

West Central Advisory Committee Meeting

August 16, 2016 12:00 pm – 1:30 pm
Kandiyohi County Health & Human Services- Room 2045

Members: Rosanne Kath; Cindy Bjur; Ernie Watson; Christine Schiroo
Guests: David Rosenthal, Director-Deaf & Hard of Hearing Services; Adrienne Haugen
Staff: Christina Costello
Interpreter(s): Anne Janckila
Note taker: Kris Hulett

Meeting called to order by Christina Costello. This meeting was called to provide any updates and to brainstorm ideas on how Deaf and Hard of Hearing Services can improve services for the West Central area. David Rosenthal, our Director came up from St. Paul to provide a division update and answer any questions you may have, so please ask away.

Division Update: In June, two studies were completed within the division. The DHHS study was done by the Public Consulting Group or PCG and the TED/TAM study was done by The Improve Group or TIG.

The results of the DHHS study were pretty much things we already knew. We are currently looking into some of the recommendations, as they involve legislative proposals. Currently, we are working on one legislative proposal to the legislature, and may have more proposals in the future. We are also having staff in the regional offices look over the recommendations and pick the top three recommendations for their region. All offices have had a chance to make their choices and then come together as a team to pick the top three choices for each office. Once the top three have been agreed upon, the managers then brought those to a manager meeting to further discuss the options and how they could be implemented in the division. The common themes in the manager meeting were:

1. Strategic Planning
2. Outreach
3. Fiscal Year 17 Funding
4. Gap Analysis

A meeting is scheduled with a group called MAD (can't remember exactly what MAD stand for) who also works with Minnesota Management and Budget (MMB) for the gap analysis. The report this fall will hopefully include everything, even the gap analysis.

The results of the TED/TAM study included some recommendations, and possibly some that would require the legislature to look into. The main areas for improvement in this study were:

1. Expanding Outreach
2. Adding Signaling Devices

3. Phone discounts/Credits on Phone Bills

Questions Relating to the Study Update:

Question: When you say there were common themes and recommendations from the DHHS study, can you explain/expand more on that? What all does that mean or include?

Response: The following were recommendations from the DHHS study:

1. Menu options vary in each regional office
2. Regional Offices may not provide needed services
 - a. Need to collaborate with other state agencies
 - b. Consumers feel there is no access to internet and broadband
 - c. Need equipment and training on that equipment
3. More diverse menu options in regional offices and also more sites where consumers can visit with staff throughout the region
4. Mental Health Testing
 - a. Now have Post Doc funding for one year (psychiatric testing and psychiatric type services)
5. Support group for DeafBlind, elderly with hearing loss
6. Don't want to duplicate services-we need to be unique
7. Mental Health Program has been waiting for 4 years to gain access to electronic health records. The program is slowly gaining some access to these.
8. Confusion with DeafBlind Consumer Directed Services (DBCDS) and other DeafBlind programs
9. Greater Minnesota access to communication and interpreters
10. No process to prioritize needs-each office stays in their own region
11. Lack of DHHS Specialists serving Greater Minnesota
12. Website is too complex-not accessible
13. ASL classes for immigrants

Mental Health Update:

July 1, the new Post Doc position was filled and Dr. Colleen Donohue was hired. These services are not billed to insurance Colleen is deaf herself and can work with deaf individuals without the use or need of an interpreter. Colleen will also travel to see clients all over Minnesota. This will allow clients to obtain her services without having to drive to the twin cities.

Question: Where is this person's office located?

Colleen is actually working out of the Golden Rule Building in St. Paul. Since this is a Post Doc position, she needs to be working under the supervision of someone holding a Ph. D. In our division, the only person holding a Ph. D. is the Mental Health Director and he works out of Golden Rule in St. Paul. But she has made it clear that she is willing to travel all over Minnesota and go where she is needed.

Open Discussion on Improving Services in the Area:

Christina explained that this part of the meeting was for the guests and members to provide feedback on where they think services could be improved upon, things they would like to see happen and any other ideas anyone may have. Ideas can be related to technology, as far as where we can help, services or things you have heard of, or even previous things that maybe are no longer offered but you would like to see again.

The one common thing all members agreed on was using social media to spread the word about DHHS (such as Facebook). It was explained that the Department of Human Services (DHS) has a Facebook page and that DHHS is on there, but it must be branded “DHS”. In order to get our own Facebook, it would have to go through DHS public relations, who then would change a lot of it and put DHS all over it and we would really not be in any better shape than we are now. However, the Minnesota Commission of Deaf, DeafBlind and Hard of Hearing (MNCDHH) also is on Facebook and they provide a lot of updates.

Utilizing radio and newspapers was also suggested as a form of outreach to expand knowledge of the programs offered by DHHS.

Another suggestion was to have a DeafBlind Minnesota List serv. This would allow as many people as possible to receive the same information in regards to updates and events. John Lee Clark will post news articles, etc. related to the DeafBlind populations. Also, even if something is posted on Facebook, it would also need to be e-mailed as well because most DeafBlind individuals don't use Facebook.

There was also some discussion on DHHS providing training in the West Central area. The following list was formed for possible locations for trainings:

1. Hutchinson (McLeod County)
2. Willmar (Ridgewater College)
3. Marshall
4. Granite Falls

There was also a suggestion to try to get a time slot during an in-service for teachers in the West Central region. This would ensure that more people can be reached and informed, along with spreading the word about our services through the schools in the West Central area. For Willmar, the Special Education Director is Mary Palmer and Ernie said he would be willing to contact her and also to provide Christina an e-mail with her contact information.

Another suggestion would be to have webinars/presentations accessible from home instead of trying to set up a specific place, especially in the West Central region.

As far as outreach, it was suggested that trying family things to help spread the word would be beneficial. There hasn't been a whole lot for the West Central area. Minnesota Hands and Voices is great, but the West Central hasn't seen those events in recent years. Christina said she would

connect with Brenda Hommerding of MN Hands & Voices in the East Central area to see who the contact person for the West Central area should be and get their contact information.

It was also pointed out that when having an event, wording is very important. When an event says “Deaf” it implies all signing. Because of this assumption, Ade said she didn’t go to some events because she is hard of hearing but doesn’t sign. Christina said that most places have now changed their wording and are using the term Deaf/Hard of Hearing because even though someone may be deaf, it doesn’t mean they use sign language.

Family information events, especially for children would be very valuable. Most parents don’t want to talk about hearing loss and deaf. They may initially reach out and connect with other parents but then they stop. It’s hard to get through and to have people continue to be involved in family groups. They assume once you get a hearing aid, that’s it. They are all fixed. And that is not the case and we want to continue to provide support for these families as they adjust to their child’s hearing loss.

Our next meeting is scheduled for November 15 12:00-1:30 in room 2045 at the Kandiyohi Health & Human Services building.