MINNESOTA
COMMISSION OF THE DEAF,
DEAFBLIND & HARD OF HEARING

Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing Collaborative Plan 2025-2030

AUGUST 2025

Contents

Executive summary

The Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing (the Commission) advocates for communications access and equal opportunity with Minnesotans who are deaf, deafblind, and hard of hearing (D/DB/HH). Additionally, the Commission works with these communities to develop solutions, build capacity, and advocate through civic engagement and public policy.

A key to the Commission's success is the collaborative workgroups, made up of community partners who are working to create positive, systemic changes that achieve better education and career outcomes for students who are deaf, deafblind, and hard of hearing. The work of the collaborative workgroups is driven by the 5-year Collaborative Plan.

How the plan was created

This 5-Year Collaborative Plan is the result of broad participation and deep engagement from many people involved with Minnesota's support system for children who are D/HH/DB and their families. The collaborative workgroups, parents, staff, and professionals shared their knowledge and experiences with a focus on ongoing improvement during workgroup meetings, interviews, focus groups, in-person engagement at conferences, and during the spring Collaborative Planning Summit in May 2025.

Strategic areas of focus for 2025-2030

Community members, partners, and caregivers emphasized that Minnesota has a high-quality, comprehensive system of supports and services to children who are D/HH/DB. However, opportunities and needs remain to help programs and services better meet families' needs, especially in the aftermath of the COVID-19 pandemic. Summit attendees developed a 5-Year Collaborative Plan to serve youth who are birth to age 22 and their families. This plan includes strategic issues and action steps for the Commission to address in the next five years (2025-2030). These issues are grouped into six overarching themes which are outlined below. Next, the Commission and the collaborative workgroups will create action plans to address these strategic issues through 2030, with efforts to streamline and align strategies across the workgroups as appropriate.

Summit attendees identified the following strategic priority areas and action steps. Progress monitoring measures and additional considerations are included based on data collected throughout the project.

Provide resources for families from identification through transition. Ensure that all families have access to the information they need when they need it.

1. Potential activities to address this priority include: Maintain current resources around early identification, parent advisors, deaf mentors, family events, and resource sharing; build a pipeline of resources from early intervention to K12 school programs to transition; create a visiting team/ navigator role for home visits to support families; continue to improve communication and education with providers and to support introductions to family services; develop trusting relationships with

cultural communities; expand transition from high school to workforce and higher education supports; educate and help families advocate for themselves and their children.

2. Progress monitoring indicators: materials are created, updated regularly, and advertised widely in a variety of formats and access points; touchpoints with cultural communities, educators, providers and other contacts are established and ongoing.

Develop, expand, and address mental health resources and needs across Minnesota for infants, children, youth, young adults who are d/Deaf, hard of hearing, or deafblind and their families.

1. Potential activities include identifying stakeholders and creating a committee to begin this work and education around social emotional learning (SEL) and other preventive measures, such as a D/HH/DB friendly or designed SEL curriculum, and programming to meet children's needs.

2. Progress monitoring indicators: a committee is formed to address this priority area; curricula, education materials, and programming are selected/designed and rolled out.

Maintain and improve the Collaborative Experience Conference to ensure ongoing community connections. Ensure the Collaborative Experience Conference continues in order to foster relationships and continue education for families, professionals, and community partners.

1. Potential activities include obtaining funding, planning, and event space to host the biennial collaborative conference; including more and differing sessions around topical interest areas like Deaf Culture, language access, and modalities; panels and story circles that include the whole community (Deaf+ (individuals who are deaf or hard of hearing and also have one or more additional disabilities), deafblind, hard of hearing, etc.); exploring and differentiating marketing techniques for presenters; explore different conference formats and venues; work with school districts to ensure teachers and staff can attend.

2. Progress monitoring indicators: the conference continues and is funded and planned; the conference has more and differing sessions on topical areas that are important to the whole community; new marketing techniques are explored and implemented; contact is made with schools to ensure teachers and staff can attend.

Utilize data-informed decision-making. Incorporate valid, reliable, community-based practices with data use and sharing with D/HH/DB communities in order to make informed decisions with the communities, ensuring the data include quantitative, qualitative, and story-based information.

1. Proposed activities include: examine data practices so work for the D/HH/DB communities can be done effectively and ethically; ensure data are being collected, analyzed, reported, and used by the D/HH/DB communities and their partners to identify, create policies, conduct program evaluation, and other areas as needed; ensure data sharing agreements are in place across government agencies and organizations; explore definitions, missing data, and other data needs; investigate a centralized data location for systems and real-time data sharing for the D/HH/DB communities; study the

consistency of testing, monitoring, and evaluation across the state and types of evaluation and testing tools for children birth to age 22 who are D/HH/DB.

2. Progress monitoring indicators: tracking how and which data are used and when; data agreements are in place; missing data are identified; ideas are generated for a centralized data location.

Provide postsecondary options for deaf, deafblind, and hard of hearing community members in-state. Build an accessible and stronger pipeline of opportunity for youth who are D/HH/DB and ready for work or additional educational training.

1. Proposed activities include: identifying core team and data sets that will add to a centralized hub of information for transition out of school; create a state policy and provide guidance for parents to start transition planning by age 14; strengthen D/HH/DB community relationships with vocational rehabilitation, trade schools, community colleges, universities, organizations, and others with outreach, connection, and partnership; host fairs at in-state colleges and universities, summer camps, and other places to recruit more students who are D/HH/DB.
2. Progress monitoring indicators: core team and data sets are identified, information is added to central data hub; state policies are created around transition planning; outreach and connections are made with postsecondary institutions; transition fairs are hosted at various places.

Language acquisition for children and their families. Ensure D/HH/DB children have access to languages as early as possible in the language methods that work best for them and that family and child choices are supported.

1. Proposed activities include: collaborate with the whole community to agree on a shared definition of language acquisition and other important terms; research and/or conduct early childhood language acquisition and longitudinal studies (in partnership with state agencies and higher educational institutions); educate families, school administrators, and teachers about all language options for children who are D/HH/DB (multiple language choices are often used); collaborate with families and schools around language needs and help them to adjust; create policies around language assessments and measurement and eliminate the potential for a "wait to fail" model; explore different tools to use (such as D-LEAT and LAP assessments).
2. Progress monitoring indicators: shared definitions and terms regarding language acquisition are created and agreed upon; research is conducted around language acquisition; education materials around language modality choices and language needs are created and distributed for families and school staff; polices around language assessment and measurement are created.

Additional considerations:

1. **Recruitment, continuing education, and mental health and well-being supports for teachers, interpreters, and interveners.** This strategy was not selected at the Summit for action planning, although some of the activities do touch on this. The data suggest there is a need to focus on these issues, especially in greater Minnesota and for Deaf+ communities.
2. **Collaboration and education for public school administrators, teachers, and staff around students who are D/HH/DB.** Interview, focus group, and other study participants also highlighted the need for education for public school staff about children who are D/HH/DB, including language choices, ways that schools can be supportive for these children and their families, and general information and training.

Background

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

The five-year collaborative plan is a strategic plan that is facilitated by the Commission to support and guide the work of this collaborative. Wilder Research was contracted by the Commission to help create a data-driven collaborative plan in 2018 and again in 2024. This report summarizes results of the background research completed in 2024-2025 to inform the 2025-2030 collaborative plan, including: the characteristics of children in Minnesota who are deaf, hard of hearing, or deafblind, and the strengths and needs of families that access the system of supports and services. Additionally, the Commission and Wilder Research hosted a summit on May 8, 2025, for workgroup members, parents, professionals, and community partners. Attendees identified strategic issues for the Commission to address, based on the background research and data collected via surveys, interviews, in-person data collection at events, and focus groups with parents. More information can be found in the Methods section in the Appendix.

Characteristics of children and youth who are deaf, hard of hearing, or deafblind in Minnesota

Early hearing detection and intervention

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

- Screening for hearing loss before 1 month of age
- Diagnostic evaluation before 3 months of age
- Enrollment in early intervention before 6 months of age

Of note, at the time of this publication, the most recent complete data available from the Minnesota Department of Health (MDH) are from the 2023 birth year cohort. Children born in 2023 may not be diagnosed until 2024 or later, hence, the most complete data set is from 2023.

In Minnesota, when an audiologist identifies a child with a hearing difference from birth through age 10 years, they are required to report it to MDH. MDH Newborn Hearing Screening Data Summaries show that 99% of

Minnesota newborns had a hearing screening in 2023 (Figure 1). Of the 59,955 Minnesota newborns screened that year, 1,134 (2%) were referred to an audiologist for further diagnostic testing. Of these newborns, for 483 (43%) MDH does not have documentation that diagnosis was completed, 391 (35%) had typical hearing, 117 (10%) had a transient hearing loss (a hearing loss that is most likely temporary and likely to resolve), and 143 (13%) were identified to have permanent hearing loss.

Of these newborns who were identified to have permanent hearing loss, 62% were enrolled in early intervention services, 8% were not enrolled in these services, and 30% have an enrollment status as “unknown.”

1. Minnesota Early Hearing Detection and Intervention testing outcomes (2023)

Detection

Intervention

Source: Minnesota Department of Health, 2025.

Congenital cytomegalovirus screening

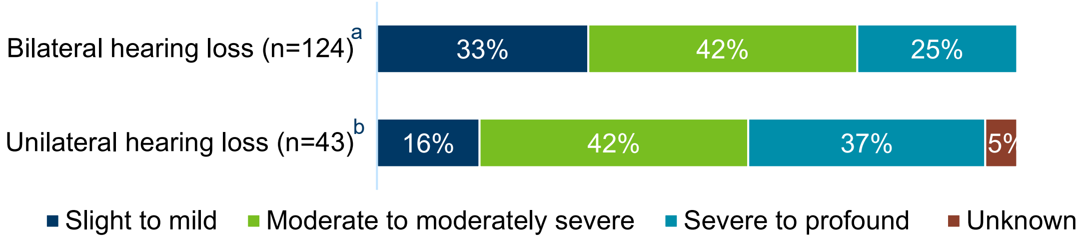
According to MDH, congenital cytomegalovirus (cCMV) is the most common cause of nongenetic hearing loss in childhood (Minnesota Department of Health, n.d.). In 2022, following a review process, the Minnesota Advisory Committee on Heritable and Congenital Disorders recommended adding cCMV to the newborn screening panel, and the Minnesota Commissioner of Health approved this recommendation. In February 2023, Minnesota became the first state in the nation to screen every newborn for congenital CMV.

Since then, there have been 413 cases detected (Minnesota Department of Health, 2025). Thirty children with cCMV also have hearing loss affecting the inner ear. This number includes infants and children identified with hearing loss with a sensorineural component as of June 30, 2025. This number may change as babies with cCMV receive audiology monitoring throughout childhood.

Type and degree of hearing loss

Of children born in 2023 who were identified with a permanent hearing loss, 124 have bilateral hearing loss and 43 have unilateral hearing loss (Figure 2). For the 124 Minnesota children who were identified with permanent bilateral hearing loss, 25% had a severe or profound hearing loss. For the 43 children who have unilateral hearing loss, 37% had severe or profound hearing loss.

2. Laterality and degree of hearing loss among children with hearing loss (2023)[a,b, c]



Source: Minnesota Department of Health, 2025.
[a] Degree in the better ear (if there is a difference between ears)
[b] Degree of the ear with the hearing loss. For a few cases, the degree of hearing loss is unknown (i.e., neural hearing loss)
[c] Data includes both congenital and late onset cases of children who were born in 2023.

Late onset hearing loss

According to the Minnesota Department of Health (2025), between 2019 and 2023, an average of 78 children were diagnosed with late onset hearing loss and reported to MDH each year. Late onset hearing loss refers to instances when a child passed a prior hearing screening, but later developed a hearing loss. Children with late onset hearing loss are reported through age 10.

Minnesota K-12 students who are deaf, hard of hearing, or deafblind

Deaf and hard of hearing student count and demographics

According to the Minnesota Department of Education (2025), in the 2024-2025 school year, there were 2,356 students grades K-12 in Minnesota who were enrolled in special education and were deaf, hard of hearing, or deafblind (as a primary disability). This is approximately 2% of all special education students in Minnesota.

It is important to note that the counts below are a subset of the total deaf and hard of hearing student population, as it only includes those students whose primary disability is deaf, hard of hearing, or deafblind and does not include deaf, hard of hearing, or deafblind students who have another primary disability or students who are deaf, hard of hearing, or deafblind and not receiving special education services.

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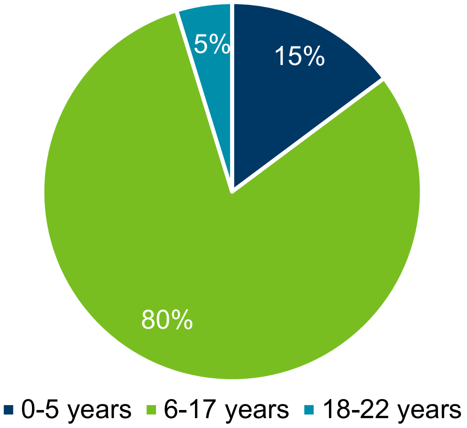
The greatest proportion of students who are D/HH/DB are age 6-17 (80%; Figure 3)

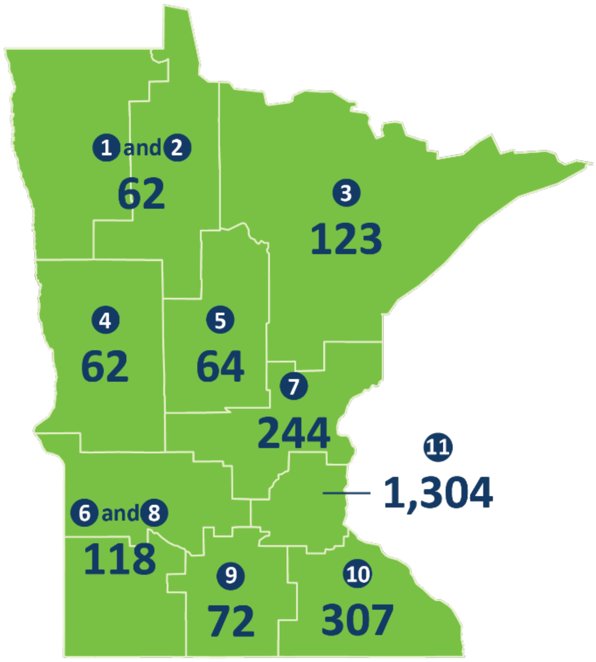
3. Age distribution of students birth through age 22 who are deaf, hard of hearing, or deafblind[a] (N=2,677)



Source: Minnesota Department of Education, 2024-2025.
[a] Only includes students receiving special education services and have a primary disability of deaf, hard of hearing, or deafblind.

Over half of K-12 students who are D/HH/DB are located in the Twin Cities Metro Area (Figure 4).

4. 2024-2025 enrollment count by region of students who are deaf, hard of hearing, or deafblind[a]



Source: Minnesota Department of Education, 2024-2025.
[a] Regional enrollment numbers are derived from the statewide total count of children grades K-12 whose primary disability is identified as deaf, hard of hearing, and/or deafblind.

Outcomes

Kindergarten readiness

Outcome reporting to the Minnesota Department of Education (MDE) for children age birth to 5 years is completed at two points in time for students who are deaf or hard of hearing and receiving Early Childhood Special Education Services (ECSE). Outcomes are first completed as children exit Part C Infant and Toddler Early Intervention Services at age 3, and then completed a second time as children exit Part B ECSE Services and transition to kindergarten, as federally mandated. MDE does not provide comparable data for students who are deafblind. Two reporting tools are used by the student's school district to collect these data: the federally mandated Child Outcome Summary Form (COSF) and the "Additional questions" form, which is used specifically for children in Minnesota who have been identified with a hearing loss and includes information about the student's receptive and expressive language development, early literacy, and numeracy skills, as well as the type and degree of hearing loss the student has and the language and communication mode(s) used by the student at home and at school. Together, these tools are used to summarize how many children across the state are reported to MDE as meeting the appropriate developmental milestones for their chronological age. The data below are early learning outcomes reported by IFSP and IEP teams for children who have hearing loss, with no known cognitive delay or disabilities, that exited Part C or Part B between July 1, 2021 and June 30, 2022.

Of note, the outcome data show that over three-quarters of children who are deaf or hard of hearing with no cognitive delays/disabilities demonstrated skills within age expectations for early literacy and early numeracy skills when exiting part C and about nine in ten children exhibited these skills when exiting part B (Figure 5).

5. COSF outcome data for literacy and numeracy, Part B and C (2021-2022)

Part B (N=86 of 120 children)[a]

Part C (N=72 of 117 children)[a]

Source: Minnesota Department of Education, 2024 Students who are Deaf or Hard of Hearing, Biennial Report to the Legislature

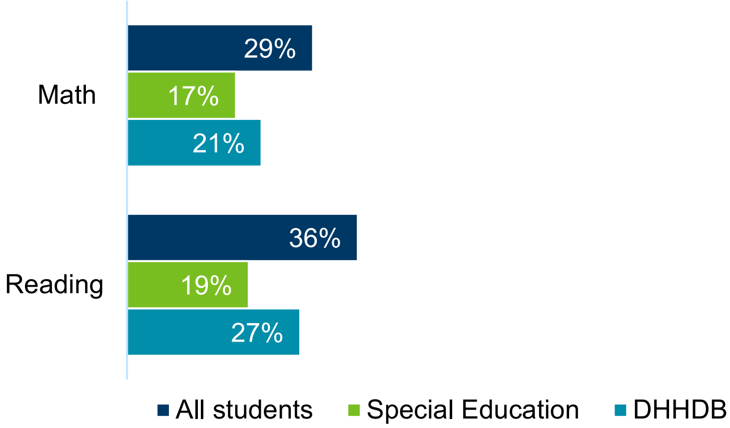
[a] The outcomes summary of the additional language and early literacy and numeracy reporting questions includes data reported for 72 of the 117 children with hearing loss who exited Part C Infant and Toddler Intervention and 86 of the 120 children with hearing loss who exited Part B Preschool Special Education services.

School-aged children

When compared to students who do not have hearing loss in general education, students who are D/HH/DB who are receiving special education services generally score lower in both reading and math on the MCA and MTAS tests. Twenty-one percent of students who are D/HH/DB who received special education services met proficiency in math compared to 29% of students who do not have hearing loss and 17% of all students who receive special education (Figure 6). Similarly, 27% of students who are D/HH/DB met reading standards compared with 36% of students in general education and 19% of students in special education.

Of note, this does not include data for students who are D/HH/DB who are not receiving special education services.

6. Percentage of students that meet MCA and MTAS reading and math scores (2024)



Source: Minnesota Department of Education, 2024-2025.

Graduation rates

High school graduation rates for students who are D/HH/DB have fluctuated slightly over time compared to general education and special education students. According to the Minnesota Department of Education, the four-year graduation rate for students who are D/HH/DB dropped from 76% in the 2022-2023 school year to 74% in 2023-2024. The graduation rate in the 2023-24 school year was 87% for general education and 67% for all special education students. Of note, the D/HH/DB student group has smaller numbers, so more fluctuations may be seen in graduation rates when compared to those not in general education or special education student groups.

Vocational rehabilitation program participation

In Minnesota, students who identify as D/HH/DB have the opportunity to access Vocational Rehabilitation Services (VRS). These services help individuals with disabilities plan, find, prepare for, and maintain employment. VRS counselors work with individuals to develop personalized employment plans, job placement and support, communication support and accommodations, training and career counseling, and other services as needed. VRS also provides pre-employment transition services to potentially eligible students with disabilities.

According to the Minnesota Department of Employment and Economic Development (DEED), 165 students participated in the full VRS program in 2023 (Figure 7). This includes students who identified deaf or hard of hearing as their primary or secondary disability, or they were potentially eligible.

7. Full VRS program participation by students who identify a disability as D/HH (2021-2023)

Program year	Full VR: D/HH primary disability	Full VR: D/HH secondary disability	Potentially eligible[a]	Total
2021	73	36	39	148
2022	65	48	39	152
2023	93	45	27	165

Source: Minnesota Department of Employment and Economic Development, 2021-2023.

[a] The potentially eligible students are assumed to identify deaf or hard of hearing as their primary or secondary disability; this assumption is made as these students were assigned to a D/HH specialist caseload at VRS.

Disability categories and communication modalities for VRS participants

The primary disability codes most frequently assigned to students with a D/HH/DB primary disability at program VRS eligibility were hearing loss, primary communication auditory and deafness, primary communication visual (Figure 8). Less than 10 students had a primary disability of deafblindness.

8. VRS participants by primary disability and communication modality by program year (2021-2023)

Primary disability and communication modality[a]	2021	2022	2023
Hearing loss, primary communication auditory	19	20	32
Deafness, primary communication visual	25	18	26
Deafness, primary communication auditory	14	14	12
Hearing loss, primary communication visual	<10	<10	11
Other hearing impairments	<10	<10	<10
Deafblindness	<10	<10	<10

Source: Minnesota Department of Employment and Economic Development, 2021-23.

[a] The categories listed for primary disability and communication modalities are federal definitions under the RSA-911 case service reporting requirements. The US Department of Education, Office of Special Education and Rehabilitation require these terms to be used.

Introductory career services

Additionally, VRS provides Introductory Career Services (ICS), which include pre-employment transition services (pre-ETS) to all students age 14-22 with disabilities in need of such services, regardless of whether a student has applied for VRS. These services include: job exploration counseling, work-based learning experiences, counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education, workplace readiness training to develop social skills and independent living, and instruction in self-advocacy (including instruction in person-centered planning) which may include peer mentoring (including peer mentoring from individuals with disabilities working in competitive integrated employment).

Most students participated in a pre-ETS service, with job exploration counseling, workplace readiness training, and work-based learning being the services most commonly used from 2021-2023 (Figure 9).

9. Pre-ETS services provided to all students who are D/HH by VRS (2021-2023)

	2021 #	2021 %	2022 #	2022 %	2023 #	2023 %
Instruction in self-advocacy	32	22%	32	21%	33	20%
Job exploration counseling	58	39%	71	47%	77	47%
Workplace readiness training	59	40%	62	41%	52	32%
Postsecondary education counseling	32	22%	38	25%	44	27%
Work-based learning	52	35%	63	41%	82	50%
Any pre-ETS	92	62%	106	70%	119	72%

Source: Minnesota Department of Employment and Economic Development, 2021-23.

High school graduates' participation in VRS

Most students who are D/HH/DB continue with VRS after high school graduation. Data in Figure 10 reflect VRS participants only, as VRS does not collect outcomes data for eligible students. Less than 10 students exited VRS prior to graduation from 2021-2024.

10. D/HH student participation in VRS before and after graduation (2021-2024)

Calendar year of graduation	2021	2022	2023	2024
Exited prior to graduation	0	5	3	1
Exited after graduation (within 3 months)	4	4	4	7
Continued with VRS after graduation	38	38	47	52

Source: Minnesota Department of Employment and Economic Development, 2021-24.

Postsecondary enrollment

From 2021-2024, there was an increasing number of students who are D/DB/HH who continued with VRS after graduation that enrolled in a postsecondary education program (Figure 11). For those enrolled in a postsecondary or graduate education program, the number of students who attended with financial support from VRS increased from 2021-2023, then slightly decreased in 2024. Of note, students are usually covered by financial aid, which is considered first, then VRS is the payer of last resort as they examine comparable benefits.

11. Postsecondary enrollment of VRS students (2021-2024)

Calendar year of graduation	**2021**	**2022**	**2023**	**2024**
Postsecondary or graduate education program	9	14	19	20
With financial support from VRS	4	9	15	13
Career/technical training (certificate/diploma program)	1	5	5	4
With financial support from VRS	0	1	1	0

Source: Minnesota Department of Employment and Economic Development, 2021-24.

Employment outcomes

VRS participants who exited the program in 2021-2023, most frequently worked in the following industries: food preparation and serving-related, transportation and material moving, and production (Figure 12). All other industries were combined to avoid the need for data suppression.

12. Employment industry, wages, and hours worked per week of D/HH students who participated in VRS and exited in 2021-2023

Industry	**Participants (Number)**	**Average hourly wage**	**Average hours per week**
Food preparation and serving-related	22	$13.89	25.4
Transportation and material moving	15	$14.79	21.1
Production	10	$18.77	38.7
All other industries	37	$18.91	30.9
Grand total	84	$16.84	28.6

Source: Minnesota Department of Employment and Economic Development, 2021-23.

Community voices: Strengths, challenges, needs, and opportunities for the deaf, hard of hearing, and deafblind communities

To inform the collaborative plan, Wilder Research and the Commission wanted to learn more about each of the following:

- Community strengths: What are we most proud of? What are we doing well?
- Biggest needs: What has emerged since the 2020 COVID-19 pandemic that needs our focus?
- Opportunities: What can we leverage to improve our system of services and supports? What community needs do we need to fulfill? Where are the gaps that need our attention?
- Previous plan: What from the 2019-2024 Collaborative Plan still needs our attention?
- Results: What data do we need to do our best work? How will we know we are on the right track?

The following analysis synthesizes data from a variety of sources to help answer these questions: 25 interviews with parents and professionals, data from 5 focus groups with parents and caregivers, notes from discussions with 4 collaborative workgroups (birth to age 5, both school-age groups, and transition age), pulse survey, talkback board, and bead voting from 3 events (the Collaborative Experience Conference and 2 hard of hearing resource fairs). This summary of responses and themes informed the strategic priorities in this 5-Year Collaborative Plan. Themes were selected based on the frequency they appeared across each data collection method.

Community strengths

Multiple themes emerged from discussions about strengths in Minnesota's service system, including early intervention, successful collaboration across systems, and robust resources supporting families. These items were also identified in 2018 as strong points that respondents want to maintain and build on for this iteration of the Collaborative Plan.

Collaboration and connection

Interview and focus group participants talked about collaboration and connection as a key community strength and source of support for families.

Building trusting and long-term relationships with families

Professionals spoke with deep pride about relationships they have cultivated and maintained over years with children and their families. They emphasized continuity, connection, and helping families to navigate Minnesota's system of supports.

I love being able to walk beside a family, see them grow,
help them figure out what they need. —System professional

Supporting early language and communication development

Interviewees who are professionals that work in the system said they felt proud to help children and their caregivers gain communication access—whether through ASL, spoken language, or other forms of assistive technology.

> *Watching the light go on for a family when they realize their child can communicate—that's the moment I live for.—System professional*

Cross-sector collaboration and advocacy

Some professionals emphasized that they were most proud of bridging communication between each other—especially among educators, interpreters, audiologists, and speech-language pathologists.

> *The Collaborative Plan keeps us all talking—it's helped bridge gaps between education, health, and social services.—System professional*

> *Starting the regional collaborative has been one of the most meaningful efforts. We're now sharing staff, resources, and ideas across counties.*
> *—System professional*

Supportive D/HH/DB culture for families

Families who participated in focus groups said that other parents and caregivers in the community have been a helpful resource. They also said the Minnesota D/HH/DB communities have a welcoming culture that is willing to share information.

> *Other families have been our best resource. It's so helpful having people who just 'get it.'—Caregiver focus group participant*

> *Minnesota does well in supporting each other, being welcoming, and giving advice when asked.—Caregiver focus group participant*

Deaf mentors and role models

Parents and caregivers who participated in the focus groups said having a deaf mentor and role model is a critical resource for their families as they navigate having a child who is deaf or hard of hearing.

> *Our deaf mentor was really good at incorporating play-based learning… that person coming in and taking some of the pressure off of you as a parent was something I really needed in zero to three land [age group]. —Caregiver focus group participant*

> *We are also using a deaf mentor and that's been really fun to learn ASL and have that other way to communicate with our two-year-old [who uses hearing aids]. —Caregiver focus group participant*

Resources and supports

Strong early intervention services

Parent and caregiver focus group participants said that strong early intervention services and supports are an asset to the D/HH/DB communities. Organizations like Help Me Grow, Minnesota Hands and Voices, the binder from the Minnesota Department of Health, and others were mentioned in particular as important resources for families as they navigate the system of supports for their children who are D/HH/DB.

> *Our Help Me Grow team has just been really active and hands-on with us, which has been good.—Caregiver focus group participant*

> *They [Minnesota Hands and Voices] contacted us before we even got the audiology report…they brought us a blanket and they were so welcoming. —Caregiver focus group participant*

> *That binder from the Department of Health opened the door for me… I read the whole thing.—Caregiver focus group participant*

Screening for Newborn Hearing and CMV

Parents and caregivers noted the comprehensive hearing and cCMV/CMV screenings that newborns receive as a key system strength.

> *Adding CMV to the newborn screening was a huge thing for us in terms of getting our child hearing aids and what that means for language development. —Caregiver focus group participant*

> *A lot of people from other states are shocked when I tell them what we got here [for screenings]. They say, 'Wow, your hospital did all that right after birth?' —Caregiver focus group participant*

Support and access from schools and teachers

Parents and caregivers also noted the comprehensive support they have received from teachers and schools. Focus group participants said that access to Deaf schools is an asset to our state and the system of supports that are provided.

> *Our DHH teacher is phenomenal. I wish I could attach them to my kid until they graduate.—Caregiver focus group participant*

> *I live in a town where many DHH families move to just to be near the deaf school.—Caregiver focus group participant*

Creating and sustaining programs

Several professionals were proud of the statewide initiatives, training programs, or conferences that improved access and coordination for families and professionals who work in the system.

> *Helping expand the deafblind intervener system statewide—there's still work to do, but it's growing.—System professional*

> *We started the [Collaborative Experience] conference. Now, it brings people from all over the state to collaborate and learn.—System professionals*

Needs

Despite the many strengths of Minnesota’s service system for children who are D/HH/DB and their families, there are also a number of unmet needs. Most importantly, families need to be able to communicate (beyond just basic needs) and children need access to language. Professionals and families also named the following issues: need for support for children who are deafblind or Deaf+, a shortage of qualified professionals, need for system navigation support, a dearth of services for greater Minnesota and suburban families, needs for family supports in school and for transition out of the K12 school system, cultural responsiveness, and difficulties accessing virtual services.

More support is needed for children who are hard of hearing, deafblind, or deaf+

Families and professionals who work in the system noted there is a need for services that integrate hearing loss with other co-occurring conditions, such as vision loss, motor issues, or cognitive disabilities. System professional and families pointed out that hard of hearing children may be overlooked or don’t receive adequate accommodations because they do not meet service thresholds. Additionally, families with children who are Deaf+ or deafblind shared challenges with obtaining child care or finding a preschool for their child. Furthermore, professionals who work in the system highlighted the need for children who are deafblind or Deaf+ need better access to appropriate communication tools, trained staff, and tailored educational services to meet their needs.

> *[My child] is more Deaf+… and I’m still finding it hard to bridge that—finding services or a community that is both accommodating to that.*
> *—Caregiver focus group participant*

> *My child still isn't in daycare because we are continually turned away from child care centers... they didn’t want to take on a child with extra needs.*
> *—Caregiver focus group participant*

> *We’re asking general education teachers to guess what to do for kids with profound deafblind needs. That’s unacceptable.—System professional*

> *[Hard of hearing students] don’t qualify for DHH services, but they’re still struggling—academically and socially.—System professional*

> *They [children who are deafblind or Deaf+] fall between the cracks—the child is too deaf for one service, too complex for another.—System professional*

Children who are hard of hearing need early intervention, ongoing monitoring, connections with the community, and support in school

System professionals and caregivers said that children who are hard of hearing, especially those with fluctuating or mild hearing losses, need ongoing monitoring of hearing, language development, and educational progress. This would entail more than one initial screening. System professionals and parents also noted that hard of hearing children need more support in connecting to the community and in school, especially around amplification and hearing devices.

> *Some [hard of hearing] kids pass newborn screening but develop hearing loss later—and we don't catch it until there's already a delay.—System professional*

> *My child was diagnosed at 10…we kind of missed the early years. He didn't get support until later.—Caregiver focus group participant*

> *If the mic dies or the teacher forgets to wear it, the student misses everything—and no one notices.—System professional*

> *We don't talk enough about how hard it is to navigate both worlds—especially if you're hard of hearing and don't sign.—System professional*

There is a shortage of qualified professionals to meet families' needs

System professionals that we interviewed noted there is a consistent shortage of DHH teachers, interpreters, and interveners—especially those qualified to support students with complex needs, deafblind students, or in rural areas. System professionals also note a shortage of deaf mentors available to help families in rural areas. This exacerbates the problem of lack of support and services for families.

> *We have deafblind students with no intervener, just someone checking in once a week. That's not access.—System professional*

> *Some of our DHH teachers are on emergency licenses. That's not fair to the kids.*
> *—System professional*

> *There's one interpreter for three schools—how is that inclusive?*
> *—System professional*

Additionally, workforce shortages and a need for more teachers, interveners, and interpreters were identified by event attendees, several respondents who took the pre-interview survey, and members from one of the collaborative workgroups as an area of need that should be addressed by the Commission.

Families need support navigating multiple systems

Families and professionals in the system said there is burnout and strain around managing multiple specialists, agencies, and systems to get adequate care for their children who are D/HH/DB or Deaf+.

> *Sometimes it's hard to know—do I contact the audiologist, ENT, Hands & Voices, or MDH? —Caregiver focus group participant*

> *It felt like a treasure hunt. You're on your own to figure out everything. —Caregiver focus group participant*

> *Families are their own case managers, and it burns them out. —System professional*

Geographic disparities exist with program accessibility, especially for greater Minnesota

According to family focus group and professional interview participants, families in greater Minnesota or the suburbs have limited access to ASL programs, DHH classrooms, or in-person events.

> *Most of the events are in St. Paul… we're in [name of suburb] and can't always make it. —Caregiver focus group participant*

> *There's only been one event in [suburban county]. Everything else is too far. —Caregiver focus group participant*

> *Parents in rural areas drive hours for services. Some stop going—not because they don't care, but because it's just not sustainable.—System professional*

> *In rural areas, we don't have access to deaf adults, mentors, or cultural events. Kids grow up isolated.—System professional*

Several event attendees, respondents to the pre-interview survey, and members from three of the collaborative workgroups also identified closing the gaps in resources for greater Minnesota as a key system need.

Inconsistent early language access

Professionals that work in the system are concerned that children do not get consistent access to language early enough. It is critical for children to have access to a language that works for them as early as possible—this includes using spoken, signed, tactile, or a variety or combination of languages.

> *Parents are told to wait and see. By the time they get language support, it's too late.—System professional*

> *We should guarantee access to language—not just services. ASL, spoken English, tactile signs, AAC—whatever the child needs. —System professional*

Additionally, language acquisition was also selected as a key need by attendees at the resource fairs and Collaborative Conference, members from three collaborative workgroups, and system professionals who completed the pre-interview survey.

Families need streamlined, consistent transition planning and post-school support

System professionals described gaps in transition planning between high school and adulthood. Some transition plans start too late or are too generic to be helpful. Once students leave high school, interviewees were concerned about the lack of handoff to adult services like vocational rehab, mental health, or housing supports.

> *We see transition plans that say 'student will live independently'—but there's no steps or skills being taught to get there.—System professional*

> *Transition services are supposed to start at age 14, but in practice it's often a checkbox at 17.—System professional*

> *There's no continuity between school and vocational rehabilitation. Families are expected to figure it out on their own.—System professional*

Mental health resources

System professionals identified mental health care needs for accessible, trauma-informed, and culturally competent services across the lifespan—especially for deaf youth, deafblind children with complex needs, and families navigating system stress.

> *We have deaf kids showing signs of trauma, and there's no one who can sign and treat them appropriately.—System professional*

Mental health issues don’t get addressed because language access isn’t built into the behavioral health system.—System professional

We’ve had more calls for mental health referrals in the last two years than ever. COVID made it worse, but the gap was always there. —System professional

Also, resource fair and Collaborative Experience Conference attendees, pre-interview survey participants, and members of three collaborative workgroups identified mental health supports for youth as a key need that the Commission should address in the next iteration of the Collaborative Plan.

Need for cultural and linguistic responsiveness

Several professionals that we interviewed said that families who are BIPOC, immigrant, or multilingual often face additional barriers due to language mismatches and culturally uninformed services.

Somali, Hmong, Spanish-speaking families get half the services and twice the confusion.—System professional

If the parent doesn’t speak English or ASL, they don’t get access. Period. —System professional

Additionally, some resource fair and Collaborative Experience attendees and members of one collaborative workgroup identified a need for outreach to various families from diverse cultural communities to ensure that their needs are being met.

Virtual services during COVID were inadequate; some parents still struggle

When asked about challenges or needs with getting services, parents of young children said remote therapy and virtual early intervention were ineffective, especially for young children with multiple disabilities. Several professionals echoed these experiences.

Trying to do speech and physical therapy virtually… it just doesn’t work for toddlers.—Parent/caregiver focus group participant

My daughter couldn’t lip read with masks, and the sound was muffled… she just shut down. —Parent/caregiver focus group participant

> *One of our deafblind students completely disengaged during virtual school. There was no way to meet their needs.—System professional*

Of note, a few professionals who worked in the system noted that virtual options for some families did increase access to services or trainings that would have otherwise been unavailable in rural areas.

> *For some greater Minnesota families, it was the first time they could access ASL classes or deaf role models.—System professional*

Opportunities

A range of opportunities was identified by key stakeholders as things that could positively affect the system and the system's ability to meet the needs of children and youth who are D/HH/DB and their families.

Assistance from a service navigator or central hub

The idea of a service navigator or a centralized hub of information to help families access and coordinate services came up at multiple points during the data collection process.

Caregiver focus group participants described being overwhelmed by having to coordinate multiple systems and expressed a need for a "one-stop" person or hub to help them understand and access the right supports. This could help bridge gaps in the system and prevent families from getting stuck or burnt out.

> *It would be really nice to have like a hub… a one-stop shop for, 'Okay, I'm looking for housing,' or 'how do I navigate getting my kid on MA and waiver services'... It would have made my life a lot easier. —Parent/caregiver focus group participant*

> *If we didn't have [family members who are professionals], I think having...*
> *I don't know if you would call it... a navigator, but someone that can tell you...*
> *'Here's what you should expect from the school.'*
> *—Parent/caregiver focus group participant*

> *At date of identification, have somebody (with lived experience as a parent) to be able to be there and [provide] emotional support… help take in all information and walk with patient and organize information.*
> *—System professional*

Several resource fair and Collaborative Experience attendees, in addition to members from two collaborative workgroups, identified a system navigator or resource hub to be an important way to address the needs of families who are caring for their children who are D/HH/DB.

Invest in total communication and language access from identification

System professionals and families want children to have access to language that works for them in early years. Ensuring statewide access to ASL and spoken language supports during early childhood intervention will help children succeed in the long run. System professionals said that deaf mentors are one of the most impactful supports for families to help with language access.

> *There's not enough total communication options—especially in that zero-to-five critical language period.— Caregiver/parent focus group participant*

> *Every family should be offered a deaf mentor as early as possible. It's one of the most powerful things we can do.—System professional*

Increase Support for Families with children who are Deaf+ and deafblind

Families with children who are Deaf+ and deafblind felt that current systems do not meet their unique needs. Building integrated services and peer support networks and increased advertising for what is available statewide would be helpful to connect families with each other and to critical resources.

> *It's hard finding a community that supports kids who are Deaf+… it's a different need.— Caregiver/parent focus group participant*

> *There are not enough services that integrate hearing loss with vision or developmental needs. — Caregiver/parent focus group participant*

Strengthen school advocacy and transition supports

Families and system professionals noted a need for more education around advocating for their child and working with schools. Similarly, system professionals said there is a need to improve partnerships with schools, vocational rehabilitation, and higher education around transition planning for students who are D/HH/DB.

> *It's amazing how school districts will just roll over you… unless you know your child's rights. — Caregiver and parent focus group participant*

[Organization] has a DHH expert, but I couldn’t get help when I needed it.
— Caregiver and parent focus group participant

We need [K12] transition support that starts early and follows youth past graduation. That’s a gap the Commission could fill.—System professional

Strengthen the system workforce pipeline

Several professionals who work in the system identified a clear opportunity to grow and diversify the workforce (e.g., DHH teachers, interveners, interpreters, cultural liaisons) by investing in scholarships, apprenticeships, and remote training pathways.

If the Commission could lead a statewide workforce pipeline, that would change everything.—System professional

There are amazing deaf youth out there who want to work with kids—but they can’t afford the training or don’t know where to start. Let’s fix that.
—System professional

Why not create an apprenticeship for interveners or interpreters? Get people learning on the job with coaching, especially in greater Minnesota.
—System professional

Promote cross-system data and accountability

Some system professionals pointed out that there’s an opportunity for the Commission to lead efforts to align and analyze data across systems (education, early childhood, health, vocational rehabilitation, etc.) and track outcomes that matter to families. This would enable system professionals to collaborate better to do their jobs more effectively.

We need someone to connect the [data] dots—MDE, DHS, MDH, VR. The Commission could be that connector.—System professional

We’d do our jobs better if we had access to shared data on language milestones, referrals, and outcomes. The Commission could lead that effort.
—System professional

Continued work from 2019-2024 Collaborative Plan

Professionals who work in the system were asked to identify strategies and action items that should be carried over from the 2019-2024 Collaborative Plan. Twenty-nine respondents answered the survey. Below, we outline how many respondents (N) selected the corresponding action steps as high priority, secondary priority, and lower priority.

A copy of the overarching strategies and action steps from 2019-2024 is available in the Appendix.

High priority action steps

The following 2019-2024 action steps, categorized by their overarching strategy from a survey of closed-ended choices, were selected as high priorities that "definitely need to go in the plan" for the 2025-2030 Collaborative Plan most frequently by respondents.

Collaboration across stakeholder groups

- Build connections among organizations and networking across working groups (N=16)
- Hold a conference to build networks with partners (N=16)
- Develop partnerships to improve services for families (N=14)
- Support local efforts to build relationships (N=12)
- Hire cultural liaisons to work with schools (identified by three groups at the Collaborative Summit as critical work to move forward)

Teacher/interpreter licensure standards

- Expand recruitment efforts for qualified professionals, including interpreters, interveners, and D/HH/DB teachers (N=14)

Promote mental health/whole child approach in the work we do

- Develop and expand mental health resources across Minnesota (identified by several groups at the Collaborative Planning Summit as critical work to move forward; was not selected as high priority by survey respondents)

Secondary priority action items

Survey respondents ranked the following action steps below as secondary priorities that should be included in the 2025-2030 Collaborative Plan.

Increase consistency in resources to ensure access for all families

- Conduct annual gaps analysis of existing resources using national and local guidance (N=10)
- Investigate possible centralization of resources and seek out new sources of funding (N=10)

Promote mental health/whole child approach in the work we do

- Create a task force to address approaches to service delivery (N=10)

Lower priority and action items to be discontinued

The next several items received the rating that “the Commission should focus on other things or that other groups can accomplish this [item].” This indicates a lower perceived relevance or priority. However, it is important to note that not many survey respondents chose this response option for any of the items.

Collaboration across stakeholder groups

- Investigate feasibility of collaborative hubs (N=6)

Promote mental health/whole child approach in the work we do

- Research new strategies for differentiated instruction (N=5). However, several groups at the Collaborative Experience Conference noted that this work is critical to move forward.
- Develop guidance for school staff on student transitions (N=4).

Measuring outcomes

We asked professionals who work in Minnesota’s D/HH/DB system of supports to identify data sources they need to do their work effectively. Respondents identified several different types of indicators such as workforce data, educational and language outcomes, access to services and supports, and family experiences.

Helpful indicators

Workforce availability and qualifications

Professionals who work in the system noted a need to measure the workforce of those who work with children who are D/HH/DB. This includes the number and licensure level of DHH teachers, number of certified interpreters and interveners as well as their locations. Greater Minnesota has a shortage of these types of workers, so it is important to measure the location distribution of these workers to help address the shortage.

> *There’s a [workforce] pipeline problem. We don’t have enough people going into DHH [teacher] licensure—especially for rural areas.*

> *We have more deafblind students than ever, but not enough trained interveners.*

> *We need to know how many [DHH teachers] are Tier 1, Tier 2, or Tier 3. That alone tells you where support is fragile.*

Language development and access for children who are D/HH/DB

Professionals we interviewed who work with children who are D/HH/DB noted the need for accessible data regarding language development and access. This included on-time expressive and receptive language benchmarks, access to ASL and/or spoken language by age 3, the use of formal communication assessments, and others. Early, consistent access to language—whether ASL, spoken language, or both—is crucial to successful social development and education for children who are D/HH/DB.

Some programs use formal language assessments, some don't. | There's no standard for what 'on track' even means.

We need to know if kids are on track—whether they're using signs, words, AAC, it doesn't matter. Are they developing communication?

Access to early intervention and specialized services

Professionals who work with children who are D/HH/DB also noted the need to track access to Early Intervention and specialized services. Suggested indicators include the percentage of families receiving Deaf Mentor services; whether or not interveners/interpreters are included in Individual Education Plans (IEPs); and the use of Augmentative and Alternative Communication (AAC), tactile, or multimodal communication strategies. Respondents also were interested in tracking these data to help improve system equity—such as for those who may be more likely to experience a gap in systems and services, which are oftentimes greater Minnesota families and those from multilingual communities, or those who are in the Deaf+ community.

[Deaf Mentors] it's one of the most effective services we have—but not every family gets offered one, and that's not fair.

We have kids who are deafblind and nonverbal sitting all day with no communication partner. It's heartbreaking.

We have ASL support, but what about Somali, Spanish, Hmong? It's not equitable if they don't get information in their language.

Education and post-school outcomes

Professionals we interviewed also expressed a desire to see high school graduation and drop-out rates, data and outcomes regarding transition (employment, independent living, college, or other postsecondary education choices) for youth who are D/HH/DB, social emotional success, and inclusion rates for general education.

Are d/Deaf students graduating? Working? What happens after high school?

We track services until age 21, then nothing. It’s like falling off a cliff.

Inclusion without support is isolation. We need to know what inclusion actually looks like in practice.

Equity and family experience

Professionals who work in the system noted the importance of measuring equity around families’ experiences with Minnesota’s system of supports for children who are D/HH/DB. This would include whether non-English speaking families are getting materials in their native languages, measuring the gaps in access to services in greater Minnesota, whether families understand (and take advantage of) all of the communication options that are available to them, and whether and how they are accessing family networks and peer supports.

If you’re a Spanish- or Somali-speaking parent, it’s 10 times harder to get access to d/Deaf services that make sense to you.

We need to track who is being left out—not just how many kids got a service.

Some families don’t even know what’s possible [for communication options] until years later. By then, they’ve lost time they’ll never get back.

Concerns around tracking data

Several respondents were concerned about data tracking for a variety of reasons, including risk of redundancy, inconsistency with definitions and measurement, low incidence of the population, and potential reinforcement of biases.

Risk of duplication of existing systems

Some interviewed professionals said that a lot of the data they need to do their job are already collected and shared through the Minnesota Department of Education, the Minnesota Department of Health, and the SLEDS and ECLDS systems.

ECLDS, MDE, MDH—they all collect pieces [of data]. The Commission should help connect the dots—not add a fourth system.

Inconsistency around definitions and data collection

Some professionals who work in the system pointed out that local control of education data and inconsistent testing/reporting across school districts make reliable statewide comparison difficult.

One program’s ‘on track’ is another program’s ‘delayed.’
It’s hard to compare across systems.

Bias of data interpretation

A few professionals who work in the system noted concern around potential biases from consumers. In particular, they are concerned with data perpetuating low expectations and negative stereotypes rather than the intent to support improvement.

If we’re not careful, we use data to justify low expectations instead of identifying where to build support.

Low incidence and data ethics

Finally, several professionals who work in the system pointed out that the deaf and hard of hearing, and especially deafblind populations are small. This makes it hard to generate statistically meaningful data and ensure anonymity.

The numbers are so small in rural areas that you can’t run a report without identifying a student. That’s a privacy issue.

People forget—this is a low incidence population. Sometimes the data just isn’t robust enough to draw big conclusions.

With children who are deafblind, you’re talking maybe a dozen kids across the state. That doesn’t mean the data’s not important—but it needs context.

Strategic areas of focus: 2025-2030

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

Identified strategic issue areas

Several strategic issues were identified as areas of focus for 2025-2030:

1. Provide resources for families from identification through transition
2. Develop, expand, and address mental health resources and needs across Minnesota
3. Maintain and improve the Collaborative Experience Conference to ensure ongoing community connections
4. Utilize data-informed decision-making
5. Provide postsecondary options for deaf, hard of hearing, and deafblind community members in-state
6. Language acquisition for children and their families

The following sections outline each strategic priority, corresponding action steps, and measurement outcomes. The next steps are for the Commission and the collaborative workgroups to develop more complete action plans for each strategic priority. These action plans might include, and further flesh out, the action steps identified below and might add other steps. The final action plan should also identify the person(s) responsible and a timeline for each action step.

Additionally, other suggested strategies that did not move forward for action planning during the Summit are detailed in the Appendix. The Commission and their partners may choose to develop these further as part of their plan, depending on community needs, resources, and the changing landscape of human services programming.

Strategic priority #1: Provide resources for families from identification through transition

Ensure all families have access to the information they need when they need it

Families and professionals emphasized that Minnesota has an abundance of trusted resources and supports: medical providers, teachers, organizations, and each other. Minnesota's system of supports is well-established and strong. However, there is still work to be done to maintain and improve the resources that families receive. In particular, participants noted the need for a centralized information hub that includes information:

- In all types of communication modalities that families can choose
- Information for families who do not speak English as their first language
- A system navigator to help families as they seek support for their children as they age, especially transition resources
- Continued relationship building with providers to inform them of supports for families, and advocacy skills for children and families

The action steps below illustrate how the Commission could carry out this strategic priority.

Action steps

- Maintain current resources and continue the following work: Early identification, sharing resources with each other including parent advisors, deaf mentors, Deaf+ community, and at family events
- Expand the pipeline of resources from early intervention to school programs to transition: Ensure these are easy to access, use, and are more centralized; create a resource hub to coordinate information; fill in the gaps of resources and services; make information easy to understand and accessible (e.g., available in non-English languages)
- Create a visiting team/navigator role that is available for home visits and to support families through their journey through different systems (e.g., early childhood, school system, navigating transition to adulthood, Deaf+)
- Continue to improve communication and education with providers (e.g., medical, audiologists, PCP) to support Minnesota Hands and Voices and other family services by raising awareness about available resources and services, and introducing families to these services at doctor/audiology appointments, especially for children who are part of the Deaf+ community
- Develop trusting relationships with cultural communities: create materials in families' preferred languages, and conduct outreach and build relationships with various cultural communities
- Expand transition supports: provide information and a timeline for parents about when to start the transition planning process
- Educate and help families advocate for themselves and their children, especially in school: provide educational modules to cover different aspects of the education system for kids who are D/HH/DB, including videos and reference guides for parents/caregivers as their child(ren) grows

Progress monitoring

The list below outlines indicators the Commission could use to monitor progress, successes, and challenges for this strategic priority.

1. Materials are created, updated regularly, and advertised widely in a variety of formats and access points
2. Outreach is conducted with cultural communities, educators, providers and other contacts; regular contacts are established and ongoing
3. A central area for information is explored and created
4. A visiting team/navigator role is explored and created

Strategic priority #2: Develop, expand, and address mental health resources and needs across Minnesota for infants, children, youth, young adults who are d/Deaf, hard of hearing, or deafblind and their families

Bolster the mental health and well-being supports needed by children who are deaf, hard of hearing, or deafblind

Mental health resources for children who are D/HH/DB was identified as a major need and challenge by study participants. Summit participants indicated this work is important and needs to be established among the collaborative workgroups. The action steps below illustrate how the Commission could address this strategic priority.

Action steps

- Identify stakeholders and develop a committee to begin this work. Potential key partners include: cultural liaisons, VOA, Therapeutic Services Agency, MDBA, MSAD, MDS, Greater Minnesota, District 916, MDE, parents, mental health educators, and practitioners
- Provide education around social-emotional learning (SEL) and preventive measures, including curricula that are D/HH/DB friendly or designed SEL curriculum, programming to meet children's needs, ways for hospitals/providers to connect with VOA/TSA when a child who is D/HH/DB shows up in need of mental health and well-being services, and helping to connect families to needed well-being and mental health supports

Progress monitoring

The list below outlines indicators the Commission could use to monitor their progress, successes, and challenges for this strategic priority.

1. A committee including various partners is formed to address mental health needs across Minnesota

2. Curricula, education materials, and programming for children and youth who are D/HH/DB is selected/designed and rolled out
3. Connections are established with health care providers, organizations, schools, and other important partners around mental health for children and youth who are D/HH/DB

Strategic priority #3: Maintain and improve the Collaborative Experience Conference to ensure ongoing community connections

Ensure the Collaborative Conference continues in order to foster relationships and continuing education

Study participants emphasized the importance of collaboration, connection, and education within the community, for key community partners, and parents. One way that community members connect with each other is via the Collaborative Experience Conference, which is hosted on a biennial basis. Summit participants wanted to ensure this key space for gathering and learning is improved and sustained over time. This includes incorporating voices from the whole community, differentiating marketing and proposal review techniques to attract new presenters and topical areas, reviewing conference formats and venues to ensure higher attendance and more community inclusivity, and developing relationships with schools to ensure the conference is accessible for educators. The action steps below are potential ways the Commission could address this strategic priority.

Action steps

- Continue to ensure the Collaborative Conference happens biennially by obtaining funding, planning, and securing event space so the community has access to new research, best practices, techniques, and technology
- Include more ASL/Deaf Culture sessions, Deaf+, deafblind, such as panels and story circles to be inclusive of the whole community
- Ensure multiple partners from all D/HH/DB, Deaf+, and cultural communities review proposals for presentations
- Develop new marketing techniques for presenters to increase the number of out of state presenters, and presenters from across the D/HH/DB and Deaf+ communities
- Offer more topics of interest, including sessions around language access (e.g., modalities other than ASL like captioning, CAE, AAC), self-advocacy for a variety of ages, parent-specific offerings, transition out of school, life skills (e.g., driver’s education support)
- Explore different conference formats and venues (e.g., a traveling conference, different locations, workshop tracks for teachers, reduced costs) that would allow for more attendance and participation
- Work with school districts to ensure that teachers can attend the conference (e.g., substitute reimbursements, coordination with districts around timeframes)

Progress monitoring

The list below outlines indicators the Commission could use to monitor their progress, successes, and challenges for this strategic priority.

1. The conference is funded and planned on a biennial basis
2. Increase number of topical areas offered at the conference
3. New marketing techniques and proposal review procedures are implemented
4. Outreach and ongoing discussions with schools occur around teacher conference attendance

Strategic priority #4: Utilize data-informed decision-making

Incorporate valid, reliable, community-based practices with data use and sharing with D/HH/DB communities in order to make informed decisions with the communities, ensuring the data include quantitative, qualitative, and story-based information

This study sought to determine what the Commission needs to do their best work, and how the Commission will know they are on the right track. Study participants had many different answers regarding what should be measured, how data should be collected, and what populations should be included. Several study respondents expressed concerns over the limitations of available data, the potential to duplicate existing systems and data sources (e.g.., SLEDS, ECLDS), that data interpretation could be biased, and especially the risks and ethics around reporting data with low incidence populations. The action steps below seek to address these concerns and bring consistency around data use, collaboration, reporting, and ethical data practices.

Action steps

- Examine data practices and topics the D/HH/DB communities need to do their work effectively and ethically, including population, progress, and system-level data
- Ensure data are being collected, analyzed, reported, and used by the D/HH/DB communities and their partners to identify, create policies, conduct program evaluation, and other areas as needed using valid and reliable measures
- Ensure data sharing agreements are in place and fully executed across government agencies and organizations that require them to facilitate increased sharing and understanding
- Explore how populations are defined at different agencies, who is missing in the data, and other needed data (such as IEPs, 504 plans, Greater Minnesota access and progress, workforce, language access, etc.)
- Investigate a centralized data location for systems that would include real-time data for the communities, including what data centralization is currently in place, what data sharing agreements are in place and between which entities, etc.
- Study the consistency of testing, monitoring, and evaluation across the state; types of evaluation; and testing tools for children age 0-22 who are D/HH/DB

Progress monitoring

The list below outlines indicators the Commission could use to monitor their progress, successes, and challenges for this strategic priority.

1. Data collection, use, and reporting practices across organizations and state departments are examined
2. How and which data are used and when are documented
3. Data agreements with state agencies and service organizations are established
4. Missing and needed data are identified and a plan for how to collect missing and needed data is established
5. Ideas are generated for a centralized data storage location

Strategic priority #5: Provide postsecondary options for deaf, hard of hearing, and deafblind community members in-state

Build an accessible and stronger pipeline of opportunity for youth who are deaf, hard of hearing, or deafblind and ready for work or additional educational training

Resources around transition planning from K12 to postsecondary education and entering the workforce arose in 2018 and 2024 as a key need for youth who are D/HH/DB. While resources and programs currently exist for these communities, opportunities exist to strengthen and maintain them to ensure that youth who are D/HH/DB and exiting high school are thriving in Minnesota. The action steps below will contribute to fulfilling the work of this strategic priority.

Action steps

- Identify a core team, data sets, and other needs that will add to the centralized hub of information for transition out of school
- Create a state policy and provide guidance for parents to start transition planning by age 14
- Strengthen D/HH/DB community relationships with vocational rehabilitation; trade schools; community colleges; universities; organizations; and others with outreach, connection, and partnership
- Host fairs at in-state colleges and state universities, summer camps, and other places to recruit more students who are D/HH/DB

Progress monitoring

The list below outlines indicators that the Commission could use to monitor their progress, successes, and challenges for this strategic priority.

1. A core team to do this work and needed data sets are identified
2. This information is added to a central data hub that is accessible to families who need it
3. State policies are created around transition planning

4. Outreach and connections are made with postsecondary institutions and camps; relationships are solidified and maintained over time
5. Transition fairs are hosted at various venues in Minnesota that showcase the state's resources for youth and young adults who are D/HH/DB

Strategic priority #6: Language acquisition for children and their families

Ensure that children who are deaf, hard of hearing, or deafblind in Minnesota have full access to language as early as possible in the language methods that work best for their families and language choices are supported

Study participants and Summit attendees emphasized the need to prioritize language acquisition for children who are D/HH/DB. There are varying definitions of language acquisition across the communities and many ideas of how to address this strategic priority. Study participants emphasized the need for language as they worry about children falling behind in school and the need to examine language and communication development outcomes for young children. A large group of Summit attendees discussed the varying needs and potential action steps that should happen to ensure this strategic priority is addressed. The action steps below will help the Commission to start the work around this important strategic priority.

Action steps

- Collaborate across the D/HH/DB communities to agree on a shared definition of language acquisition and other important terms that is supported by research literature
- Research early childhood language acquisition and locate longitudinal studies around this topic that are specific to Minnesota. If none exist, consider conducting a study in collaboration with state and national researchers at Minnesota universities to inform local indicators.
- Provide education and guidance for families, school administrators, and teachers about all language choices and services available for children who are D/HH/DB. Emphasize that children who are D/HH/DB can (and often do) select ways to communicate.
- Collaborate with families and schools around assessments; reassess language needs, as needed, to make adjustments in real-time
- Create policies around language assessments and measurement that eliminate the potential for a "wait to fail" model, through tools such as DLEAT and LAP
- Finalize action steps for language acquisition by age group and organizations/systems (birth-age 5, elementary age, MS/HS Transition, Public Health, and EHDI)

Progress monitoring

The list below outlines indicators the Commission could use to monitor their progress, successes, and challenges for this strategic priority.

1. Establish and agree upon shared definitions and terms regarding language acquisition that are inclusive community-wide
2. Research is conducted around language acquisition
3. Education materials around language modality choices and language needs are created and distributed for families and school staff
4. Polices around language assessment and measurement are created
5. Benchmarks for language acquisition and progress monitoring are established using research

Additional considerations

Respondents were asked to identify what gaps they thought existed in the 2025-2030 Collaborative Plan strategies and activities. Below are the most frequently mentioned gaps or items that still need to be addressed.

- **Recruitment, continuing education, mental health, and well-being supports for teachers, interpreters, and interveners.** Participants mentioned the need for more teachers for children who are D/HH/DB, interpreters, and interveners in the interviews, focus groups, and the post-Summit survey. While this strategy was not selected at the Summit for action planning, the data suggest there is still a great need for these roles to address shortages, especially in greater Minnesota. Additionally, participants wanted more supports for these system professionals as they work with families.
- **Collaboration and education for public school administrators, teachers, and staff around students who are D/HH/DB**. Participants also emphasized the need for education for public school staff on language choices for children who are D/HH/DB, ways that schools can be supportive for children who are D/HH/DB and their families, and general information and training available for schools who are serving children who are D/HH/DB.

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Appendix

Methods

The following sections outline the methods Wilder Research used to gather information to inform the 2025-2030 Collaborative Plan.

Demographic information

Wilder Research partnered with MDH, DEED, and MDE staff to gather background and demographic information about children who are deaf, deafblind, and hard of hearing in Minnesota. These data were used to inform the accompanying Visual Summary document. See the References section in the Appendix for the list of data sources.

Collaborative workgroup meetings

In fall 2024, Wilder Research met with each of the collaborative workgroups, including: birth to age 5; a combined group with kindergarten to 4th grade and 5th to 8th grade workgroup members; and the transition group of 9th grade through age 22. We asked each workgroup to identify 2019-2024 Collaborative Plan priorities and action items that still need to be addressed in the 2025-2030 Collaborative Plan. We also asked their opinions on the top three emerging needs in the D/HH/DB communities that the Commission should focus on in the next five years and how, specifically, the Commission could address them.

Interviews

Wilder Research completed 25 interviews with professionals who work with the D/HH/DB communities to better understand the greatest needs of these children and their families, as well as the strengths and gaps in the current system to meet those needs. Respondents were identified by the Commission and contacted up to three times via email by Wilder staff. Interviews were conducted via Zoom and with ASL interpreters as needed.

We sent a survey to potential respondents prior to their interview, asking their opinions about the strategies and action items in the 2019-2024 Collaborative Plan and whether the Commission should include them in the 2025-2030 Collaborative Plan. There were 29 responses to the pre-survey.

Focus groups

In March-April 2025, Wilder Research facilitated four focus groups with 22 parents and caregivers of children who are D/HH/DB. We asked participants about trusted resources for information, what Minnesota does well to serve families with children who are D/HH/DB, needs and gaps in the system of services in Minnesota, and how these needs might be addressed by the Commission and the service system overall. The groups lasted about 90 minutes and were conducted virtually via Zoom. ASL interpretation services were provided as needed. Parents and caregivers were recruited from a list provided by the Commission, and also from a list Wilder staff gathered when we attended the Collaborative Conference in November 2024. Participants were given a $50 gift card to thank them for their time.

In-person data collection and tabling

Collaborative Experience Conference

Wilder staff attended the Collaborative Experience Conference in November 2024. Staff were stationed by the registration table and invited attendees to participate in a 3-question pulse survey that asked respondents to rank the top strategy to be continued from the 2019-2024 Collaborative Plan, the top issues affecting the D/HH/DB community, emerging community needs, and ideas to measure outcomes. Participants were also invited to write down on a talk-back board their opinions of the greatest strengths of the D/HH/DB community, community needs, and how the next Collaborative Plan could address those needs.

Resource fairs

Wilder staff attended the Hard of Hearing Resource Fair in Duluth in February 2025 and the St. Paul Hearing Loss Resource Fair in April 2025. Staff were stationed at a table next to the Commission. Participants were invited to vote on top priorities by placing beads in jars to indicate what the Commission should focus on for the 2025-2030 Collaborative Plan. They were also invited to write down their thoughts on a talk-back board about how the Commission and their partners can provide supports and resources to best help families and the people they serve.

Post-Summit Survey

After the May 2025 Collaborative Planning Summit, Wilder Research staff sent an online survey via email to all invitees asking for their feedback on each of the six selected strategies, their corresponding activities, what they are most excited about for the 2025-2030 Collaborative Plan, and where they see additional needs and gaps. Forty-five people completed the survey. Respondents could complete the post-Summit survey whether they attended the May Summit or not. This survey was used for a variety of purposes: to give people an opportunity who could not be there to weigh in on selected strategies and activities, offer a chance for attendees to add or make changes to the selected strategies and activities, and voice their opinions on what they are excited to work on and additional strategies for consideration.

Analysis

Wilder staff created a code book from the interview and focus group transcripts to identify key themes. Wilder staff then used ATLAS.ti to code all of the data to derive a list of the common themes that emerged from these transcripts. We then cross-referenced this information with the data collected from the conversations with the collaborative workgroups, the in-person data collection and tabling, and the pre-interview survey. Wilder staff categorized each of the themes that rose to the top across all data collection methods and presented the themes at the May Collaborative Experience Summit for the participants to use as they were selecting strategies and creating action steps.

After the post-Summit survey was completed, Wilder staff analyzed the survey responses to see if there were any common suggestions for wording changes or additions to the strategies and action steps and made edits to reflect the top edits and suggestions. Wilder staff also cross-referenced these data with all of the other data to propose additional strategies for action planning to ensure that the Commission has this information should they and their partners choose to create additional strategies and action steps. Additional strategies are listed below.

Additional strategies and action steps suggested at the 2025 Summit

- Conduct annual gaps analysis of existing resources using national and local guidance
- Create additional continuing education opportunities
- Develop mentorship opportunities for system professionals
- Research new strategies for differentiated instruction in schools
- Investigate possible centralization of resources and seek out new sources of funding
- Address D/HH/DB teacher shortages
- Increase the number of interpreters/interveners with a focus on rural areas and areas of greatest need
- Seek out resources for tuition assistance for potential D/HH/DB teachers
- Create additional continuing education opportunities (specific to deaf/DHH/deafblind/Deaf+)
- Expand recruitment efforts for qualified professionals
- Facilitate networking opportunities across collaborative workgroups
- Early Hearing Detection + Intervention Services - Districts testing down to 15dB when doing hearing screenings
- Prepare for AI in the D/HH/DB communities

2019-2024 Collaborative Plan priorities and action items

The following strategies and action items were areas of focus for the 2019-2024 Collaborative Plan (Figure A1).

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

A1. 2019-2024 Collaborative Plan Priorities and Action Items

Strategies	**Birth – Age 5**	**K – Grade 4**	**Grade 5 – 8**	**Transition**
Consistency				
1. Develop a centralized website with consistent messaging	X	X	X	X
2. Create a statewide calendar for families and professionals	X	X	X	X
3. Conduct annual gaps analysis of existing resources using national and local guidance	X	X	X	X
4. Investigate possible centralization of resources and seek out new sources of funding	X	X	X	X
5. Review technical assistance models used by other states	X	X	X	X
Collaboration				
6. Facilitate networking across workgroups to build relationships	X	X	X	X
7. Build a network diagram or map of connections between roles	X	X	X	X
8. Investigate feasibility of collaborative home visits	X			
9. Hire cultural liaisons in schools		X	X	X
10. Hold a conference to build networks with parents, teachers, and other professionals	X	X	X	X
11. Develop and advocate for policies that implement strategies recommended by the gaps analysis and by collaborative stakeholders	X	X	X	X
Whole-child approach				
12. Develop and expand mental health resources and address needs around MN for social-emotional supports	X	X	X	X
13. Find and organize mental health resources currently available	X	X	X	X
14. Research new strategies for differentiated instruction in schools		X	X	X

Strategies	Birth – Age 5	K – Grade 4	Grade 5 – 8	Transition
15. Create a task force to address approaches to service delivery	X	X	X	X
Licensure & qualifications	Blank	Blank	Blank	Blank
16. Create additional continuing education opportunities	X	X	X	X
17. Develop mentorship opportunities	X	X	X	X
18. Expand recruitment efforts for qualified professionals	X	X	X	X
19. Expand licensure options for D/HH teachers	X	X	X	X
20. Seek out resources for tuition assistance for potential D/HH teachers	X	X	X	X
21. Conduct a thorough review and strengthen existing licensure requirements	X	X	X	X