



Minnesota Association of Deaf Citizens

Serving 10,000 Deaf, DeafBlind and Hard of Hearing

1824 Marshall Avenue, St. Paul, MN, 55104

January 22, 2020

James Hereford,
President/CEO
M Health Fairview
2450 Riverside Avenue
Minneapolis, MN 55454

Dear President Hereford:

Our organization, Minnesota Association of Deaf Citizens, is writing a letter on behalf of our community members who are deaf, deafblind, or hard of hearing (DDBHH). Minnesota Association of Deaf Citizens (MADC) is one of the oldest deaf non-profit organizations in the United States. Our mission is to preserve, protect, and promote American Sign Language and political, educational, economic, and social equality for Deaf Minnesotans.

We were alarmed when we learned that the Substance Use Disorder (SUD) Treatment Program for the Deaf and Hard of Hearing is merging into a hearing program by M Health-Fairview. The SUD is a unique program that provides direct services in American Sign Language (ASL) for at least 30 years. There are not many programs nationwide with the same kind of services. DDBHH people are being put at risk by merging this program into Lodging Plus Inpatient program.

There are various challenges to consider for DDBHH patients in SUD programs. They would only be able to access services when accommodations are provided. In some cases, these accommodations were only provided during group therapy, individual counseling, and education sessions. This does not provide equal access to the services as their hearing peers. If treatment is provided in their native language, they will be more likely to be successful.

We understand that M Health-Fairview are experiencing funding issues. We also recognize the barriers with Medicare and Medicaid insurances for our deaf, deafblind, and hard of hearing people. If they are not admitted into the program, then this is a problem that we need to address. We can explore the options to improve the referral processes for Minnesotan residents.

We often have been marginalized in the hearing society. Majority of people with hearing loss are born to hearing families and unable to use sign language to communicate. Often we hear stories of DDBHH people struggling to communicate with their own families. These individuals will feel more inclusive culturally and linguistically because they can directly communicate with the staff that is fluent in ASL. To compare with a hearing program, the ASL interpreter typically will be unable to show up for last-minute meetings and on-call emergencies.

The program provides a personalized care plan for each individual to ensure their success in recovery. The staff is required to be flexible and understand how to accommodate each person's unique needs. If they are not appropriately trained to work with DDBHH patients, this would lead to low rates of people successfully completing the program.

M Health-Fairview is the epitome of specialized direct services for DDBHH. In the past 30 years, one-third of patients that completed the hospital-based intensive outpatient program is DDBHH Minnesotans. Many of your former patients shared their life-changing experiences with us. They expressed gratitude that the treatment program, with direct communication access, allowed them to get better opportunities in employment, housing, education, etc.

We, MADC, are willing to collaborate with M Health-Fairview and organizations such as the Minnesota Commission for Deaf, DeafBlind, and Hard of Hearing (MNCDHH) to continue this program. The best way to contact us at board@minndeaf.org. Together as a team, we believe that we can preserve this program with its unique cultural and linguistic access.

Sincerely,

Minnesota Association of Deaf Citizens

