walk-In	Off-site		Scheduled	Unscheduled	
Northeast	40.25	5.55	24.00	69.80	18.35	48.00	66.35
E-W Central	48.05	17.50	24.25	89.80	16.25	68.75	85.00
Northwest	12.50	4.60	8.75	25.85	5.75	40.34	46.09
Metro	39.75	6.00	19.00	64.75	16.05	125.41	141.46

South	48.00	6.50	39.00	93.50	6.45	41.28	47.73
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Regional Data without Mental Health Specialists							
Region	In Person			In person Total	Phone		Phone Total
	Scheduled	Walk-In	Off-site		Scheduled	Unscheduled	
Northeast	18.75	5.50	14.50	38.75	3.85	35.00	38.85
E-W Central	30.05	17.00	17.75	64.80	12.75	42.25	55.00
Northwest	6.50	3.85	3.75	14.10	0.75	33.09	33.84
Metro	20.75	6.00	7.50	34.25	15.55	114.41	129.96
South	27.50	4.50	24.75	56.75	3.50	14.85	18.35



APPENDIX 2

Consumer Survey: Overview and Survey Design

PCG developed a consumer survey to identify gaps in services, determine which services DHHSD regional offices are providing well, and understand the barriers consumers face in accessing services. A total of 33 consumers out of 134 contacted responded to the survey, though not all 33 responded to all questions.

Survey format

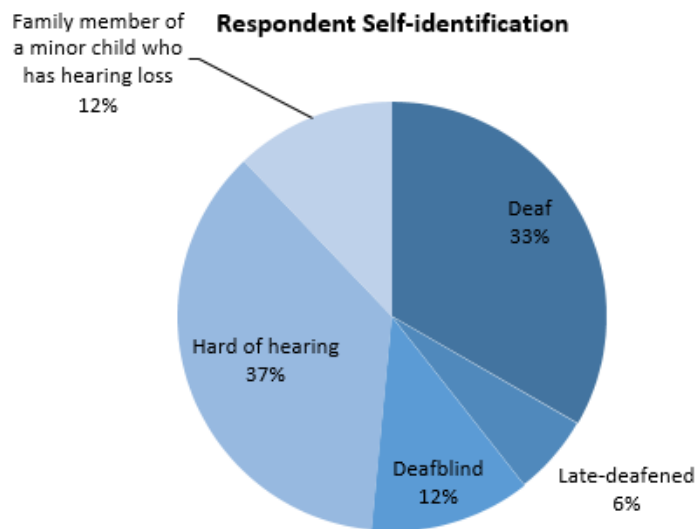
The survey included the following questions. Questions with drop down choices are listed below the question, while those without options were fill-in-the-blank.

- 1) Please select which best describes you
 - a. Deaf
 - b. Late-deafened
 - c. Deafblind
 - d. Hard of hearing
 - e. Family member of a minor child who has hearing loss
- 2) What county do you live in?
- 3) How do you contact the Deaf and Hard of Hearing Services Division (DHHSD) regional office when you need services? Check all that apply.
 - a. Phone
 - b. Video phone
 - c. Email
 - d. In-person
 - e. Other
- 4) How often do you use DHHSD regional office services such as: help getting a job, finding an interpreter, helping the people at your job understand your needs, finding a lawyer or other things that you need?
- 5) Are there services the DHHSD regional office does not currently provide that you need?
 - a. Yes
 - b. No
- 6) If yes, please describe the services you need.
- 7) Do you have access to broadband services in your home?
 - a. Yes
 - b. No
 - c. I do not use internet service
- 8) If you answered yes, how satisfied are you with your internet service?
 - a. Satisfied
 - b. Not satisfied
- 9) If you are not satisfied, why not?
- 10) If you do not have access to broadband services in your home, why not?
- 11) If you do not have access to broadband services in your home, do you go to another place to access the internet?
 - a. Yes
 - b. No
- 12) If you go to another place to use the internet, where do you go?
 - a. Library
 - b. Coffee shop

- c. Other (with fill-in-the-blank)
-
- 13) Have the DHHSD regional office staff contacted you via the internet?
 - a. Yes
 - b. No
 - 14) If yes, was this an effective manner to communicate with the staff?
 - a. Yes
 - b. No
 - 15) Do you have suggestions on technology (e.g. tablets) that would improve your interaction/communication with the regional office staff?
 - 16) How satisfied are you with the services you have received through DHHSD regional offices (where 1 is “not satisfied” and 10 is “very satisfied”)?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6
 - g. 7
 - h. 8
 - i. 9
 - j. 10
 - 17) Please describe any difficulties or problems you have experienced in accessing DHHSD regional office services.
 - 18) Do you have any suggestions regarding how the regional offices could better serve Minnesotans who are deaf, deafblind and hard of hearing?
 - a. Yes
 - b. No
 - 19) If yes, please describe your suggestions.
 - 20) Would you recommend the DHHSD regional offices to others?
 - a. Yes
 - b. No
 - 21) Based on your personal experience, what services should the regional offices focus on over the next one to five years?
- For Deafblind Consumers Only-----
- 22) Do you participate in the DHHSD Deafblind Consumer Directed Services (DBCDS) program?
 - a. Yes
 - b. No
 - 23) If yes, do you believe your needs are being met through the DHHSD-DBCDS services?
 - a. Yes
 - b. No
 - 24) If no, please explain your needs that are not met.
 - 25) Please provide us with two ideas for how the DHHSD-DBCDS program could improve.
 - a. 1. (with fill-in-the-blank)
 - b. 2. (with fill-in-the-blank)

Respondent Characteristics

Of the 33 respondents, 12 identified themselves as hard of hearing, with nearly as many (11) identifying as deaf. Four respondents described themselves as deafblind, and an equal number identified as the family member of a minor child with hearing loss. Finally, two people described themselves as late-deafened.

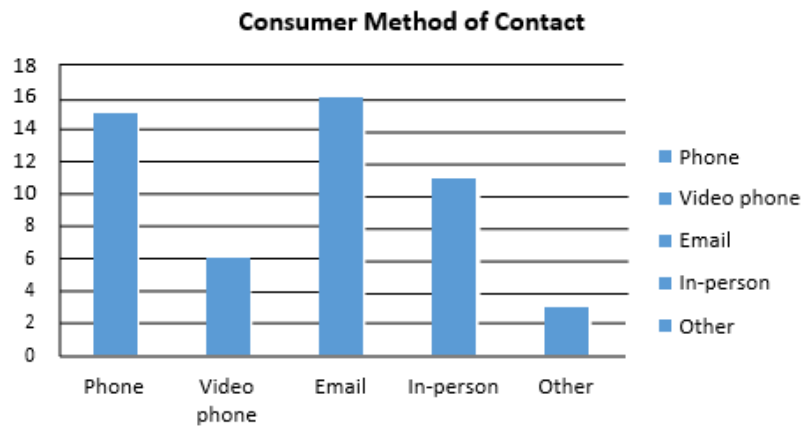


Respondents came from a total of 20 counties across the state of Minnesota.

General Findings

Points of Contact

- Sixteen respondents said they have contacted DHHSD regional offices via email, while 15 consumers said they have contacted the offices by phone. Eleven consumers have gone to the offices in person and six more have used video phones.

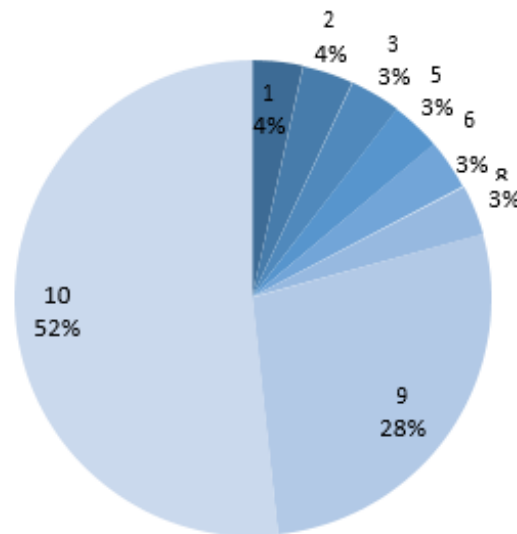


- Sixty-nine percent, or 20 people stated they have access to broadband internet in their homes. Eighty-six percent of all respondents have some form of access, whether in the home or at another location. Of those with access in their homes, 17 stated they are satisfied with the service – those who are not satisfied with service or do not have access in their homes cited cost and quality as the primary factors in their positions.
- Eighteen consumers (60 percent) said DHHS regional office staff have contacted them via the internet, while 40 percent said they had not been contacted via the internet. Of those who had been contacted via internet, 100% said this was an effective means of communication.

Quality of Services

- When asked to rate services by DHHS regional offices on a scale of 1-10, 19 out of 29 consumers, or 80 percent gave a nine or ten. One respondent gave offices an 8, one respondent gave offices a 6, and four respondents gave offices a 5 or below.

Consumer Rating of DHHSD Regional Offices on a Scale of 1-10



- Twenty-eight out of 29 consumers said they would recommend DHHSD regional offices to others. The consumer who gave an answer of “no” stated they could not recommend services, because they are unaware of what services regional offices provide.
- Seven consumers said they reach out to regional offices frequently, nine consumers indicated they reach out a few times per year, nine consumers indicated they have reached out a few times in the past, and three consumers said they have never contacted regional offices. Of those contacting regional offices, technology and transition assistance/counseling were the primary factors for their contact. Five consumers stated they have used regional offices for assistance in work training or technology related to work.
- When asked whether there are services the DHHSD regional offices do not provide, four consumers said yes.
 - One consumer stated community meetings for people who are deaf or hard of hearing need more assistance in providing equal access to deafblind consumers. One other consumer stated she would like deafblind supports.
 - One person requested more on-the-job supports, technology and advocacy.
 - One person requested support in helping family members to become fluent in ASL.
- When asked for suggestions about technology that would improve interaction with the regional office, ten out of 22 respondents offered recommendations.
 - Four consumers stated they would like access to computers, tablets and other technology. Related to this, one respondent stated that while a family member had access to an iPad, it was not being used to its full potential, so more training on the use of available technology would be beneficial.
 - One person stated more access for rural populations is needed.
 - One person said larger print and more access to ASL formatted communication would be helpful.
- When asked to describe problems experienced when accessing services through DHHSD regional offices, 20 consumers said they have not had issues, two had not attempted contact and four shared experiences that could be improved with regional offices.

Attachment #2

- Two consumers said regional office staff are sometimes difficult to contact and communication is slow. One of these consumers stated once contact had been made, services were provided in a timely manner.
- Two consumers cited specific instances in which they had not been able to access services they needed through DHHSD regional offices.
- Eight out of 30 consumers provided recommendations for how DHHSD regional offices can better serve consumers and their families.
 - One consumer stated assistance for deafblind consumers with costs for higher education would be beneficial.
 - Two consumers stated DHHSD regional offices should market themselves and conduct more community outreach so consumers know what services are available.
 - One person stated the use of more icons and pictures to make the website more user-friendly for people who are visual would be helpful.
 - One person stated an increase in interpreter funds for community meetings would help.
- When asked what services DHHSD regional offices should focus on over the next one to five years, consumers, 17 responded with the following:
 - Three consumers stated regional offices should focus on outreach and increased services to consumers who need them the most.
 - Two consumers stated more assistance is needed to help deaf, deafblind and hard of hearing consumers in the workplace through the use of technology, employer education and advocacy.
 - Two consumers stated DHHSD should take on a more political role in advocating for the rights of deaf, deafblind and hard of hearing consumers.
 - Two consumers stated they would like more mental health counseling services
 - One person stated emergency preparedness technology and training should be a focus.
 - Four consumers stated access to technology was important. These consumers stated more information, access and affordability are needed to assist them. Two of these consumers noted “looping” technology is prohibitively expensive for many consumers.
 - One consumer stated rural Minnesotans need more services.
 - One person stated services across the lifespan are needed: for children in school, adults who need assistance at work and aging consumers who are losing their hearing.
 - One person stated regional offices should work to minimize the use of VRI in place of interpreters.

Deafblind Consumers

- Three survey respondents identified as deafblind – two of those individuals stated they participate in the DHHSD Deafblind Consumer Directed Services (DBCDS) program.
 - Both consumers participating in the program said their needs are being met through the program.
 - When asked for ways to improve services, both deafblind consumers stated they would like to see additional staff who are deaf with experience in serving individuals who are deaf or deafblind.
 - One consumer also stated more money for services would help to improve the program.



APPENDIX 3

MN DHHS Grantee Survey Results

PCG received a total of eight responses. Respondents serve 100% of counties across the state – some serve regionally, some statewide.

All of the respondents, 100%, said regional offices are located appropriately and are accessible.

Respondents gave the following scores for quality of regional office staff:

Score of 10: 3
Score of 9: 1
Score of 8: 2
Score of 7: 0
Score of 6: 0
Score of 5: 1
Score of 4: 0
Score of 3: 0
Score of 2: 0
Score of 1: 0

When asked what would improve services; three people said additional staff, one said geographic location, and one stated, it seems there is inconsistent knowledge from region to region about the population served within that region.

When asked to rate the ability of regional offices to serve populations, respondents gave the following:

Score of 10: 1
Score of 9: 3
Score of 8: 3
Score of 7: 0
Score of 6: 1
Score of 5: 0
Score of 4: 0
Score of 3: 0
Score of 2: 0
Score of 1: 0

All of the respondents, 100%, said there is no overlap in services by regional offices.

Fifty percent of respondents (4 people) said there are unmet needs. These include:

- Mental health services
- Mental health services for children
- Transportation to and from appointments
- For people who need communication access, someone to call employers to ensure that they are providing accommodations for employees.

Recommended enhancements to services provided by regional offices:

- Centralized location for deafblind – specific needs and ongoing case management for deafblind – support for deafblind with other disabilities as they transition to adulthood
- Participation in school events to increase visibility within the community, especially to parents who are overwhelmed with responsibilities



APPENDIX 4

Grand Rapids, MN Meeting

General Comments

A major barrier for providers is access to interpreters – many interpreters work in schools and are not available during the school year.

When accessing benefits such as Supplemental Security Income (SSI), individuals who are Deaf or hard of hearing may have to go to offices multiple times to make simple changes due to a lack of interpreters.

Providers are interested in collaborating with DHHSD regional offices to provide services and would be interested in DHHSD collaboration with other services, such the ability to work with community colleges to provide American Sign Language (ASL) training.

Providers are interested in the use of social media as an outreach tool for Deaf and hard of hearing consumers.

Consumers and interpreters face challenges in coordinating schedules – if an interpreter gets sick on a day he or she is scheduled to provide services for someone for an appointment or other matter, that person must then reschedule the appointment to a time when an interpreter is available.

Consumers do not have access to a website to locate interpreters including free-lance interpreters.

Interpreters are not always used when necessary, some businesses use VRI instead of interpreters and this has caused consumers to not get their needs met.

Many interpreters may be hired for all day jobs (e.g. school), and there are not enough interpreters in rural areas to assist consumers at appointments (e.g. doctor appointments).

Bemidji, MN Meeting

Deaf and Hard of Hearing

Consumers have difficulty locating services or knowing what is available. Families with more than one child with hearing loss may travel long distances or have providers in multiple locations, because they were unaware that there were other providers in closer proximity to their homes.
Treating hear loss in older people is important in delaying the onset of dementia, because it keeps people socially engaged.
VRI used in place of interpreters in hospitals does not work – it often freezes or crashes. Instead, people end up relying on family members, which can be difficult in a medical situation.
It is difficult for family members of people with hearing loss to learn sign language to communicate with them. Some programs exist in the area, but they are very basic.
DHHS could provide technology – especially cell phones – for older onset hearing loss.
Deaf and hard of hearing people in the Bemidji community aren’t aware of the technologies available to them, especially with regards to emergency assistive technology like alarms or weather alerts.
There is a conflict between Deaf culture and native culture – there are points where people just don’t agree, so it’s hard to reach out to Deaf and hard of hearing on reservations.
Mental health services have been helpful, even when appointments are held via video.

General Comments

Consumers and providers stated that the removal of the Bemidji office has negatively impacted the ability for people in the area to access services due to distance and travel time.
Time and distance to travel to and from appointments is a burden for rural families.
Consumers would like to see a list of providers to know what services are available and where to locate them.
DHHS regional offices are overworked and can be difficult to contact for immediate needs.
DHHS has a hard time communicating with the general public. They held events last fall and marketed it only about three people showed up.
Schools and hospitals should put more effort into communicating with the public so that they know what services are available to them.
Parts of the state don’t have reliable internet access. Access depends on cost, provider and geographic location.
Not having the presence of DHHS regional offices in the area is like not having a watchdog for consumers.
The presence of regional offices would be help families know what questions to ask.
Independent living services are provided privately and through HCBS waiver services throughout the state.
Face to face contact is important. DHHS regional office staff currently have too much “windshield” time.
Minnesota has a program called Help Me Grow to provide early intervention information to parents – there is a phone number, website and billboards.
The state has a disability linkage line that helps people get information about disability services throughout the state.
There is a weather alert texting program called Red Alert in the area that people can use to get weather alerts.
Providers stated that local businesses and services need to be more informed about rights of people who are Deaf or hard of hearing. For example. Educating jails and juvenile centers on how to help people with hearing loss access communication.

Education incentives for interpreters are low. Town hall participants asked if there is a way to incentivize people to go to school for interpreting.
Schools currently work with students with hearing loss to access transitional services, but following graduation they must choose to continue these services – schools do not follow up to make sure students are still accessing these services. Many do not get SSI, because they are employable.
One nonprofit, Hands and Voices, provides outreach to families of children with disabilities.
People often have to move to the Twin Cities to access services in Minnesota, because it is difficult to access services in rural areas.
School districts offer ASL I, II and III and they are very popular – students are often turned away.
Is there any way for the state to write grants as an additional funding stream? Many family members would be willing to help.

Willmar, MN Town Hall Meeting

Deaf

Deaf consumers in the southwestern part of the state have never really had any services through DHHSD regional offices. Most people can't drive to access services and they stay home when there are opportunities like this one (town halls), because they don't benefit from the services offered.
There is a lack of outreach to Deaf and hard of hearing in southwestern Minnesota.
Interpreters aren't always available but VRI is not reliable when internet coverage isn't good. When you're trying to set up accommodations at a work site and internet is reliable or available, you can't accommodate the person with a hear loss.
Some of the technology provided through the TED program is out of date. Not everything works for everybody and there isn't a lot of technology to choose from.
Vouchers for accessing community services would be good.
There is about a 20% chance of getting an interpreter right away when you need one.
A lot of people in the area use family members for regular medical appointments. Many teenagers use their parents or parents use their children to interpret – it can be a burden for children to have to interpret at medical appointments for their parents.
Sometimes doctors say that they can sign, but they don't know enough sign to be able to communicate. There is a difference between signing and being an interpreter.
Interpreters sometimes take two hours to travel to the area to provide services. It can take up a lot of time.

General

DHHSD regional office staff provide many of the advocacy services for Deaf, hard of hearing and Deafblind accessing services through vocational rehabilitation.
Other provider staff currently need help with accessing independent living skills for consumers.
Vocational Rehabilitation and DHHSD regional offices may be able to collaborate to better provide services to people in this area.
DHHSD regional office staff have to cover large areas. It could work if they put staff in strategic locations throughout the state.
Educating strategic people could help as well. Minnesota has education co-ops but they also need to partner with DHS, so when someone comes in for services, they can direct them to the right services.
There aren't a lot of services in general in this area. Vocational rehabilitation representatives recently had a meeting with a county that was unfamiliar with DHHSD.

Many consumers don't have access to internet. One group of consumers wasn't able to use their phone because data coverage is poor in rural Minnesota.
Vocational Rehabilitation sends people to libraries to use the internet, but rural libraries have very limited hours.
Schools are allowing students to take ASL as a foreign language.
Independent living services are hard to find in the rural parts of the state.
DHHS needs to do more outreach in general to the community. For people who do know, offices are still too far away to drive.
Parents in schools seeing someone face to face may help to spark relationships between families and regional offices.
Newsletters to keep consumers informed would be helpful. Snail mail or email would be helpful. A list of services so that people know what is available to them would be good.
People have a hard time finding jobs, even through VR, in the southwestern region of the state. It can be hard to provide accommodations like iPads when people can't afford internet in their homes or when internet isn't reliable.
Community meetings would make people feel less isolated. Many years ago, we had community meetings. It would at least give people a chance to get together and talk.
The mental health consortium gets together. If we could apply that concept to Deaf, Deafblind and Hard of Hearing services, that could work. It would also bring children within the community to a place so that they know there are other Deaf people.
Consumers stated that they would like for state staff to come to local communities to see what struggles they face. Meetings are usually held in larger towns so you don't see the struggle. It would be nice if providers could see the struggles first hand so that they could figure out how to help.
Phone calls could be a good way to reach out to the community, because you can ask questions and get better information and decide whether you would like to do. Deaf consumers would be willing to make those phone calls – it's hard to get people to commit.
Partnering with other organizations and coming out on a regular basis and have providers feed into that; once people know a person is coming in on a regular basis, they would be more willing to go – maybe once a month or once every other month.
Is there somewhere that DHHS could advertise themselves in print? What about interpreters?

Owatonna, MN Town Hall Meeting

Deaf and Hard of Hearing

DHHS has helped with attaining education and receiving accommodations in the workplace.
Deaf consumers need more help in the area of finding employment – especially those in domestic violence situations.
Some consumers would prefer to have a CDI, but it can be difficult to get one. Having them for home meetings, court, etc.
Consumers in rural parts of the state don't have good internet access, but an iPad or some other form of technology to help them find services on their own would be good.
A lot of hospitals and clinics would rather use VRI than live interpreters, but it would be important to have a live interpreter for these situations.
It would be nice to have more Deaf contacts nearby.
Deaf consumers stated that they rely on hearing aids or family to alert them to emergencies at night.
One consumer stated that she has flashers for fire alarms and when her children were small, flashers to notify her when they cried. Otherwise the TV would notify her of emergencies.

CART services are very expensive and consumers have to pay for those services themselves. It would be nice if CART services could be made more affordable.

Deaf consumers need more outreach – people don't know about what is available to them.

Deafblind

Consumers are receiving resources they need on an annual basis. For example, a braille copy of personal budget under the DBCDS grant.

There are opportunities to interact with others, but they are far away, so it's hard to meet other Deafblind people.

If there were a way to help people create a job description and advertise for SSPs, that would be helpful. The current application includes additional information that isn't required, which shocks people and scares them away. Streamlining the application process would help Deafblind consumers who need SSPs.

Administrative paperwork in general needs to be streamlined.

A link between vocational rehabilitation and DHHS would be good. Consumers need more information about what is available to them and what procedures they should follow with SSPs if they needed to travel to other states for work.

Many consumers on DBCDS grants spend all of their budgets on SSPs, because they have no family nearby and many friends are disabled.

One consumer stated that her SSP is retiring next year and is having a difficult time finding a new SSP that she can trust to help her.

Consumers in greater Minnesota don't have the same opportunities for community involvement as those in the Twin Cities. The travel time, plus the cost for SSPs is restricted by budget and that is something people in the metro area don't have to deal with.

Voiceover interpreters can also be difficult to find.

It can be difficult to get medical facilities to pay for SSPs. At the Mayo Clinic, they did pay for an SSP for a period of time but they stopped and it ended up costing grant money. If a person has a medical condition that requires a lot of travel, it can become very expensive. People also have to pay for their own drivers to get to medical appointments.

People need to be educated on the role SSPs play – a person can't just be dropped off at the front door of a hospital. They need their SSPs with them.

The ICC program for the Deafblind provides technology to Deafblind consumers. They do not provide GPS, which would be helpful for going on walks with my guide dog to avoid getting disoriented. GPS can be expensive and iPhones aren't always reliable.

Signaling devices are important – it would be nice if I knew when someone was calling or ringing the doorbell. If there were a tornado siren going off at night when my processors are off and I am totally Deaf and totally blind.

The Helen Keller National Center does provide some technology. Component parts like bed shaking are available. Hoping for some GPS that interfaces with braille. The I Can Connect program (ICC) is helpful to getting technology.

Consumers are satisfied with Deafblind services but are interested in what else they have to offer.

Former mental health support groups were helpful – the groups no longer exist.

When people update their services through DBCDS or any program, they should be given a manual so that they can continue to operate independently. The grant is wonderful but staying within and above the water is complex sometimes.

Would there be a way to participate in some sort of Deaf and Hard of Hearing Board, or Deafblind Board so that the state can accept ongoing feedback? This is neat and things can change so quickly and drastically because of the legislature and availability of funds. To have someone represent this population would be a very good ongoing reality.

General

Consumers consistently state the need for ongoing stakeholder education, especially in the medical profession.

Many consumers don't have the income to afford emergency technology.

There aren't many opportunities for socialization in rural areas. Deaf and Deafblind in the metro get together regularly but it isn't as easy for people in Outstate. One example is the MNDBA annual banquet in November.

For community services, it would be helpful if DHHSD partnered with other community organizations to help Deaf, Deafblind and Hard of Hearing consumers access community services.

It would be nice for consumers to have DHHSD staff closer – it can be difficult to travel such long distances for assistance.

Without services close by, it creates a fear of the unknown. If something were to happen, it would be hard to get help. It would be nice to have someone who can respond right away.

DHHSD regional office staff could go to job fairs, networking events, meetings, colleges, college fairs, etc. to inform the community about the programs they offer.

It would be helpful to advertise in the newspaper or online to reach out more the rural communities.

Interaction with audiologists would be helpful.

Churches are an important part of the community and difficult to assimilate to with a hearing loss – collaborating with churches would be a good way to get out information.

DHHSD covers too large of a geographical area. Community partnerships, such as what was done with the State Services for the Blind's Aging Eyes Initiative.

It sometimes takes a long time to hear back from regional office staff – up to a month.

Some services are very, very quick. Others take longer, like transcribing something or going about fulfilling DBCDS budgets.

In terms of getting internet access, Verizon Jet Pack has been useful for accessing areas that providers otherwise wouldn't be able to access.

For consumers who rely on captioning, it isn't always possible to use the service when driving or in an area without internet access.

It would be nice to have Adult Basic Education programs in rural areas, as well as a Deaf drivers program. These would be especially helpful for youth in transition.

Streamlining services would be helpful for providers and consumers who deal with a variety of touchpoints within the community. It would help people be more independent and get the services they need.

Everyone needs to be educated about the smoothest way two agencies and a client can communicate so that there are fewer bumps in the road and so that providers can make sure they've provided all needed information to the consumer.

Immigrant Town Hall Meeting – Minneapolis, MN

Deaf and Hard of Hearing

Mental Health services through DHHS have been helpful.
DHHS has been helpful and timely in its responses to help me and some of my clients.
I have contacted them in trying to find help for employment services and they referred me to vocational rehabilitation services, which was good.
As a teacher, it has been difficult to get DHHS to visit classes to speak about services like transportation, because they said that transportation services are not available. It would be great to have them talk to classes about the services that are available through regional offices.
DHHS has been helpful in referral for assistive technology.
DHHS didn't provide clear instructions when I was trying to apply for SSI.
It would be helpful if DHHS would come and visit sites where people work, especially with students who struggle with transportation.
DHHS could develop a Deaf-friendly flier to let people know what services are available to them – the internet isn't always accessible.
In immigrant culture, people who are Blind or Deaf are usually unseen, unaccounted for, marginalized – they aren't counted in the larger population – they're hidden. It's important to train people culturally who are new migrants. Ninety percent of them do not read fliers or read information, so it's important for DHHS to participate in community events, parties, festivals, etc. In immigrant culture, a lot of information passes between people, so it's important to get information out to new immigrants and use a special set of skills to approach them.
It would be good to print information in the Somali language, so that new immigrants can read it. Many new immigrants don't know ASL.
The end of Ramadan would be a good time for DHHS to participate in celebrations. It's important to include the Deaf community in those celebrations.
Immigrants need more gestural sign while they are still learning ASL, especially for medical appointments where they don't understand everything right away. Maybe DHHS could create a grant program to help interpreters provide more gestural sign.
Family members also need training in how to locate an interpreter. Families typically don't understand why you need an interpreter and we need to train families to advocate for the person so that they're getting those services.
Even in Minneapolis, the internet speeds aren't good enough to use VRI in a hospital setting. Staff sometimes don't know how to use it. It takes people up to four hours sometimes to use VRI when an interpreter isn't available.
With VRI, the interpreter often isn't from Minnesota, so when we use Minnesota-specific signs or talk about Minnesota things, they misunderstand – they don't sign the same way we do and don't know our area.
Other commenters stated that they've had positive and negative experiences with VRI – it works somewhat when there is no live interpreter, but the image is often grainy and it loses the connection.
People sometimes have to use VRI despite requesting a live interpreter in advance, because hospitals and doctors' offices say they don't know who to call for a live interpreter. If the appointment is in the basement of a building, it's hard to get a connection through VRI.
Adult Basic Education would help people know what is available to them.

For immigrant mothers who are Deaf, sometimes they're stuck at home with children and can't go to school to learn ASL. We need to provide childcare so that these mothers can come to school and learn ASL.

When people come to the US as refugees, they only have 90 days to transition and after that 90 days, there are no Deaf services, no referrals. About 200 Deaf people move here every year, so we need to come up with some kind of transition services.

There needs to be some kind of sustainable family education program and immigrant education program to help immigrants know what services are available to them and to educate their families about helping them access those services. This type of thing will always be needed in Minnesota, because there is such a large immigrant population.

Deaf people need an increase in mental health support, they need additional services such as one-on-one independent living services, homeless services and job support.

It is hard to learn the grammatical structure of English, and a lot of Deaf people want to learn and go to college, but they can't because they haven't learned the structure of English. It would be nice if DHHSD reached out to immigrants so that they could learn.

There needs to be more ASL education for Deaf people.

If we could fortify interpreter services throughout the state, more people might be attracted to those areas as interpreters.

The next wave is going to be senior services, as Baby Boomers age. We aren't sure right now how to offer services to that aging population, but it's a human right to have community access.

Deafblind

There needs to be a pool of SSPs in which people in the DBCDS program can see the list of available SSPs and training, and a way to access that pool.

Deafblind people aren't getting enough SSP services – there doesn't seem to be a lot of hiring or recruiting. If you told people, they would be lined up out the door – deafblind people are excited for that type of thing.

Training for SSPs would help – people are learning the systems and sign language in English – SSPs might be beneficial to them.

General

Many people find out about services provided by DHHSD by doing their own research online. People who work with others, like teachers or community leaders, pass out the information when they have it.

When looking for information online, the DHS website can be hard to “weed” through for information.

Allowing teachers and students to visit the facility so that they know where services are makes a huge difference. It's good for students to see the building and know where it is.

Instead of putting pressure on immigrants, put an emphasis on helping schools, doctors, etc. to change their cultural habits to make space for immigrants.

Many commenters stated that they would have no way to know of an emergency – information is shared from person to person within the community, but there is no way to know if a siren is going off.

It would be nice if, for Adult Basic Education, they were able to purchase a small bus to help people get to classes. If the government funded it, it would help people get to and from classes. Wassika and St. Cloud has numerous buses that pick up individuals with disabilities and bring them to programming.

A lot of people coming to the US and seeking asylum have a lot of paperwork and need to make phone calls. People are worried about coming to the US and getting services – maybe DHHSD could help with the paperwork for people who are trying to get refugee status and help them get basic services.
Not only is there a disconnect between DHHSD and VR but also with Adult Basic Education services. If you don't have any connection to the U.S. educational system, VR will send you back to DHHSD.
The disconnect between services creates confusion, especially for students who are in a transition age. There is so much that becomes cloudy – VR means employment, period. DHHSD does advocacy but not the employment part – it can be a barrier.
DHHSD responds based on the service – sometimes responses are quick, sometimes they aren't, depending on needs.
Internet services are available in the metro area, but cost is still an issue. People aren't always aware of how to use devices and you have to teach people digital literacy.
An educational feedback loop with schools would help, as we see adults going through VR. People 18-21 graduate high school and go to college and get educated. It is also important to educate the hearing parents, physicians, etc. and move out from there. They're at a place that offers such good leverage and good support and data.
Knowledge is power and Deaf people who have more knowledge are more able to advance themselves. If that knowledge is not available or not accessible, those limitations present themselves to people.
One reason that people are attracted to the Twin Cities is that they have great services. If Outstate had better services, people would be more likely to stay.
Rochester, NY has an Accessible Center – it would be nice to replicate that in Minnesota.
It would be nice to have DHHSD provide services in other areas – it really seems like DHHSD is only in one area, like other social services are (example: SNAP).
Experience with getting access to services varies – it can range no matter what the education level of a person is. The door continues to close on us and people just give up.

Email Feedback

Deaf and Hard of Hearing

Outreach services to the Deaf immigrant community are needed.
Sign language classes should be more widely available across the state.
Interpreter services should be expanded.
Family members of Hard of Hearing children have a misperception of what services are offered by regional offices. More marketing is needed.
Regional offices staff should include Hard of Hearing staff to promote technology for this group.
Continual training in the use of at home and in the community is needed.
Many Deaf, Hard of Hearing and Deafblind consumers are unaware of what services are offered through DHHSD.
Collaboration with schools would be helpful for community members.
More collaboration should be done with schools in educating teachers to know what services are available to students who are Deaf and Hard of Hearing. Many older teachers who are familiar with the services are retiring.
DHHSD should increase outreach to parents of children who are Deaf or Hard of Hearing.

Education and training are needed for people who don't know how to use internet-based relay systems. More education is also needed for the use of apps, both to inform people of what is available and how to use them to their full potential. Few people use TTY anymore.
Emergency technology should be more of a focus.
Families need more information about what services are available to them.
DHHS should coordinate with hospitals, schools and other community access points to improve services and information to Deaf consumers and their families.
A specialist is needed to place people who are Deaf in shelter or in permanent homes – there is currently a three year long waitlist for housing for people who are Deaf.
Driver's education and gun permits are needed for people who are Deaf.
Information for social interaction within the Deaf community is needed.
More outreach is needed for families with information about what services are available.
DHHS should establish a clear mission statement.
More information about rights for people who are Deaf is needed.
DHHS regional office staff should respond in a timelier manner to people who are seeking information.
Social opportunities for people in rural areas are needed – consumers and families are often unable to drive long distances for social activities.
Social opportunities should be listed on the website. Two websites provided by the commenter were www.theDeafclub.com and www.Deafmn.com
There is a lack of interpreters for help in tax preparation.
DHHS regional offices should work to provide basic ASL classes for people and their families
Social media outreach could be valuable in reaching out to young people.
Supporting for Aging Deaf is needed, especially for those with caregiver responsibilities to spouses with dementia and other health needs.
It would be helpful for members of the community to receive information about what services and resources DHHS services provide.
Offices should be staffed with people who have hearing loss themselves.
DHHS needs to be more visible within communities.
Youth advocacy is needed – Deaf and Hard of Hearing children need assistance in participating in community activities, because many of these entities resist accommodations for people with disabilities.
Parents and families need more support in the southeastern part of Minnesota. Many children are the only student in their schools who have a hearing loss.
DHHS should put more effort into outreach so that people know where they are and what services they offer.
Information about social opportunities for Deaf and Hard of Hearing individuals is needed.
Consumers would like for more equipment to be provided – consumers know about phone equipment but other assistive technology listening devices could be provided.
DHHS should release RFPs to the community to support businesses owned by Deaf and Hard of Hearing people. Services provided at the state-level could be provided by Deaf-owned businesses.
DHHS should collaborate with the Alcohol and Drug Division.
DHHS could work with other agencies in a collaborative manner to maximize their own knowledge of the community and the full array of services available.
In recent years, services have been reduced in rural offices. The agency needs to develop relationships with people so that if they do have a hearing loss, they have someone that will reach out to them and help them with assistive technology. Not enough staff are in charge of the equipment distribution.
The amount of travel staff must do prevents them from building the relationships they need to build with consumers. This especially inhibits the ability to build relationships on reservations where cultural differences are even more challenging.

More broadband is needed in more rural parts of the state.
Many baby boomers in the area have late onset hearing loss and need outreach and assistance.
Deaf children need Deaf mentors.
Outreach is necessary – because this parent adopted her daughter with hearing loss, she did not know what technology was available to her.
More one-on-one information about assistive technology should be provided. Consumers currently receive basic information and a catalog and can become overwhelmed.
Social activities are important to keep people from becoming isolated. The state should play a role in helping people access social opportunities through the use of calendars and other communication.
Deaf consumers need legal assistance.
ASL has been helpful in communicating with family members. ASL should be offered as a foreign language in public schools.
Transcripts and captioning are needed for signed videos or auditory files.
Deaf consumers need more workshops throughout the state, not just in the Twin Cities.
Deaf consumers need legal assistance.
DHHS regional office staff should be more visible in the community.
Deaf consumers would like for there to be a way to learn American Sign Language more affordably. One consumer who is Hard of Hearing but could become Deaf says that she does not have the skills to adapt at this time, if she were to fully lose her hearing.
Community outreach would be helpful to let people know what services are available to them and their families.
Offices are spread too far apart.
Assistive technology is needed for emergency situations. DHHS should also work with media to ensure that proper emergency alerts are communicated to Deaf individuals.
Housing programs are needed for people who are Deaf, Deafblind and Hard of Hearing.
DHHS is not well-advertised. It also needs more transition-based outreach for graduating high school students and workshops (similar to PACER’s) available to anyone in the community.
Mental health services should be expanded and community resources should be more advertised and available for people.
Add Educational Resource Specialists in DHHS regional offices to promote effective services, especially as advocates for parents to be empowered and make better decisions for their children.
Assistive technology should be more available for consumers.
DHHS should provide more information on Deaf-friendly social activities, including Deaf-friendly restaurants and entertainment.
Funding should be provided to other agencies so that they are informed of the needs of the Deaf community.
People need more information about services provided by DHHS. Many are concerned that do not qualify for services because of income.
Individuals and families need counseling.
Services are “spotty” in Outstate Minnesota, specifically Northwest Minnesota. Many aging adults do not know what is available to them and cannot travel to access services or information.
Trainings are needed year round for the Deaf community.
Deaf consumers need much more advocacy. There is a lot that could be done to improve people’s lives but they don’t know what is available to them. Employers should be educated on how to work accommodate Deaf or Hard of Hearing employees.
A psychiatrist who knows sign language would be good for the mental health program.

An additional specialist should be added to regional office staff to do more social work. Staff should do the same work all over Minnesota, but Metro does more referrals and short terms work while greater Minnesota currently does more case management for clients and sees them more long-term.
Regional office staff should be more visible and easy to work with throughout the state.
Information and referral would be helpful services, even if it is simply through mailings or email announcements so that people stay informed.
Deaf people need more assistance in hospitals and clinics, and staff need more sensitivity training.
If DHHS has funding, it should hire specialists to specialize in serving certain populations, such as aging and immigrants.
More offices need to be established to decrease the amount of travel many staff must currently do.
DHHS should collaborate more with other state agencies.
Discounted or free assistive devices should be available for those who cannot afford them.
DHHS should advocate or seek funding for discounted internet services/affordable internet.
DHHS should coordinate more with schools so that staff with Deaf and Hard of Hearing staff are better able to better inform children and families of the services available to them.
Resources about ASL/Cued Speech classes, Early Intervention, educational placements and other access options for Hard of Hearing people should be posted on the DHHS website.
Providers need help with locating ASL interpreters.

Deafblind

Training on the use of equipment for Deafblind individuals is needed. Step by step tutorials would help ensure that people fully understand how technology works.
Agency staff should be more adequately trained in the use of technology for Deafblind individuals.
Emergency management procedures for the Deafblind community are needed. This includes alerts to natural disasters, but also medical care in cases like heart attacks, asthma attacks, etc.
Medical alert bracelets, necklaces and anklets are needed.
Interest in DBCDS and Peer Support Services program are growing. Services can be improved by expanding self-directed service options to more individuals who are Deaf and Hard of Hearing.
Increase in the understanding and appreciation of Deafblind culture by providers.
The Deafblind Grant is helpful, but all funding goes to providing an SSP. SSPs who have provided services for years are retiring and it is difficult to find another one. This has been a common challenge for Outstate Deafblind people.
Social opportunities for Deafblind individuals are needed. Activities are only available in the Twin Cities but not in other parts of the state.
Deafblind people would like to have mental health groups – this service previously existed due to a loss of funding.
Deafblind people need backup SSPs on call. Deafblind people may miss out on activities if their SSPs are not available.
Emergency technology is needed. There is no way for Deafblind people to know if a tornado is coming without appropriate technology.
Waitlists for Support Service Providers and role models are long. Deafblind people need SSPs to live functionally equivalent to others, and it is crucial for parents of DHH children to have access to programs like the role model programs to provide information to them.

General

Deaf and Hard of Hearing Services should coordinate and communicate more with counties and providers regarding legislative changes, funding, services, etc.
Mental health services should be more accessible to the Deaf community. Many who need these services are not able to travel to St. Paul to access services.
Medical Assistance dollars should be utilized for mental health services to free up mental health funding for other purposes.
An advocate/ombudsman is needed to work with counties and local agencies to ensure Deaf/HH/Deafblind clients are able to access the services that they need and qualify for.
Adult Rehabilitative Mental Health Services (ARMHS) providers are needed.
Guardians/conservators are needed for some members of the Deaf, Deafblind and Hard of Hearing community
Assisted Living services are needed for aging Deaf, Hard of Hearing and Deafblind individuals, as this group is severely isolated and underserved.
Mental health practitioners who are licensed and can complete testing and diagnostics that are culturally and linguistically appropriate.
Foster care providers are needed for children who are Deaf, Deafblind and hard of hearing
DHHSD should expand culturally and linguistically appropriate services under the waiver programs to meet the needs of the Deaf, Deafblind and Hard of Hearing individuals in their own homes
Outstate Minnesota is not being served in as timely a manner as the 7 Counties' regions.
The Rochester office should be reopened.
Consumers would like to see the state offer informational workshops, such as emergency preparedness trainings.
Consumers have a difficult time traveling long distances to participate in forums and to access services.
Free transportation should be provided for low-income and aging community members to attend community meetings.
DHHSD regional office staff are very informative, particularly with help in receiving accommodations from employers.
Consumers would like more readily available information and improved coordination between the DHHSD and Disability Services Division (DSD) so that providers and lead agencies are better informed on what services DHHSD can provide to children and adults who are dealing with mental health or developmental disability issues.
A legal specialist is needed for people to help file complaints directly against employers. There is currently a long wait for assistance and cases are not accepted due to too little evidence.
A consultant or counselor is needed to sign permits for handicapped parking instead of giving the decision to doctors.
Three to five levels of interpreter skills should be established.
DHHSD should expand staff positions and hire more young people.
An annual update should be mailed and emailed to consumers with up-to-date hours and services provided for each location, along with updated contact information.
A consumer brochure would be helpful.
DHHSD should provide case management services. In Boston, MA, regional case managers are provided for the Deaf community.
Job placement specialists are needed to place people into temporary positions until they can get full assistance from Vocational Rehabilitation.

<p>The DHHSD website is user-friendly. However, the Legal Interpreters link on the website leads to a list of the types of interpreters and not a list of legal interpreters. DHHSD should either provide a link to specific interpreters or re-label the link.</p>
<p>The Communication Options link on the website leads to only one option: Cued Speech. Commenter recommended the inclusion of Total Communication on the website to include Auditory-Oral, Auditory-Verbal and ASL.</p>
<p>The STAR program is not easily located on the DHHSD website. Some assistive technology services that are available are not listed on the DHHSD website. This is also the case for legal services.</p>
<p>The DHHSD website was more user-friendly before it changed due to changes required by the Minnesota Department of Human Services (DHS).</p>
<p>Having mental health workers is an asset to DHHSD.</p>
<p>The TED program needs to be updated, but that appears to be under way.</p>
<p>Trainings provided at the St. Paul office should be offered throughout the state. It is difficult for Outstate people to get into the Cities, and it doesn't seem fair.</p>
<p>An office should be located in Rochester or southeastern Minnesota. The area currently covered by Mankato is too large for services to be provided as well as they should be.</p>
<p>Youth services could be developed so that younger children have role models and are less isolated.</p>
<p>More staff is needed to work across such large regions. Providers of other services are sometimes cautious about referring clients, because they are afraid that they will further overburden DHHSD regional office staff.</p>
<p>It would be advantageous to have staff that specialize in areas such as Hard of Hearing, Deaf, Technology, Hearing loss, etc.</p>
<p>Mental Health services should be increased – consumers have to wait several weeks before receiving assistance.</p>
<p>The aging population needs more assistance with hearing loss and more individuals who are Deaf are reaching out in all areas of their lives. There are not enough DHHSD staff to provide the depth and breadth of services needed, especially in the southern region of the state.</p>
<p>Providers would like to see DHHSD provide basic ASL training for Hard of Hearing and Late-Deafened individuals.</p>
<p>More support for technology would be helpful. Provision of technology or subsidies to help with purchase would be helpful.</p>
<p>DHHSD needs more staff to provide services to avoid burning out staff.</p>
<p>IPad technology would be helpful, especially for youth.</p>
<p>Provide workshops with information to consumers.</p>
<p>Ipads with Sorenson would be helpful. Previously, iPads were provided with Sorenson but some people did not know about the program. Many people don't have the resources to buy these on their own.</p>
<p>The state can improve documentation on what services are or are not available. This could be available online or in print.</p>
<p>People should be able to take devices home and try them out to see what works rather than purchasing and returning.</p>
<p>More support groups are needed at times and in locations where people can attend, such as in evenings or on weekends.</p>
<p>Open sessions where vendors can come and show consumers what devices are available would be helpful in letting people keep up with changes and updates to technology – an expo or tradeshow.</p>
<p>DHHSD could provide funding for devices not covered under health insurance.</p>
<p>DHHSD could provide in-home assessments to help people identify what types of technology might help them in their day-to-day lives.</p>
<p>DHHSD needs accountable leadership and more equitable service delivery across the state.</p>

More options for support to help people pay for hearing aids when their insurance does not cover them and they cannot afford to pay for them.
Much more service is needed in more outstate and rural areas – the Twin Cities seem to get most of the funding and many living in rural areas must depend on nonprofits or travel to the Cities to get assistance.
Consumers need ASL classes or waivers for access at regional colleges. Parents have nowhere to turn to learn ASL when they find out their child has hearing loss.
More qualified interpreters are needed.
More flexible hours are needed.
DHHS should coordinate more with other state agencies.
Consumers need more direct services if there are no services available through DHHS within their region.
DHHS could maintain a legislation tracker, including information on specific ways for consumers to get involved.
DHHS should focus on outreach to older populations.
Senior housing is needed for Deaf, Deafblind and Hard of Hearing individuals. An example is Ebenezer Apartments, which is located in Minneapolis.
Website recommendations: Resource Guide, FAQ
Information should be kept up to date on the website.
The community should be informed about Certified Deaf Interpreters and the services they provide.
Websites could be more Braille friendly for Deafblind consumers.
Certified Deaf Interpreters should be included in all DHHS grants. Many times grants forget to include them in budgets or policies related to interpreting services.
DHHS regional offices should make themselves more visible, especially outside the Deaf and Hard of Hearing community. Providers and public officials who are not Deaf or Hard of Hearing should be made aware of the services offered through regional offices.
Emergency preparedness services and technology are needed. DHHS should provide a funding stream for adaptive emergency equipment.
Consumers need to be more informed of their rights and responsibilities in living in rental housing.
Services for transition-aged students are needed, like those that are provided by State Services for the Blind (SSB).
Providers would like the ability to direct people to reputable audiologists.
More collaboration is needed with Vocational Rehabilitation Services.
Providers and consumers need more access to funding and support for hearing aids, particularly for aging people who are Hard of Hearing.
Vocational Rehabilitation counselors need assistance in providing job accommodations for Hard of Hearing adults.
More information is needed to help other types of providers know what technology is available; for example: t-coil or loop.
DHHS could collaborate with Vocational Rehabilitation to ensure that people are given an equal opportunity in life.



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2017 iPad/iPhone Pilot Program Report

Telephone Equipment Distribution Program

June 2017

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Executive Summary

The Department of Human Services' Telephone Equipment Distribution Program conducted a pilot program to distribute iPhones and iPads to consumers with disabilities. The TED Program wanted to evaluate if clients experienced greater benefits using advanced wireless telecommunication.

Key findings from the pilot include:

- 1) The number of iPads and iPhones distributed during the pilot demonstrated a large need from consumers in the community.
- 2) TED consumers used native accessible features of the device and accessible apps for telecommunication purposes.
- 3) The largest population served were hard of hearing and deaf people.
- 4) The iPad Air 2 was the most distributed device.
- 5) The age of consumers mostly served was 40-59 years of age.
- 6) Consumers reported that the iPad or iPhone was their primary mode of communicating with others.
- 7) The main benefit of using the device was to communicate with their family and friends and increased independence.
- 8) TED consumers reported that they experienced increased communication access after receiving the device.

Recommendations the DHS-TED Program would like to implement:

- 1) Create a permanent Wireless Distribution Program. Current wireless devices the program distributes are amplified cell phones, simple smartphones, and wireless accessories. The advanced wireless technology such as tablets and smartphones would be added. This would be a creative approach to modernize the program.
- 2) Research lower cost solutions from other companies that sell tablets and smartphones.
- 3) Limit the number of devices distributed per fiscal year to manage the budget.
- 4) Redesign the current TED Application to clearly communicate wireless options available.
- 5) Create clearer, stronger policies and procedures about client responsibility in caring for the equipment.
- 6) Develop a targeted outreach plan to announce the new Wireless Distribution Program.
- 7) Allow consumer to receive a replacement device if a tablet or smartphone is no longer working or does not meet the client's needs.
- 8) Clients choose between a landline or wireless device. They are not allowed to have both unless there are special circumstances like emergency or health issues.

Background

The Telephone Equipment Distribution Program (TED) conducted a pilot program from April 25, 2016 through April 1, 2017. The reason for the pilot was to determine if advanced wireless devices such as tablets or smartphones provide increased telecommunication access to people with disabilities. The program decided to distribute the Apple iPad and iPhone because we learned that Apple has more accessible apps available for people with disabilities than Android devices.

Through the years, the program has observed many changes and trends to the telecommunications industry. The most popular technology used by people with disabilities are tablets and smartphones. Applications (apps) have been developed to provide functional equivalent access. Some of the trends observed are the following:

- 1) Over the past 10 years, program trends have shown a consistent decline of number of new consumers served.
- 2) Around 49% of consumers have disconnected their landline and only using mobile devices according to the Center of Disease Control; [View CDC Report](https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201612.pdf) (https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201612.pdf).
- 3) The program has served significantly fewer consumers who are deaf because the device specifically for these consumers, the Teletypewriter (TTY), is obsolete. It is considered outdated technology and the vast majority of these consumers prefer mobile wireless devices.
- 4) Telecommunication technology has significantly evolved over the years and people with disabilities are using smartphones and tablets as standard forms of communication.
- 5) We believe consumers benefit more from advanced wireless devices such as smartphones and tablets because of the accessible apps. These types of devices provide them with more functional equivalent access.
- 6) In January 2016, the TED Program conducted a study on the communication barriers of Minnesotans who have a hearing loss, speech and physically disability or are deafblind. Consumers reported that they are in need of advanced wireless devices such as smartphones and tablets.
- 7) The program finds it challenging to find effective telecommunication solutions for people with speech and physically disabilities. An increased number of people with multiple disabilities are applying for the program and accessible apps may be a better solution for them.

Design of Pilot Program

Nationally, many other Equipment Distribution Program's (EDPs) are distributing iPads. After researching other EDP program models, the TED Program issued a Request for Proposal (RFP) and developed specifications of desired services. TED required the following specifications from responders to the RFP:

- Can purchase Apple tablets and smartphones
- Can pre-install accessible apps specific to each disability group. Responder is responsible for the license of each app
- Include security features such as a) enrollment into a server to track the device if it is stolen or lost, b) the State of Minnesota etched on the outside of the device, c) the device is protected by a sturdy Otterbox case and 4) the locked screen shows the device belongs to the State of Minnesota
- Maintain and track inventory
- Provide refurbished services
- Remotely "push" apps out to a consumer's device
- Provide staff training
- Provide technical support to TED consumers remotely

There was only one proposal received so the contract was awarded to Teltex, Inc.

An internal workgroup was established to develop policy and procedures for the pilot program. Members of the workgroup consisted of the TED Program Administrator, TED Assistant Administrator, a Deaf and Hard of Hearing Services Division Regional Manager and two TED Specialists (one from greater MN and one from the Twin Cities Metro office). Several meetings were conducted with Teltex as well.

After policies and procedures were finalized, the TED Program Administrator provided the training to all TED staff on the pilot program. Teltex provided the training on the devices and apps for the pilot.

Eligibility

To be eligible for the pilot a person had to:

- Be at least 10 years of age or older
- Have access to Wi-Fi or the internet
- Have a hearing loss, is deafblind, speech or physically disabled
- Be in a family that makes less than the state median income
- Be a Minnesota resident
- Pay for telecommunication service; this includes landline, wireless or internet service.

Application Process

The pilot program allowed current TED clients to apply first. The TED Specialists contacted clients based on who they thought may be interested in these devices and apps and who would be a reliable participant, willing to complete the program surveys and paperwork.

A separate pilot application was developed. The application packet included:

- Cover letter
- “Eligibility Re-Determination Notice”- Clients were notified that TED reserved the right to take back their current equipment if, through the re-determination process, a client no longer met the TED Program requirements.
- Terms and Conditions
- Description of the devices to choose from
- List of app packages per disability group
- Application form explaining verifications needed

The program did require the client to resubmit verifications to confirm their current eligibility. Once eligibility was determined, the TED Specialist reviewed the device options with the client. The devices available were:

- iPhone 6
- iPhone 6S
- iPad Air 2 WiFi or 4G
- iPad Mini 4 WiFi or 4G
- The iPhone 7 and iPhone 7 Plus were available months after the pilot started

Once the device was ordered it took approximately 15 business days to ship the device from Teltex. A training guide was developed internally and provided to the client. It was observed that most clients did not require additional in-home training. They were able to figure it out themselves or ask a family member. If the client requested training, the TED Specialist provided basic training based on the information in the guide.

The clients were required to complete three surveys during the pilot program. After one month from when the client received the device, the first survey was mailed out. After the third month, a second survey was sent. After six months of using the device, the third survey was sent. Staff made follow-up efforts to contact those clients who were delayed or non-responsive in sending their feedback.

Data Results

This report represents data results from April 25, 2016 through March 31, 2017. The total devices ordered through March 31, 2017 was 188. The number of clients that were served was 190. This includes new and current TED clients. Two of the clients served received refurbished devices so new devices were not purchased. That accounts for the discrepancy between the number of clients served and number of devices distributed.

Number of Clients Served= 190

New Clients: 102

Current TED Clients: 88

Number of Devices Ordered= 188

Devices	Total
iPhone 6S	12
iPhone 6S Plus	31
iPhone 7	33
iPhone 7 Plus	16
iPad Air 2 WIFI	80
iPad Air 2 4G	6
iPad Mini 4 WIFI	7
iPad Mini 4 4G	3

Accessories Distributed

Clients were allowed to request accessories to use with their iPhone/iPad if the accessory provided increased communication access. Some examples of accessories that were allowed included heavy duty stands, a Bluetooth keyboard, light flashers for iPhones and a wider, and sturdier stylus. A total of 57 accessories were ordered during the pilot.

Disability Groups Served = 190

The disability groups served during the pilot were 1) Deaf, 2) Hard of Hearing, 3) Physical, 4) Speech, 5) Deafblind, 6) Dual Sensory and 7) Multiple Disabilities. “Deafblind is different than “Dual sensory” although both terms relate to a combined hearing loss and vision loss. Some individuals who are hard of hearing and have a vision loss identify as having a ‘dual sensory’ loss rather than identified as ‘deafblind’. The pilot project tracked each of these as distinct categories.

Clients self-reported their primary disability when applying. Clients who identified having a secondary disability other than hearing or vision loss were recorded in both their primary disability and in the “Multiple Disabilities” category. Twenty-four clients identified having Multiple Disabilities.

Primary Disability	Number	Percentage
Deaf	68	36%
Hard of Hearing	70	37%
Physical	24	13%
Speech	14	7%
Deafblind	9	5%
Dual Sensory	5	2%
Disability	Number	Percentage
Multiple Disabilities	24	13%

Age

The oldest client served was 98 years old and received an iPad Air 2 WiFi. The youngest pilot participant was 10 years old and received an iPhone 7. The numbers below show a breakdown of age ranges served. The majority of the clients served were 40-59 years of age.

Age Range	Number	Percentage
10-24 Years Old	25	13%
25-39 Years Old	25	13%
40-59 Years Old	67	35%
60-79 Years Old	60	32%

Age Range	Number	Percentage
>80 Years Old	13	7%

Regions Served

Pilot participants included residents around the entire state of Minnesota. It was important for the program to evaluate all areas of Minnesota including rural pockets that may not have internet access. A map of the regions is included in the Appendix to this report.

Region	Number	Percentage
Metro	53	28%
East/West Central	28	15%
Northeast	34	18%
Northwest	31	16%
South	44	23%

Returns

There were 10 devices returned by clients during the pilot. Reasons for the returns were:

- 1 – Client deceased
- 5 - Too complicated
- 2 - Could not afford service plan (4G)
- 2 - No longer needed

Repairs

Clients were instructed to contact the TED Program if their device malfunctioned. However, many times the client called Teltex directly for technical support. During the pilot, the program picked up four devices to be repaired under warranty by Teltex.

Reasons for repairs were:

- Client dropped the device accidentally due to physical limitations
- Device needed to be reconfigured
- Screen froze when loading
- Device needed to be re-enrolled into Teltex’s management server

The main reason clients contacted Teltex for technical support was because Teltex was able to fix the problem remotely.

Main examples of remote technical support were:

- Assistance resetting Apple ID and password
- Setting up WiFi and downloading/updating apps
- Downloading apps from the iCloud
- Basic functions on how to use an iPad
- Questions about functions of various apps
- Screen was stuck
- Unlocked the phone to use the preferred wireless carrier
- Walking through setting up email

Stolen Devices

During the pilot there were 3 devices reported stolen. Two of the devices were found and one was not. Teltex is able to track if the device is connected to WiFi or a 4G network. The location can be identified so the program can find the device. When a device is found, the program can decide whether to “brick” or make the device non-functional. Two of the occurrences could not be tracked because the person who stole the device disconnected the tracking component. Two of the devices were found and Teltex was able to refurbish the devices for re-use.

Consumer Survey Feedback

Clients who participated in the pilot agreed to complete three surveys when they signed the Terms and Conditions form. Surveys were staggered in order to evaluate any change in their experience during the pilot. The first survey was sent out one month after receiving the device, the second survey was mailed at 3 months and the last survey was mailed out at 6 months. Questions varied based on how long the person had been using the device. For example, the program thought after 3 months a client may be able to answer a question related to their level of independence using the device.

A total of 66 surveys were sent out to clients receiving their device between May 10, 2016 and October 31, 2016. The TED Program felt there was an adequate amount of feedback from clients served within the first six months of the pilot.

The program received an eighty-six percent return rate. By the time the third survey was sent out the response rate lowered to sixty-one percent. TED staff made strong follow-up efforts in contacting their clients to remind them to return the surveys.

Returned Surveys

Surveys Mailed Out	Numbers Returned	Return Rate
Survey 1 = 66	57	86%
Survey 2 = 66	50	76%
Survey 3 = 66	40	61%

On the pilot application form and in the first survey, we asked clients about their current experience using tablets or smartphones. We speculated that prior experience in using these devices could mean less training needed. The majority of the clients served did not own their **own** their own smartphone or tablet in the past but fifty-six percent of clients had **used** a smartphone or tablet before. The main reason respondents reported applying for an iPhone/iPad was because of the accessible features. Seventy-two percent of the clients have internet at home.

Baseline Questions – Survey #1

Question	Response
Have you used a tablet or smartphone before?	Yes = 56% No = 27% No answer= 17%
Prior to the TED pilot program, did you own your own smartphone/tablet?	Yes = 35% No = 52% No answer= 13%

Question	Response
If so, why did you apply for the pilot program?	Accessibility Features = 20% Recommended by someone = 5% Current device is outdated/broken = 6% Provide communication access = 6% Can't afford unit = 2% Want to try iPhone or iPad = 6% No answer= 55%

Survey #1 Results

How the client is utilizing the device?

Clients were asked questions to determine how they are using the device. The device was “unlocked” which means the clients had no limitations on the apps they were allowed to download. The program wanted to evaluate which apps clients chose to provide them better communication access.

The majority of clients reported the iPad/iPhone as their primary form of communicating with others. A high percentage (72%) of clients currently have internet at home and therefore use their device mainly at home (59%). Forty-two percent of the devices are being used 1-3 hours a day.

The top three kinds of apps used within the first month were for telecommunication, social, and accessibility. ‘Telecommunication’ pertains to texting, email, video phone and captioning apps. ‘Social’ refers to Facebook and Twitter apps. ‘Accessible’ includes apps are Prologue2go, Magnifier, Speech TTs and Speak to Me. The other commonly used app type was for ‘Information’ such as weather, health, internet browsers, YouTube, and news apps.

If a client wanted to add an app that would provide them increased access to telecommunication and there was a cost, the TED Program evaluated the request and decided whether to pay for it.

Survey #1

Question	Response
Is the device the primary device you are using to communicate with others?	Yes = 48% No = 35% No answer = 17%
Most popular apps used	Telecommunication = 21% Accessible app = 8% Entertainment = 5% Social = 14% Information = 8%

Question	Response
	No answer= 44%
Apps that clients asked to add	Telecommunication = 5% Accessible app = 3% Entertainment = 8% Social = 3% Information = 12% Not sure = 12% No answer= 57%
Where do you use the device?	At home = 60% Outside of home = 14% Both= 8% No answer= 18%
Do you currently have internet at home?	Yes = 71% No = 14% No answer= 15%
How many hours a day do you use the device?	<1 hour per day = 15% 1-3 hours/day = 42% 4-8 hours/day = 26% No answer =17%

Survey #1: General Comments

After one month of using the device, many of the clients commented that they were still learning the device so it was too early for them to answer some of the questions. Many clients were using the device to keep in touch with their family. Others made comments about using it for emergency or weather alerts. These are some of the general comments clients made:

- “Helps me feel independent and not so alone”
- “Helps me feel more connected to family and friends”
- “Most all apps require a data plan or subscription which I can’t afford”
- “One of the greatest things to happen to me”
- “Tablet is easier to use than a computer”
- “Finally something for Deaf”
- “I want to thank you for making my life better”
- “I appreciate the program and the enhanced communication it gives me- especially as my hearing deteriorates”

Survey #2

The second survey was mailed out to participants three months after receiving the device. Some questions from the first survey were asked again to determine if clients experienced any changes.

There was little change in responses from the first survey to the second survey. However, the percent of clients using a telecommunication apps was higher after three months than after one month.

The second survey asked how the client is benefiting from the device. Respondents reported main benefits of using the device was to communicate with family and friends. Sixty one percent of clients reported they have greater independence with the device. The main disadvantages of the devices was the lack of WiFi in rural areas and cost of service plans.

This survey asked clients to report how they learned to use the device. The majority of clients trained themselves on the device and they felt they received enough training from TED staff. Fifty-six percent reported they thought the device was easy to use. One resource given to clients was “www.iaccessibility.com.” This is a website with accessible videos that trains the client on the use of the devices provided by Teltex. The same percentage of clients used the website verses those did not use it.

Survey #2: Questions repeated from the first survey

Question	Response Survey #1	Response Survey #2
Is the device the primary device you use to communicate with others?	Yes = 48% No = 35% No answer = 17%	Yes = 42% No = 32% No answer = 26%
What is the most popular app you use?	Accessibility = 8% Telecommunication = 21% Entertainment = 5% Information = 8% Social = 14% No answer = 44%	Accessibility = 5% Telecommunication = 32% Entertainment = 8% Information = 14% Social = 14% No answer = 29%
How many hours in a day do you use the device?	<1 hour/day = 15% 1-3 hours/day = 42% 4-8 hours/day = 26% No answer = 15%	<1 hour/day = 9% 1-3 hours/day = 42% 4-8 hours/day = 23% No answer = 26%

Survey #2: New questions added were

Question	Response
How easy is it to use your iPhone/iPad?	Easy = 56%

Question	Response
	Not so easy = 14% Difficult = 3% No answer = 17%
What benefits are you getting from your iPhone/iPad? (asked yes/no per category)	Communicating with family/friends = 59% Scheduling appointments = 39% Emergency and safety = 3% Other = 41%
Disadvantages expressed were:	<ul style="list-style-type: none"> • Lack of WIFI in rural areas • Service providers charge too much for data plan • Learning new apps • Too big and clunky with case • Cannot use text in rural areas • None • Having to know I have to return it some day
Do you feel you have greater independence now that you have the device?	Yes = 61% No = 9% No response = 30%

Survey #2: Training related questions

Question	Response
How did you learn how to use the device?	Myself = 26% Family/Friends = 17% Through an app = 6% iAccessibility.com = 5% TED staff = 17% Service provider = 3% No answer = 29%
Did you receive enough training?	Yes = 47% No = 27% No answer = 26%
Did you use "www.iaccessibility.com"	Yes = 34% No = 36%

Question	Response
	No answer 24%

Survey #3 Results

The third survey was mailed out six months after the participants received the equipment. The following questions were asked again to determine if there was a change in the client's experience.

Survey #3: Questions repeated from the first and second survey

Question	Response Survey #1	Response Survey #2	Response Survey #3
Has the device the TED Program provided been your primary device to communicate with others?	Yes = 48% No = 35% No answer = 17%	Yes = 42% No = 32% No answer = 26%	Yes = 43% No = 18% No answer = 39%
What are the most popular apps you're using?	Accessibility = 8% Telecommunication = 23% Entertainment = 6% Information = 6% Social = 12% No answer = 44%	Accessibility = 5% Telecommunication = 32% Entertainment = 8% Information = 14% Social = 14% No answer = 29%	Accessibility = 8% Telecommunication = 21% Entertainment = 3% Information = 12% Social = 9% No answer = 47%
How easy is it to use your iPhone/iPad?	Not asked	Easy = 56% Not so easy = 14% Difficult = 3% No answer = 17%	Easy = 44% Not so easy = 11% Difficult = 5% No answer = 41%
How many hours in a day do you use the iPhone/iPad?	<1 hour/day = 15% 1-3 hours/day = 42% 4-8 hours/day = 26% No answer = 15%	<1 hour/day = 9% 1-3 hours/day = 42% 4-8 hours/day = 23% No answer = 26%	<1 hour/day = 12% 1-3 hours/day = 32% 4-8 hours/day = 17% No answer = 39%
How has the device provided you greater independence?		Yes = 61% No = 9% No response = 30%	Increase communication = 32% Access to information = 6% Other = 12% Did not provide great independence = 9%

Question	Response Survey #1	Response Survey #2	Response Survey #3
			No answer = 41%

Survey #3: New questions asked were

Question	Response
Rate the level of your communication access before receiving the device (1 being low, 4 being high)	1 = 23% 2 = 29% 3 = 5% 4 = 5% No answer = 39%
Rate the level of your communication access after receiving the device (1 being low, 4 being high)	1 = 5% 2 = 5% 3 = 24% 4 = 26% No answer = 41%
Would you prefer to use a wireless device instead of a landline device?	Yes = 59% No = 0% No answer = 41%
Do you think the TED Program should continue to provide iPhone/iPads to clients in the future?	Yes = 59% No = 2% No answer = 39%

Reports from Equipment Vendor

The TED Program received a report from Teltex every month showing various results they can view from their management server. The results included:

- How many devices are being used and not being used during the given time period. Note: Teltex could only report on usage for those device that were connected to the internet at the time they pulled the data. TED staff followed up with clients that may not be using the device.
- Types of technical support/repair calls
- If the client disconnected their unit from the vendor’s management server. This means they were non-compliant.
- How many clients are using the most up-to-date iOS version

Summary of Results

	Device Usage	Technical Support	Not-Compliant	iOS Version
May 2016	100% used	None	100%	100%
June 2016	95.5% used	8 calls	100%	100%
July 2016	97.6% used	3 calls	100%	100%
August 2016	92% used	4 calls	100%	100%
September 2016	95.8% used	7 calls	100%	60% iOS 10 40% iOS 9
October 2016	93.5% used	4 calls	100%	60% iOS 10 40% iOS 9
November 2016	90.5% 12 not used	3 calls	100%	81.50% iOS 10 18.50% iOS 9
December 2016	85% used 19 not used	5 calls	100%	81.50% iOS 10 18.50% iOS 9
January 2017	83.7% used 26 not used	7 calls	100%	86.90% iOS 10 13.10% iOS 9
February 2017	87.1% used 24 not used	11 calls	100%	90.40% iOS 10 9.60% iOS 9
March 2017	84.7% used	6 calls	96.6%	93.30% iOS 10

	Device Usage	Technical Support	Not-Compliant	iOS Version
	18 not used			6.70% iOS 9

The report was used primarily for TED staff to follow-up with clients that were not using their device. Teltex reports that 84.7 percent of clients using their device is within the same range it experiences with other programs across the nations.

The data shows a steady decline in number of clients using the device through March 2017. One reason this occurred is that a number of clients disconnected their units from the Teltex management system. The management system is used to track the device if it is lost or stolen. Clients misunderstood the purpose of the system and reported concern that Teltex could “watch” their use on the device. The program is contacting these clients to reassure them that they are not being “watched” and explaining that they are required to be enrolled in the management system. Each client agreed to this when signing the Terms and Conditions of the pilot program.

Cost

Each purchased iPad and iPhone included the following specifications:

- 1 year Apple warranty
- Teltex 2 year warranty which covers “bumper-to-bumper” hardware and software
- Pre-installed disability apps
- Vendor owns the app license not the State
- Sturdy Otterbox case
- Etching on device of the State of Minnesota
- Department of Human Services (DHS) logo on locked screen
- Stylus, wall charger and car charger included
- Specially designed shipping box that protects the device
- Enrolled in Teltex’s Mobile Device Management (MDM) Server
- Free repairs under warranty
- Free refurbished serves under warranty

The cost of each device depended on which disability app package the client requested. The Speech and Physical disabled app packages were more costly than Deaf and Hard of Hearing.

The following are the average device costs per disability type:

iPads WiFi and 4G (iPad Air 2, iPad Mini 4)

- Deaf/Hard of Hearing- \$1,115

- Physical- \$1,415
- Speech- \$1,415
- Deafblind- \$1,165

iPads WiFi and 4G (iPhone 6S, iPhone 6S Plus, iPhone 7, iPhone 7 Plus)

- Deaf/Hard of Hearing- \$1,405
- Physical – \$1,705
- Speech- \$1,705
- Deafblind- \$1,455

The demand for these devices during the pilot was greater than expected causing the program to exceed its original budget.

Findings and Recommendations

Creating a Tablet/Smartphone Distribution Program

The pilot showed a high demand for tablets and smartphones. The most utilized apps during the pilot were telecommunications related. Clients reported their devices assisted them in connecting with other people and becoming more independent. Applications for the pilot program exceeded the number of clients that could be served, leaving a waiting list over 40 consumers.

The TED Program's primary goals are to assist clients to become more independent, provide them with functional equivalent access to telecommunications, offer up-to-date current technology, and technology that meets the needs of the changing demographics. Offering tablets and smartphones accomplishes these goals and for that reason, we recommend the TED Program continue to provide tablets and smartphones.

Lower Cost Solutions

The TED Program recognizes the iPads and iPhones from Teltex have a higher cost than the majority of devices currently through TED. The services and features included under warranty for each device increases the price of each unit. But the program finds value in these services because it protects the device. It is the program's responsibility to continue to weigh the benefits to consumers against the cost of providing these devices. We would like to manage the cost by limiting the number of devices distributed each fiscal year.

Telecommunication technology continues to improve and lower cost Android solutions for people with disabilities is becoming available. The TED Program has completed some preliminary research on these products and would pursue these options.

During the pilot, other vendors developed lower budget Android solutions for people with disabilities. The TED Program has completed some preliminary research on these products and would like to pursue these options. A separate RFP may be required to work with other vendors if Teltex is not able to distribute them.

Selecting One Device

The TED Program recommends to have future clients required to select between a landline or tablet/smartphone. During the pilot the client was able to keep both. Because the client participated in the pilot and was assisting the TED Program, the program did not want to ask for the device back. The program would also want to make sure if a wireless device was selected, it is required that the client provides proof of the wireless or internet service before or after they receive the device.

Following current policies, clients can receive two devices only if there is a special circumstance such as safety, emergency or health issues. The TED Specialist assesses the client's needs and will complete a special form requesting and justifying the reason for both devices.

Redesign of Application Form

The TED Program will determine if a separate application form needs to be designed for wireless devices or to have a combined form along with the landline equipment. The goal of the application will be to make it simple for the client to understand their telecommunication options.

Clearer and Stronger Policies

There needs to be more of a careful screening process of who is a good candidate for an iPad or iPhone. We want to make sure that the client is responsible and will follow the policies and procedures. The rules need to be clearly defined in the documents given to the client. Standard policies need to be established on consequences of losing or breaking a device.

Targeted Outreach Plan

A targeted outreach plan would be needed to announce a Wireless Distribution Program. It may be helpful to ask service providers to provide information to potential clients to make sure accurate program information is being communicated. Currently, the TED Program distributes the Jitterbug from Great Call amplified cell phone, unlocked amplified cell phones and wireless accessories. The availability of those devices would be marketed as part of a wireless program. The landline distribution and wireless distribution would be most effectively communicated as separate types of programs.

Exchange of Equipment

To be consistent with the current exchange policy of landline equipment, clients that have a smartphone or tablet from the program can return their device if it is broken or no longer meets their needs. At some point the device will become obsolete because the iOS upgrades will not be available and the apps will stop working. When this happens, the program will exchange the device. If the device is broken, the device will be exchanged under warranty. Other state programs allow their clients to reapply every 3 to 5 years to receive an upgraded device. To be fiscally responsible, we will not establish a timeline for reapplying.

Appendix

Pilot Policy and Procedures

Policy and Procedures iPad/iPhone Pilot

Application Process

- First mail out the Cover letter/FAQ, iPad/iPhone application and TED return envelope.
- Current clients served over one years ago will need to complete the Re-Determining Eligibility Notice form. New and current clients will be required to provide all verifications.
- TED will use the verifications found in Filenet for current clients served less than a year ago. These clients only need to fill out the application form.
- Client needs to sign both the Application and Terms and Conditions.
- When application is received, missing verifications will be searched by the TED OASI or TED Specialist. If not found, TED Specialist will request additional documentation.
- TED OASI will scan and process the application information into Filenet and Magic. All original contents of the application will be saved into the “Application” TED Inbound folder.
- TED Specialist will verify all eligibility.
- If client no longer qualifies, staff will need to take away TED equipment.

How to Order Equipment

- Once client is determined eligible, TED Specialist will discuss equipment options with them.
- Once equipment is determined, TED Specialist will complete the MN iOS Order form.
- For current clients, create an Incident and Work Order (WO). Choose “Additional Equipment” as the category. Attach the order form to the WO.
- For new clients choose “Central Distribution” as the WO category. No Incident is necessary. Attach the order to the WO.
- If a client requests an accessory the TED Specialist will determine if it will provide better access to the client. TED can pay for it.
- A secondary app package can be ordered if a client has a secondary disability. If the app packages provide better access to the client, TED can pay for this.
- Individual apps can be ordered upon request if it will provide better communication access to clients.

- If a client selects an iPhone, the client needs to select their preferred service provider. Teltex needs to know this information to configure the phone correctly. When ordering an iPad, the service provider information doesn't need to be provided to Teltex.
- CO Repair Specialist will transfer the order information to the iPad/iPhone Pilot spreadsheet and email it to Teltex.
- TED Specialist will inform client that device will be shipped in ~15 business days. Determine if it should be shipped to the TED Specialist, client or family member.
- CO Repair Specialist will receive UPS tracking number and serial number (Teltex asset number) and will add the device to the configuration and update WO. The WO can now be closed.

Training/Orientation

- After the client receives the device and before the training, the client should establish their service plan (if using 4G network).
- TED Specialist will walk-through the "Client Training Guide" with the client, family member and/or representative. The purpose of the guide is to be used as a reference for the TED Specialist and the client.
- Basic training on the device will include:
 - Basic features of phone
 - How to turn the device on/off
 - Native apps and accessible apps
 - How to establish their own Apple ID and Password
 - Explain to the client that they can download their own apps (free or paid)
 - Apps will be pushed to their device if there are new ones
 - Client is responsible to update their iOS
 - Client may receive updated messages from Teltex
 - If client finds a paid app that can provide better communication access, they can request TED to pay for this. TED Specialist should send a WO to the TED Manager's group and Sarah or Sharie will respond to it. The WO should explain why the app provides better communication access to the client.
- Walk-through the repairs and return procedures.
- Place TED repair sticker on the inside of the box.
- Remove the Teltex repair information on the paper that shows the Teltex Apple user id and password.
- Remind client to keep original box for returns or repairs.
- Emphasize that client can't get repairs done from Apple Store.
- Walk through "Terms and Conditions".

- Walk through data and service plan tips for 4G network
- Additional training: Emphasize to them to use family members to learn the device and use iAccessibility's website.
- Emphasize as a pilot participant they are required to complete all surveys.

Pilot Cover Letter



Telephone Equipment Distribution Program

444 Lafayette Road N
 St. Paul, MN 55155-3814
 800.657.3663 (Voice)
 651.964.1514 (VP)
 888.206.6555 (TTY)
 651.431.7587 (Fax)
ted.program@state.mn.us

Dear Applicant,

Greetings! You have expressed interest in the State of Minnesota’s iPad/iPhone Pilot Program from the Telephone Equipment Distribution (TED) Program. To be considered, you will need to complete the application form and include the required documentation to determine if you are eligible.

The purpose of the iPad/iPhone Pilot Program is to evaluate how advanced wireless devices are used by individuals with a hearing loss, who are deafblind, speech and/or physically disabled. The TED Program wants to learn how these devices can provide increased telecommunication access. As a pilot participant, you will be asked to complete three surveys during the pilot for the program.

Equipment available during the pilot:

iPhone 6S <u>OR</u> iPhone 6 Plus <u>OR</u> iPhone 7	iPad Air 2 <u>OR</u> iPad Mini 4
 <ul style="list-style-type: none"> • 32 GB • iPhone® 6 & 7 Screen Size: 4.7 inches (diagonal) • iPhone® 6 Plus Screen Size: 5.5 inches (diagonal) • Voice-over and other built-in accessibility features • Apps will be pre-loaded based on the disability • Hearing Aid Compatibility: M3 AND T4 • Front and back camera • Space gray/black color only • Otterbox and charger included • <i>Client responsible to pay for data and service plan.</i> 	 <ul style="list-style-type: none"> • 16GB • Wi-Fi or 4G (client responsible) • iPad® Screen Size: 9.7 inch (diagonal) • iPad® Mini Screen Size: 7.9 inch (diagonal) • Voice-over and other built-in accessibility features • Apps will be pre-loaded based on the disability • Front and back camera • Space gray/black color only • Otterbox and charger included • <i>Client responsible to pay for 4G network data plan</i>

We have included a ***Frequently Asked Questions*** page on the back to help you understand the Pilot program better.

If you have questions or need additional information, please contact us at (651) 431-5962 (voice),

State of Minnesota iPhone/iPad Pilot Program FAQ

► What is the Minnesota iPad/iPhone Pilot?

The pilot is designed to see how advanced wireless devices can improve the ability of persons with disabilities to use telecommunications and communication tools such as e-mail, phone, text, or relay services. Participants may be eligible to receive iOS devices such as the iPhone® or iPad®.

► Who is eligible to apply?

Any individual who:

- Is 10 years of age or older
- Has access to Wi-Fi or the internet
- Is deaf, hard of hearing, deafblind, speech or physically disabled which makes telecommunications access difficult
- Meets income guidelines
- Is a Minnesota resident
- Pays for telephone/internet service

► What features or apps are available on these devices to help me with telecommunications access and communications?

Each device has specific built-in access features that improve the ability of someone with a disability to use them. For the iOS devices, pre-installed apps matched to your disability will come with the device.

► Does the program cover any costs such as service plans, data plans, Wi-Fi, etc.?

No. Cell service plans, internet service, data plans, Wi-Fi, etc. are the responsibility of the participant. The program provides only the device, approved accessories and approved apps needed for telecommunication access.

► Do I need to have a Data Plan for my Smartphone or Tablet?

Yes. If you are requesting a smartphone you will be required to have a data plan AND a service plan. If you are requesting an iPad®, a data plan is not required but you must have access to Wi-Fi either at home or within the community.

► Will any training or technical assistance be available?

Participants will receive basic training and orientation. Consumers are encouraged to seek additional resources such as www.iaccessibility.com.

► How do I apply?

Applicants will be required to submit a completed application form and required documentation which will include verification of income. When calling, please ask about the iPad/iPhone program. The TED Program office number is 800-657-3663 (voice) or 651-964-1514 (VP) or via e-mail to ted.program@state.mn.us.

Pilot Application



Minnesota Telephone Equipment Distribution (TED) Program
 444 Lafayette Road North, St Paul, MN 55155-3814
 800.657.3663 (Voice) 651.964.1514 (VP)
 888.206.6555 (TTY) 651.431.7587 (Fax)
ted.program@state.mn.us

State of Minnesota TED iPhone/iPad Pilot Application

Section A

Applicant's Name (Please print)			
Name of Applicant <i>(Last, First, Middle)</i>			
Telephone		Work/Cell	Email Address
Home Internet Service Provider		Date of Birth	
Home Address		Apt #	
City	Zip Code	County	
How Did You Learn About Our Program?			
Parent/Guardian name <i>(if applicant is 10-17 years old)</i>			
Mailing Address <i>(if different than above)</i>	Apt #	City	Zip
Spouse's Name (Please print)			
Last	First	MI	Date of Birth
If We Cannot Reach You, Who Can We Contact?			
Name		Relationship to you	
Telephone Number Home Cell Work		Email Address	

How Do I Qualify?	Yes	No	Required Documents to Include:
Are you a Minnesota resident?			<ul style="list-style-type: none"> A copy of one of the below documents that has your name and address listed A copy of your driver's license OR A copy of your State ID card
Do you have telephone/internet service?			<ul style="list-style-type: none"> A copy of your telephone/internet bill
Do you have a hearing loss, speech or physical disability that limits your use of a standard phone?			<ul style="list-style-type: none"> Completed "Certification of Disability" form OR Statement of disability by a qualified professional OR A Copy of a hearing aid receipt or audiogram (hearing test)
Does your household make less than the state median income guidelines?			<ul style="list-style-type: none"> A copy of page one of Federal Tax Form 1040 OR A Recent Bank Statement showing direct deposits (Income guidelines are on the other side of this page)

Income Guidelines	
Family size	Annual gross income
1	\$49,081
2	\$64,183
3	\$79,285
4	\$94,387
<i>These guidelines are effective 10-1-2016 thru 9-30-2017</i>	

The facts on this application and on the enclosed information (see above) are true and complete.	
Signature of Applicant or Parent/Guardian (If Applicant is under 18).....	Date
Additional family member's signature (spouse), if eligible for TED Program.....	Date

Section B

Certification of Disability

All information must be completed by a certifying authority.

Certifying Authority Statement				
I am a licensed:	<input type="checkbox"/>	Vocational Rehabilitation Counselor	<input type="checkbox"/>	Physician
	<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	Hearing Instrument Specialist
	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Speech-Language Pathologist
	<input type="checkbox"/>		<input type="checkbox"/>	Physician's Assistant
	<input type="checkbox"/>		<input type="checkbox"/>	Other

Please Check the Disability(ies) Being Certified:

<input type="checkbox"/>	Deaf	<input type="checkbox"/>	DeafBlind	<input type="checkbox"/>	Hard of Hearing
<input type="checkbox"/>	Hard of Hearing/Vision Loss	<input type="checkbox"/>	Speech Disabled	<input type="checkbox"/>	Physically Disabled

Certifying Authority's Name <i>(print clearly)</i>			Phone Number		
State License or Certification Number			Email Address		
Address					
City		State	Zip	County	

I hereby certify that _____ (applicant's name) has a disability that requires specialized telecommunications equipment in order to effectively use the telephone.

Certifying Authority's Signature: _____ Date: _____
(Must be original signature. No stamped signatures accepted.)

Section C

Which Device Are You Interested In? (Please select ONE)

- iPhone 7 4G OR iPad Air 2 WiFi OR iPad Mini 4 WiFi OR
- iPhone 6S 4G OR iPad Air 2 4G iPad Mini 4 4G
- iPhone 6 Plus 4G



- 32 GB
- iPhone® 6S & 7 Screen Size: 4.7 inches (diagonal)
- iPhone® 6 Plus Screen Size: 5.5 inches (diagonal)
- VoiceOver and other built-in accessibility features
- Apps will be pre-loaded based on the disability
- Hearing Aid Compatibility: M3 AND T4
- Front and back camera
- Black color only
- **Client responsible to pay for data and service plan.**



- 16GB
- Wi-Fi or 4G (client responsible)
- iPad® Screen Size: 9.7 inch (diagonal)
- iPad® Mini Screen Size: 7.9 inch (diagonal)
- VoiceOver and other built-in accessibility features
- Apps will be pre-loaded based on the disability
- Front and back camera
- Black color only
- **If using 4G network, client responsible to pay data plan.**

Package Selection (Please select ONE)

<input type="checkbox"/> Deaf & Hard of Hearing	<input type="checkbox"/> DeafBlind
ClearCaptions, Convo, Hamilton CapTel, Purple P3, Sorenson nTouch, Sprint IP Relay, ZVRS Z5	BARD Mobile, BigBrowser by Braille Institute, BigMagnify, ClearCaptions, Claro PDF, Convo, Digit-Eyes Lite, Hamilton CapTel, LookTel Money Reader, LookTel Recognizer, Sprint IP Relay, Sorenson nTouch, ZoomContacts, ZVRS Z5, Purple P3
<input type="checkbox"/> Speech Disabled	<input type="checkbox"/> Physically Disabled
Convo, iSpeech TTS, Proloquo2Go, Purple P3, Sorenson nTouch, Sounding Board, Speak4Me Free, Sprint IP Relay, Yes/No from I Can Do Apps, ZVRS Z5	Dragon Dictation, Abilipad, Keeble Keyboard, Proloquo2Go, It's Accessible, Parking Mobility, Sounding Board, Speak4Me Free, Sprint IP Relay, Yes/No from I Can Do Apps, WeMo

Select Carrier of Choice for iPhone

 AT&T
 Sprint
 T-Mobile
 Verizon

Background Information

Have you used a tablet/smartphone before?

Yes or No (Please circle one)

Do you currently own a tablet/smartphone?

Yes or No (Please circle one)

(Owning an iPhone/iPad will not have an effect on your application to participate in the pilot)

Thank you for applying to participate in our iPhone/iPad program pilot. TED staff will notify applicants if they are found eligible to participate.

The Telephone Equipment Distribution Program is funded through the Department of Commerce-Telecommunications Access Minnesota (TAM) and administered by the Minnesota Department of Human Services.

Section D

Terms and Conditions of iPad/iPhone Pilot

Please READ and SIGN this form that indicates you understand and agree to comply with the following conditions upon acceptance of a TED iPhones/iPads.

- All equipment is the property of the State of Minnesota and I will use it in compliance with Minnesota laws and regulations. Illegal use will be reported.
- I am responsible for the appropriate care of all equipment and will use it for accessing telecommunication, communication and related services.
- I will not offer for sale, sell, give away, or loan this equipment to anyone. I may no longer be able to receive equipment from the Telephone Equipment Distribution Program (TED) if any equipment is damaged not covered by the warranty that is not caused by normal wear and tear or acts of nature or disaster.
- If I move to another place in Minnesota, I will report my new address to the TED office within thirty (30) calendar days of the move.
- I will return all equipment to the TED office before I permanently move out of Minnesota.
- If I have signed this Agreement of behalf of a minor or as a guardian for an adult, I will notify the TED office about a change in responsibility within five (5) calendar days of the event (for example, the minor reaches 18 or there is a change of guardian).
- The device you are receiving is to help meet your telecommunication and communication purposes.

- I will not remove the protective case from the equipment. I will not damage or deface the equipment (e.g. removing any property of Minnesota identifying labels, altering the laser etching, etc.)
- I will not work around or otherwise try to circumvent the operating system of the equipment to enable interoperability of non-program approved software applications.
- I will return defective or damaged equipment. I will keep the original packaging of the equipment for when repairs are needed or equipment returned to protect equipment during shipping.
- If your device is lost I understand that I can no longer receive equipment from the TED Program.
- If any equipment is stolen, I will notify the local law enforcement agency within 24 hours of the time the theft is discovered. I will provide a copy of the police report to the TED office within five (5) business days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage the equipment, I will submit a fire department, insurance, police or other appropriate report about the event to the TED office within five (5) business days after the date the event occurred.
- I agree ***not*** to take the device to an Apple Store or contact Apple directly for repairs.
- I am responsible for the cost related to use of the equipment, such as Wi-Fi service, a data plan or a 4G network.

I agree to the Terms and Conditions above to receive equipment during the iPad/iPhone pilot.	
Signature of Applicant or Parent/Guardian (If Applicant is under 18) <small>*Please provide a copy of the Power of Attorney/guardianship documentation, if signing on behalf of applicant.</small>	Date

Redetermination Eligibility Notice



Eligibility Re-determination Notice

Telephone Equipment Distribution Program

I have already received equipment from the Telephone Equipment Distribution (TED) Program.

In order to participate in the iPad/iPhone Program as a current client, I understand the program will need to re-determine my eligibility to receive equipment.

I understand if I am no longer eligible, I must return the equipment I have already received from the program.

Client Signature

Date

Program Specialist

Date



iPad / iPhone Pilot Program Training Guide



Minnesota Telephone Equipment Distribution (TED) Program
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ted.program@state.mn.us

The Telephone Equipment Distribution Program is funded through the Department of Commerce – Telecommunications Access Minnesota (TAM) and administered by the Minnesota Department of Human Services.




In Minnesota, a surcharge on all telephone lines funds the TED Program.

The TED Program provides telephone equipment to Minnesotans who have a hearing loss, speech disability or physical disability that limits their use of a standard telephone.

The TED Wireless Pilot Program provides participants age 10 and above, with wireless telecommunications devices. Participants will be required to share their feedback about how the equipment meets their telecommunication needs.

This guide provides information in the wireless equipment available, and the terms and conditions for anyone wanting to participate. For more information please contact our office.

TYPES OF EQUIPMENT AVAILABLE

<p>Smartphones (Page 4)</p> <ul style="list-style-type: none"> • iPhone® 6s • iPhone® 6s Plus • iPhone 7 	
<p>Tablets (Page 5)</p> <ul style="list-style-type: none"> • iPad Air 2® • iPad mini 4™ 	
<p>Accessories Accessories can enhance your existing smartphone or tablet by providing wireless connections between devices.</p> <ul style="list-style-type: none"> • Bluetooth® Neckloops • Cell phone amplifiers • Signaling devices 	

Models/styles of equipment subject to change. Equipment to be loaned is at the discretion of the TED Program Specialist and is not limited to the pictures shown.

Smartphones

Suggested for: Deaf, Hard of Hearing, Deafblind,
Physical and Speech Disabilities

iPhone® 6s, 6s Plus and 7

- Requires carrier to be on the AT&T, Sprint, T-Mobile or Verizon Network.
- Must have or setup both a service plan **AND** a data package from the carrier*



Smartphone Activities

- Phone calls
- Text (iMessage)
- E-mail
- Browse the Internet
- Access relay services
- Video calls (FaceTime®)

Product Features

- 32 GB
- iPhone® 6s & 7 - Screen Size: 4.7 inches (diagonal)
- iPhone® 6s Plus - Screen Size: 5.5 inches (diagonal)
- VoiceOver and other built-in accessibility features
- Apps will be pre-loaded based on the disability
- Hearing Aid Compatibility: M3 AND T4 (see page 6)
- Front and back camera
- Black color only

* **Note:** Requires user to select your service network before MN TED orders your iPhone®.

Tablets

**Suggested for: Deaf, Hard of Hearing, Deafblind,
Physical and Speech Disabilities**

iPad[®] Air 2 and iPad[™] mini 4

- Requires access to Wi-Fi
- Option to use 4G network



Tablet Activities

- E-mail
- Text (iMessage)
- Browse the Internet
- Access relay services
- Video Calls (FaceTime[®])

Product Features

- 16 GB
- Wi-Fi or 4G network service
- iPad[®] Air 2 - Screen Size: 9.7 inch (diagonal)
- iPad[®] mini 4 - Screen Size: 7.9 inch (diagonal)
- VoiceOver and other built-in accessibility features
- Apps will be pre-loaded based on the disability
- Front and back camera
- Black color only

Apps Guide: The following are examples of Apps that may be installed on your iPhone[®], iPad[®] or iPad mini[™]


Deaf / Hard of Hearing

<i>Icon</i>	<i>App Name</i>
	ClearCaptions
	Convo
	Hamilton Captel
	Purple P3
	Sorenson nTouch
	Sprint IP Relay
	ZVRS/Z5 Mobile













Deaf / Blind

<i>Icon</i>	<i>App Name</i>
	BARD Mobile
	BigBrowser by Braille Institute
	BigMagnify
	ClearCaptions
	Claro PDF
	Convo
	Digit-Eyes Lite
	Hamilton Captel
	LookTel Money Reader
	LookTel Recognizer
	Sprint IP Relay
	Sorenson nTouch
	ZoomContacts
	ZVRS/Z5 Mobile









Speech Disability

<i>Icon</i>	<i>App Name</i>
	Convo
	FlipWriter AAC
	iSpeech TTS
	Proloquo2Go
	Purple P3
	Sorenson nTouch
	Sounding Board
	Speak4Me Free
	Sprint IP Relay
	Yes/No from I Can Do Apps
	ZVRS/Z5 Mobile








Physically Disabled

<i>Icon</i>	<i>App Name</i>
	Abilipad
	Dragon Dictation
	It's Accessible
	Keeble Keyboard
	Parking Mobility
	Proloquo2Go
	Speak4Me Free
	Sprint IP Relay
	Sounding Board
	WeMo
	Yes/No from I Can Do Apps
	ZVRS/Z5 Mobile

Blind & Low Vision (secondary apps)

<i>Icon</i>	<i>App Name</i>
	BARD Mobile
	BigBrowser
	BigMagnify
	Claro PDF
	Digit-Eyes
	Money Reader
	LookTel Recognizer
	ZoomCOntacts

Cognitive (secondary apps)

<i>Icon</i>	<i>App Name</i>
	Autism xPress
	Communicate Easy
	iSpeech TTS
	Prologue2Go
	Speak4Me
	Sprint IP Relay
	Yes/No From I Can Do Apps

Terms and Conditions

Distribution & Ownership

- All equipment is the property of the State of Minnesota and I will use it in compliance with Minnesota laws and regulations. Illegal use will be reported.
- I am responsible for the appropriate care of all equipment and will use it for accessing telecommunication, communication and related services.
- I will not offer for sale, sell, give away, or loan this equipment to anyone. I may no longer be able to receive equipment from the Telephone Equipment Distribution Program (TED) if any equipment is damaged not covered by the warranty that is not caused by normal wear and tear or acts of nature or disaster.
- If I move to another place in Minnesota, I will report my new address to the TED office within thirty (30) calendar days of the move.
- I will return all equipment to the TED office before I permanently move out of Minnesota.
- If I have signed this Agreement of behalf of a minor or as a guardian for an adult, I will notify the TED office about a change in responsibility within five (5) calendar days of the event (for example, the minor reaches 18 or there is a change of guardian).

Usage

- The device you are receiving is to help meet your telecommunication and communication needs.
- I will not remove the protective case from the equipment. I will not damage or deface the equipment (e.g. removing any property of Minnesota identifying labels, altering the laser etching, etc.)
- I will not work around or otherwise try to circumvent the operating system of the equipment to enable interoperability of non-program approved software applications.
- I will return defective or damaged equipment. I will keep the original packaging of the equipment for when repairs are needed or equipment returned to protect equipment during shipping.
- If your device is lost I understand that I can no longer receive equipment from the TED Program.
- If any equipment is stolen, I will notify the local law enforcement agency within 24 hours of the time the theft is discovered. I will provide a copy of the police report to the TED office within five (5) business days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage the equipment, I will submit a fire department, insurance, police or other appropriate report about the event to the TED office within five (5) business days after the date the event occurred.
- I understand that I can reapply for an upgraded tablet or smartphone after 3 years of receiving this one.

Set-Up & Maintenance

- I agree **not** to take the device to an Apple Store or contact Apple directly for repairs.
- I am responsible for the cost related to use of the equipment, such as Wi-Fi service, a data plan or a 4G network.

Information about the iPad/iPhone Pilot Program

GETTING STARTED

- The device will be provided to you at no cost from the State of Minnesota’s TED Program.
- You will be provided initially with an Apple username and password by our equipment vendor Teltex. If you choose to you also can create your own user name and password. You can download free or paid apps from here. You are responsible to pay for any apps that are non-telecommunication related. If you find an app that provides you better access to your device, please contact the TED Program to determine if they can pay for it.
- When the TED Program learns about a new accessible app, it will be remotely “pushed” from our equipment vendor Teltex to your device.
- You may receive notifications on your iPad/iPhone from Teltex on updates.
- You will be responsible to update your iOS version and apps.

REPAIRS

Each device includes a three year warranty. You do not have to pay for shipping or repair costs if you experience a problem. Please **first call 888-345-1725** or Email dhs.ted.repair@state.mn.us for repair service. Keep the original box it came in for potential repairs.

If you experience any problems with your equipment DO NOT TAKE the device to the Apple Store!

RETURNS

If you need to return the device for any of these reasons, please contact **888-345-1725**. Our staff will make arrangements to pick it up.

- Moves out of Minnesota
- Client passes away
- No longer needs it

ADDITIONAL TRAINING

The TED Program highly encourages you to learn more about your device by visiting www.iaccessibility.com. This website is very resourceful and provides many instructional videos that are signed in ASL and captioned to teach you about special apps, features of the device and other resources.

If you still need additional assistance, please contact the TED Program at 1-800-657-3663 Voice or 651-964-1514 (VP).

Tips for Setting Up Your Service Plan

Choosing a Service for iPad

- **The TED program provides the equipment** but the consumer is responsible for any monthly service fees.
- **You can choose between WiFi only or 4G service. Questions to ask yourself before you decide.**
 - Do you have internet service in your home?
 - Do you have WiFi at home?
 - Are you on a family plan or could you join a family plan?
 - What can you afford to pay monthly?

WiFi Service	4G Service
<ul style="list-style-type: none"> • WiFi in your home – once you set it up, your iPad will remember it. • Free WiFi access in the community. <ul style="list-style-type: none"> ○ Many coffee shops, libraries and businesses have free WiFi access. To find a WiFi access nearest you download an app. You can also ask the business for their Wifi user name and password. • Settings – WiFi – Choose a network (enter password if needed) • Some free WiFi access is slower than others • When using free WiFi it is not a secure network so you should be careful on what websites you access. 	<ul style="list-style-type: none"> • Find out what service is in your area. You will have to choose from one of the four providers <ul style="list-style-type: none"> ○ Visit Verizon Website (www.verizonwireless.com) ○ Visit T Mobile Website (www.t-mobile.com) ○ Visit Sprint Website (www.sprint.com) ○ Visit AT&T Website (www.att.com) • Work with the service provider to set up a service plan for your iPad. You will be responsible for the monthly payment. • Client can bring the iPad into any service provider that provides 4G networks.

Choosing a Service Plans For iPhone

- **The TED program provides the equipment** but the consumer is responsible for any service fees (activation or monthly)
- You have to sign up for a service plan to use the iPhone
- If you have a smartphone with an unlocked SIM card, it can be removed from this phone and placed in the iPhone provided by the TED program.
- Questions to ask yourself
 - Are you on a family plan or could you join a family plan?
 - What can you afford to pay monthly?
 - Do you need a data plan?
 - Decide how much data you will need
- **Find out what service is in your area.** You will have to choose from one of the four providers:
 - [Visit Verizon Website](http://www.verizonwireless.com) (www.verizonwireless.com)
 - [Visit T Mobile Website](http://www.t-mobile.com) (www.t-mobile.com)
 - [Visit Sprint Website](http://www.sprint.com) (www.sprint.com)
 - [Visit AT&T Website](http://www.att.com) (www.att.com)
- Once you determine what service provider you want to use, the TED Program will order the device from the equipment vendor with that service provider.
- Work with the service provider to set up a service plan for your iPad. You will be responsible for the monthly payment.
- **REMEMBER:** If you have access to WiFi, try to use this as much as possible to help manage your data minutes. The data minutes can add up quickly.

Survey #1



Minnesota Telephone Equipment Distribution (TED) Program

444 Lafayette Road North, St Paul, MN 55155-3814

800.657.3663 (Voice) 651.964.1514 (VP)

888.206.6555 (TTY) 651.431.7587 (Fax)

First Name: _____ Last Name: _____ Date: _____

Circle one:

1. Prior to the TED pilot program, did you own your own smartphone/tablet? Yes No

If so, why did you apply for the pilot program?

2. Has the device the TED Program provided been your primary device to communicate with others? Yes No

If no, what other device do you use?

3. What are the three most popular apps you use now? 1. _____ 2. _____ 3. _____

4. What apps would you like to see added? 1. _____ 2. _____ 3. _____

5. Do you have internet in your home? Yes No

6. Where do you use your iPhone/iPad the most? At home Outside of home

7. How many hours in a day to you use the iPhone/iPad you received from the TED pilot program? < 1 hour 1-3 hours 4-8 hours

8. Have you used iaccessibility.com to help you learn the device? Yes No

9. Any comment(s) you would like to add at this time?

Thank you for your time!

Please send your completed survey to:

MAIL:

Sharie Hawkins

MN TED Program

444 Lafayette Rd N

St Paul MN 55155-3814

EMAIL: Sharie.hawkins@state.mn.us

FAX: 651-431-7587

This information is available in accessible formats for individuals with disabilities by calling 1-800-657-3663 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

The Telephone Equipment Distribution Program is funded through the Department of Commerce – Telecommunications Access Minnesota (TAM) and administered by the Minnesota Department of Human Services.

Survey #2



Minnesota Telephone Equipment Distribution (TED) Program

444 Lafayette Road North, St Paul, MN 55155-3814

800.657.3663 (Voice) 651.964.1514 (VP)

888.206.6555 (TTY) 651.431.7587 (Fax)

First Name: _____ Last Name: _____ Date: _____

Circle one:

1. Has the device the TED Program provided been your primary device to communicate with others? Yes No

If no, what other device do you use?

2. What are the three most popular apps you use now? 1. 2. 3.

3. How easy is it to use your iPhone/iPad? 1. Easy 2. Not so easy 3. Difficult

4. How many hours in a day to you use the iPhone/iPad you received from the TED pilot program? < 1 hour 1-3 hours 4-8 hours

5. What benefits are you getting from your iPhone/iPad? (Fill in all circles that apply)

- Calling friends and family
- Scheduling appointments
- Emergency and safety concerns
- Other _____

6. What disadvantages are there or what don't you like about the device? _____

8. How did you learn how to use the device?

9. Did you receive enough training?

Yes No

10. Have you used iaccessibility.com to help you learn the device?

Yes No

11. Do you feel you have greater independence now that you have this device?

Yes No

If no, what is the reason?

12. Any comment(s) you would like to add at this time?

Thank you for your time completing this second survey!

Please send your completed survey to:

MAIL:

Sharie Hawkins

MN TED Program

444 Lafayette Rd N

St Paul MN 55155-3814

EMAIL: Sharie.hawkins@state.mn.us

FAX: 651-431-7587

This information is available in accessible formats for individuals with disabilities by calling 1-800-657-3663 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

The Telephone Equipment Distribution Program is funded through the Department of Commerce – Telecommunications Access Minnesota (TAM) and administered by the Minnesota Department of Human Services.

Survey #3



Minnesota Telephone Equipment Distribution (TED) Program

444 Lafayette Road North, St Paul, MN 55155-3814

800.657.3663 (Voice) 651.964.1514 (VP)

888.206.6555 (TTY) 651.431.7587 (Fax)

First Name: _____ Last Name: _____ Date: _____

Circle one:

1. Has the device the TED Program provided been your primary device to communicate with others? Yes No

If no, what other device do you use?

2. What are the three most popular apps you use now? 1. _____ 2. _____ 3. _____

3. How easy is it to use your iPhone/iPad? 1. Easy 2. Not so easy 3. Difficult

4. How many hours in a day do you use the iPhone/iPad you received from the TED pilot program? < 1 hour 1-3 hours 4-8 hours

5. Rate the level of your communication access **before** receiving the device (1 being low, 4 being high). 1 2 3 4

6. Rate the level of your communication access **after** receiving the device (1 being low, 4 being high). 1 2 3 4

7. How has the device provided you greater independence? Please explain. _____

8. Would you prefer to use this wireless device instead of a landline device? Yes No

9. Have you used iaccessibility.com to help you learn the device? Yes No

11. Do you think the TED Program should continue to provide these iPhone/iPads to clients in the future? Yes No

Thank you for your time completing this third and last survey!

Please send your completed survey to:

MAIL:

MN TED Program

444 Lafayette Rd N

St. Paul, MN 55155-3814

OR

EMAIL: sharie.hawkins@state.mn.us

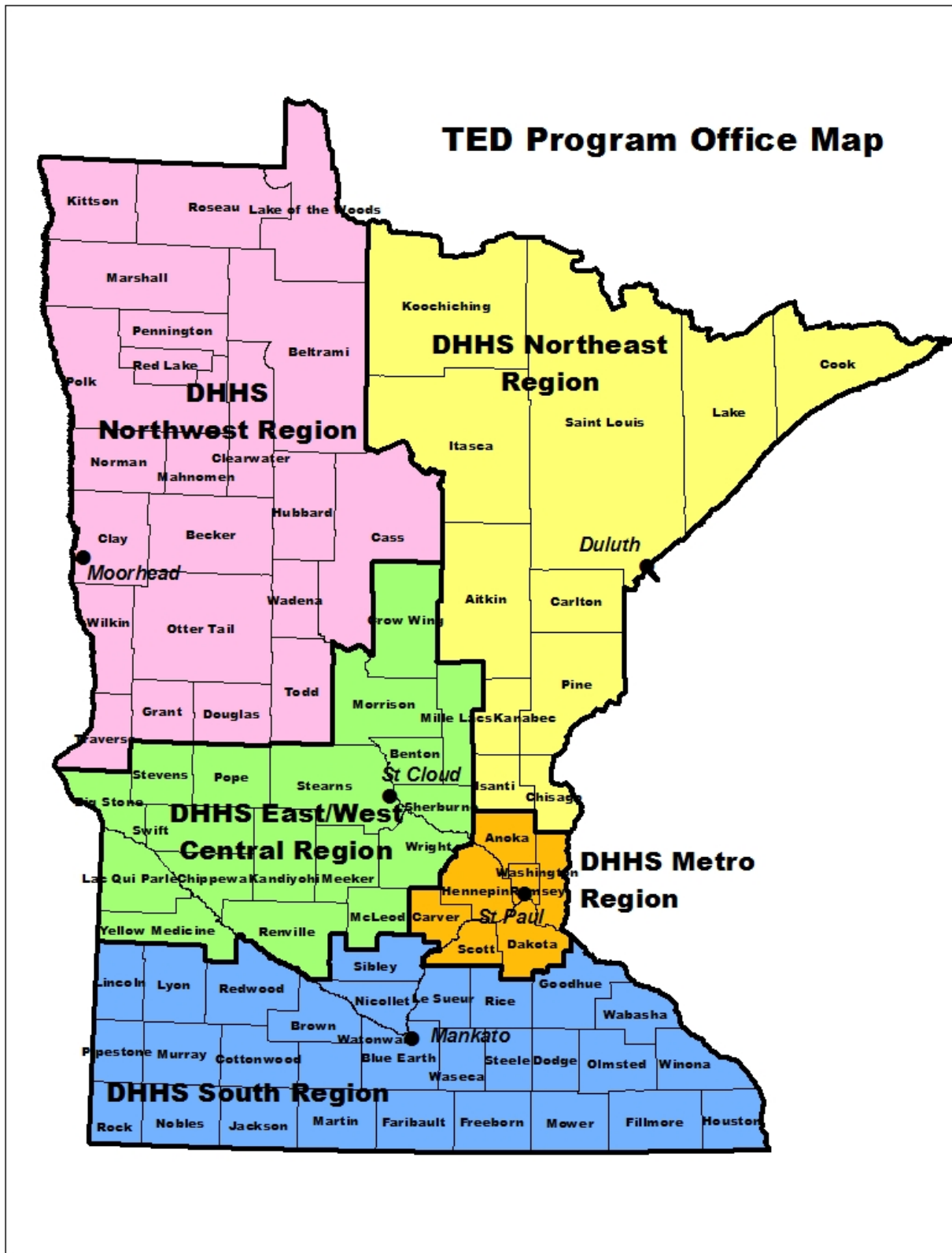
OR

FAX: 651-431-7587

This information is available in accessible formats for individuals with disabilities by calling 1-800-657-3663 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

The Telephone Equipment Distribution Program is funded through the Department of Commerce – Telecommunications Access Minnesota (TAM) and administered by the Minnesota Department of Human Services.

Map of TED Regional Office Counties



Glossary

Deaf (Deaf and Hard of Hearing Services Fact sheet)

Having a hearing loss of such severity that communication and learning is primary by visual methods (i.e., manual communication, writing, speechreading and gestures).

Deafblind

Having a dual sensory loss that interferes with the ability of a person to function effectively in the "hearing-sighted" world. This term does not necessarily mean total lack of hearing and vision.

Dual Sensory Loss

Having a hearing and vision loss that interferes with the ability of a person to function effectively in the "hearing-sighted" world.

E-Mail (Federal Communications Commission (FCC) definition)

Also called electronic mail, refers to messages sent over the internet. The exchange of computer-stored messages by telecommunication. Email can be sent and received via newer types of wireless phones, but you generally need to have a specific e-mail account.

Functional Equivalence (National Association of the Deaf)

To ensure that individuals with disabilities have access to communication technologies in the same manner as people without hearing or speech disabilities.

Hard of Hearing

Having some degree of hearing loss ranging from mild to profound. People who are hard of hearing may benefit from the use of hearing aids or other assistive listening devices. They depend primarily upon spoken English in communicating with others.

Landline (FCC definition)

Traditional wired phone service.

Multiple disabilities

A person having more than one disability.

Physical Disability

A person who is not able to hold a handset or dial out on the telephone due to their physical limitations.

Service plan (FCC)

The rate plan you select when choosing a wireless phone service. A service plan typically consists of a monthly base rate for access to the system and a fixed amount of minutes per month.

Speech Disability

A person with a speech disorder affecting the ability to produce normal speech. This can be soft low volume speech or not being able to talk.

Telecommunication devices

Used to exchange data from one device to another using technology. Examples of telecommunication devices are wireline, wireless, cellular, VoIP telephones, computers, smart phones, handheld devices capable of transmitting and receiving voice, text and video communications, and specialized equipment such as TTYs, captioned telephones and videophones.

Teletypewriter (TTY) (FCC definition)

A type of machine that allows people with hearing or speech disabilities to communicate over the phone using a keyboard and viewing screen.

Text messaging (Wikipedia)

Composing and sending electronic messages between two or more users of mobile phones or portable devices using a telecommunication network.

CERTIFICATE OF SERVICE

I, Sharon Ferguson, hereby certify that I have this day, served copies of the following document on the attached list of persons by electronic filing, certified mail, e-mail, or by depositing a true and correct copy thereof properly enveloped with postage paid in the United States Mail at St. Paul, Minnesota.

**Minnesota Department of Commerce
TAM 2016 Annual Report**

Docket No. P999/PR-17-5 and P999/M-17-276

Dated this 12th day of July 2017

/s/Sharon Ferguson

First Name	Last Name	Email	Company Name	Address	Delivery Method	View Trade Secret	Service List Name
Julia	Anderson	Julia.Anderson@ag.state.mn.us	Office of the Attorney General-DOC	1800 BRM Tower 445 Minnesota St St. Paul, MN 551012134	Electronic Service	No	OFF_SL_17-5_PR-17-5
Linda	Chavez	linda.chavez@state.mn.us	Department of Commerce	85 7th Place E Ste 280 Saint Paul, MN 55101-2198	Electronic Service	No	OFF_SL_17-5_PR-17-5
Emory David	Dively	emory.david.dively@state.mn.us	Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans	Golden Rule Building 85 E 7th Place, Ste 105 Saint Paul, MN 55101	Electronic Service	No	OFF_SL_17-5_PR-17-5
Ian	Dobson	Residential.Utilities@ag.state.mn.us	Office of the Attorney General-RUD	1400 BRM Tower 445 Minnesota St St. Paul, MN 551012130	Electronic Service	No	OFF_SL_17-5_PR-17-5
Greg	Doyle	greg.doyle@state.mn.us	Department of Commerce	Suite 50085 Seventh Place East St. Paul, MN 551012198	Electronic Service	No	OFF_SL_17-5_PR-17-5
Beth	Fraser	Beth.Fraser@state.mn.us	Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans	Golden Rule Building 85 E 7th Place Ste 105 Saint Paul, MN 55101	Electronic Service	No	OFF_SL_17-5_PR-17-5
Rochelle	Garrow	rochelle.garrow@state.mn.us	Department of Commerce	85 7th Place East, Suite 280 Saint Paul, MN 55101	Electronic Service	No	OFF_SL_17-5_PR-17-5
Mary	Hartnett	Mary.Hartnett@state.mn.us	Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans	Golden Rule Bulding 85 7th Place Ste 106 Saint Paul, MN 55101	Electronic Service	No	OFF_SL_17-5_PR-17-5
Sarah	Maheswaran	sarah.maheswaran@state.mn.us	Telephone Equipment Dist. Program	Dept. of Human Services 444 Lafayette Road North St. Paul, MN 551553814	Electronic Service	No	OFF_SL_17-5_PR-17-5
Amy	McQuaid Swanson	Amy.mcquaid-swanson@state.mn.us	Department of Human Services	PO Box 64969 St. Paul, MN 55164-0969	Electronic Service	No	OFF_SL_17-5_PR-17-5

First Name	Last Name	Email	Company Name	Address	Delivery Method	View Trade Secret	Service List Name
Carol	Pankow	carol.pankow@state.mn.us	Services for the Blind	Suite 240 2200 University Avenue W St. Paul, MN 55104	Electronic Service	No	OFF_SL_17-5_PR-17-5
Dana	Wahlberg	dana.wahlberg@state.mn.us	Department of Public Safety	Town Square Ste 137 444 Cedar St St. Paul, MN 551015126	Electronic Service	No	OFF_SL_17-5_PR-17-5
Daniel P	Wolf	dan.wolf@state.mn.us	Public Utilities Commission	121 7th Place East Suite 350 St. Paul, MN 551012147	Electronic Service	No	OFF_SL_17-5_PR-17-5

First Name	Last Name	Email	Company Name	Address	Delivery Method	View Trade Secret	Service List Name
Julia	Anderson	Julia.Anderson@ag.state.mn.us	Office of the Attorney General-DOC	1800 BRM Tower 445 Minnesota St St. Paul, MN 551012134	Electronic Service	No	OFF_SL_17-276_17-276
Linda	Chavez	linda.chavez@state.mn.us	Department of Commerce	85 7th Place E Ste 280 Saint Paul, MN 55101-2198	Electronic Service	No	OFF_SL_17-276_17-276
Emory David	Dively	emory.david.dively@state.mn.us	Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans	Golden Rule Building 85 E 7th Place, Ste 105 Saint Paul, MN 55101	Electronic Service	No	OFF_SL_17-276_17-276
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Sarah	Maheswaran	sarah.maheswaran@state.mn.us	Telephone Equipment Dist. Program	Dept. of Human Services 444 Lafayette Road North St. Paul, MN 551553814	Electronic Service	No	OFF_SL_17-276_17-276
Amy	McQuaid Swanson	Amy.mcquaid-swanson@state.mn.us	Department of Human Services	PO Box 64969 St. Paul, MN 55164-0969	Electronic Service	No	OFF_SL_17-276_17-276

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Dana	Wahlberg	dana.wahlberg@state.mn.us	Department of Public Safety	Town Square Ste 137 444 Cedar St St. Paul, MN 551015126	Electronic Service	No	OFF_SL_17-276_17-276
Daniel P	Wolf	dan.wolf@state.mn.us	Public Utilities Commission	121 7th Place East Suite 350 St. Paul, MN 551012147	Electronic Service	No	OFF_SL_17-276_17-276