

Wes Moore
Governor

Aruna Miller
Lt. Governor



Usherla DeBerry
Director

TO: General Assembly
FROM: Deaf, DeafBlind, Hard of Hearing Workgroup
SUBJECT: Recommendations - DDBHH Workgroup
DATE: Friday, May 30, 2025

Dear General Assembly,

Chapter 442 & 443, Acts of 2024 requires The Deaf, DeafBlind and Hard of Hearing Workgroup charge is to study, assess, and make recommendations regarding: direct and specialized case management services for deaf, deafblind and hard of hearing individuals; development and administration of programs that support educational, employment, health, and social opportunities for them; advocacy for policies, programs, and legislative initiatives that address their needs; and outreach efforts to raise public awareness and foster understanding of the challenges they face. The Workgroup also will consider coordination with State agencies and the use of State resources to provide specialized case management services to deaf, deafblind and hard of hearing individuals; identification of barriers and gaps in communication access and development of solutions to improve their quality of life; and development of activities to enhance civic engagement between deaf, deafblind and hard of hearing individuals and the community.

The DDBHH Workgroup has decided the need for DDBHH Marylanders are direct and specialized case management services for deaf, deafblind and hard of hearing individuals; development and administration of programs that support educational, employment, health, and social opportunities for them; advocacy for policies, programs, and legislative initiatives that address their needs; and outreach efforts programs to raise public awareness and foster understanding of the challenges they face.



Workgroup for the Deaf, Deafblind, and Hard of Hearing Recommendation Report

Friday, May 30, 2025

Dr. Leo Yates
CHAIR

Usherla DeBerry
DIRECTOR

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Workgroup Members

No	Members	Seat
1.	Dr. Leo Yates	Division of Rehabilitative Services, Maryland Department of Education
2.	Dr. Mary Perrodin-Singh	DCABDA – District of Columbia Area Black Deaf Advocates
3.	Respicius Batamula	Community advocate & international program leader for the Deaf, Deafblind, and Hard of Hearing
4.	Heidi Burghardt	Howard County Association of the Deaf, Maryland School of the Deaf
5.	Marcus Smith	Maryland Relay, Host of BusBoys and Poets Open Mic Night for the Deaf and Hard of Hearing Community
6.	Samantha Simpson	Washington County Community Leader
7.	Bridgetta Bourne-Firl	Project Coordinator, Maryland Deaf Community Center (MDCC)
8.	Vikki Porter	Maryland Association of the Deaf
9.	Blake Sansonese	Eastern Deaf Timberfest Interpreting Committee, Freelance ASL Interpreter
10.	Seat 10	VACANT

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Executive Summary

SB 1084 - Workgroup for the Deaf, Deafblind, and Hard of Hearing – Established to study and make recommendations regarding certain services, programs, advocacy, outreach efforts, and other items to improve the quality of life of individuals who are deaf, deafblind, or hard of hearing and generally relating to the Commission Workgroup for the Deaf, Deafblind, and Hard of Hearing. The workgroup met with stakeholders, commissioners of DDBHH offices from other states, case managers, behavioral health, parent, teacher, and sponsor that plays a crucial role in shaping laws and policies that affect Marylanders. Making recommendations to the Maryland General Assembly, also known as the Maryland State Legislature, is also known as a way to influence state laws and policies. The workgroup has done this by proposing specific legislative changes and these recommendations came from various sources, including individuals, groups, or even state agencies. You will find that the key findings involved cost savings, case management for services and a unit within the Governor's Office of the Deaf and Hard of Hearing.

Notable Considerations

The workgroup has considered the following:

- Create a Deaf, DeafBlind, Hard of Hearing State Commissions office and have it be managed by a different agency.
- The Governor's Office of the Deaf and Hard of Hearing incorporates a unit of 2 case management services.
- Deaf, DeafBlind and Hard of Hearing Unit managed by a different agency.
- A state agency takes on case management services (excludes Governor's Office of Deaf and Hard of Hearing (GODHH)).

The workgroup has decided on the following:

- The Governor's Office of the Deaf and Hard of Hearing incorporates a unit of 2 case management services sharing of 2 pins from GODHH.

Other State Approaches

What have other states done? <https://nasadhh.org/usa-roster/>

Sharing a few:

Arizona - A.R.S. § 17.1 governs the work of our agency as we serve to fulfill our statutes which can be found by [clicking here](#).

Colorado - [Senate Bill 00-194 \(opens in new window\)](#) created the commission in July 2000. The purpose is to address the needs of the deaf, hard of hearing, and deafblind communities.

Kansas - The Kansas Commission on the Deaf and Hard of Hearing (KCDHH) was established in 1982 by the act of the State Legislature. The enabling statutes are K.S.A. 75-5391 through K.S.A. 75-5397, including additional statutes through K.S.A. 75-5397e. Additional statutes related to KCDHH may be found in K.S.A. 75-4355a through K.S.A. 75-4355d which governs the interpreter and other communication access services for the deaf and hard of hearing individuals. To access statutes, please view the [2023 Statutes - K.S.A. 75-5391 et seq.](#)

Kentucky - The Kentucky Commission on the Deaf and Hard of Hearing was established by appropriation from the Kentucky Legislature during the 1982 session. <https://www.kcdhh.ky.gov/oas/whatiskcdhh.html>

Idaho - To create an environment in which Idahoans of all ages, who are deaf or hard of hearing, have an equal opportunity to participate as active, responsible, productive, and independent citizens of Idaho. <https://legislature.idaho.gov/statutesrules/idstat/title67/t67ch73/>

Illinois - [Deaf and Hard of Hearing Commission Act \(20 ILCS 3932/\)](#)

Louisiana - To engage, empower, and enrich the lives and opportunities of Louisiana d/Deaf, DeafBlind and hard of hearing individuals. <https://www.legis.la.gov/Legis/Law.aspx?d=100616>

Massachusetts - The Massachusetts Commission for the Deaf and Hard of Hearing is the principal agency in the Commonwealth on behalf of people of all ages who are deaf and hard of hearing, established by Chapter 716 of the Acts of 1985. <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter6/Section192>

Minnesota - Advocacy is the heart of what we do. Since 1985, the Commission has been advocating with community members for public policies that increase communication access and equal opportunity for deaf, deafblind and hard of hearing children and adults. By working together we have made significant changes in state laws and rules and created or increased funding for programs that support communication access and equal opportunity. <https://www.revisor.mn.gov/statutes/cite/256c.28>

Missouri - Provide effective and efficient leadership, education, advocacy and programs to eliminate barriers and to meet the social, economic, educational, cultural and intellectual needs of Deaf, Hard of Hearing, DeafBlind Missourians.

<https://revisor.mo.gov/main/OneSection.aspx?section=161.400>

New Mexico - The commission's mission is to promote services and advocate for the rights and needs of this population.

<https://law.justia.com/codes/new-mexico/chapter-28/article-11b/section-28-11b-1/>

Rhode Island - To provide innovative leadership in public policy, advocacy, service delivery, and accessibility throughout the Ocean State. RICDHH ensures opportunities for every deaf, deaf-blind, and hard-of-hearing person to become an empowered and contributing citizen.

<https://webserver.rilegislature.gov/Statutes/TITLE23/23-1.8/23-1.8-2.htm#:~:text=%C2%A7%2023%2D1.8%2D2.,or%20department%20within%20the%20state.>

West Virginia - To advocate for, develop, and coordinate public policies, regulations, and programs to assure full and equal opportunity for persons who are deaf and hard of hearing in West Virginia.

https://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=sr46%20intr.htm&yr=2023&sestype=RS&i=46&houseorig=s&billtype=r.

Data Findings (Departmental Submissions)

We asked each agency: Division of Rehabilitation Services, Telecommunications Access of Maryland, and others to share their department annual budget that are specifically for Deaf, DeafBlind, Hard of Hearing populations. The following was shared:

Maryland Department of Health

Maryland Department of Health (MDH) submitted an overview of their Deaf, DeafBlind, Hard of Hearing, and Late-Deafend (DDBHH/LD) programs and services. The Behavioral Health Administration (BHA) provides grant funding DDBHH/LD language interpreting programs for 13 counties (Anne Arundel County; Baltimore City; Carroll County; Charles County; Frederick County; MidShore Counties-Caroline, Kent, Talbot, Dorchester, Queen Anne's; Montgomery County; Prince George's County; Washington County.) Their data asserts that their agency has served 2,615 DDBHH individuals in fiscal year 2024 and 2,322 individuals in fiscal year 2023.

- They have identified the following gaps:
 - Insufficient access to DDBHH/LD/LEP behavioral health providers, especially in rural communities. It was recommended that Establish DDBHH/LD interpreter training for hearing staff in the provision of American Sign Language and other Deaf language platforms that are utilized, and for staff who are Limited English Proficient (LEP)
 - DDBHH/LD graduates of Social Work (SW) programs
 - experience barriers to obtaining licensure due to difficulty passing competency tests that presume native competency in, or full access to, English
 - Lack of educational and/or training opportunities in deaf culture for community behavioral health, hospital social work, and front line staff
 - Inadequate knowledge of patient rights, advocacy, community resources, and relevant legislation
 - No centralized team or organizational structure that specializes in Deaf culture.

Maryland Department of Aging

- Maryland Department of Aging has received 6,624 Maryland Access Point (MAP) referrals for assistive technology. This technology includes technology support for visual/hearing impairments. However they have expressed that they have no specific demographic data that is regularly tracked.
- Their Senior Care Program has had 27 requests in fiscal year 2025 for assistive technology with DDBHH/LD. MDOA regularly offers hearing screenings to 8 senior centers and Hard of Hearing (HoH) seminars on HoH topics. The department supports 6 out of 24 counties with various assistive technology devices including but not limited to hearing aids and audio equipment.
- Their future work on this topic includes identifying strategies to improve accessibility through programs such as their Long-Term Services Division. MDOA has also had success through legislation in the 2025 Legislative Session with their Senior Call Check and Social Connections

Bill (SB223/HB158.) This legislation confirms an integration of the Telecommunications Access Program of Maryland (TAM) to provide more access to telecommunication equipment.

Maryland Department of Disabilities

The Maryland Department of Disabilities has two adjoining departments including the Telecommunications Access Maryland (TAM) and Maryland Technology Assistance Program (MDTAP.)

- They have expressed that their Section 811 application process and Attendant Care Program (ACP) do not include specific mechanism to track data that allows identification of individuals who are Deaf or Hard of Hearing.
- TAM reports that out of 543 applications for accessible telecommunications equipment, 245 were from individuals from the DDBHH-LD community. Their Communication Facilitator Program facilitated 588 assignments for DeafBlind constituents. Maryland Relay provided 166,970 minutes of TTY relay services, 33,901 minutes of Captioned Telephone Relay service, and 20,475 minutes of Relay Conference Captioning service.
- MDTAP has various information for the last three years from 2022 to 2024.
- 2022
 - State Financing – Low Interest Loan Program: 3 hearing related devices financed, totaling \$10,040 value
 - State Financing – Telecommunications Equipment Distribution: 4 hearing related devices funded, totaling \$660 value
 - State Financing – Cooperative Buying Program: 0 hearing related devices provided
 - Equipment Reuse – Device Reassign/Repair/Refurbish: 1 hearing related device R/R/R, totaling \$160 value
 - Short-Term Device Loans: 11 hearing related device loans
 - Device Demonstrations: 7 hearing related device demonstrations
- 2023
 - State Financing – Low Interest Loan Program: 0 hearing related devices financed
 - State Financing – Cooperative Buying Program: 1 hearing related device provided, totaling \$60 savings to consumers
 - Equipment Reuse – Device Reassign/Repair/Refurbish: 11 hearing related device R/R/R, totaling \$6,693 value
 - Short-Term Device Loans: 19 hearing related device loans
 - Device Demonstrations: 13 hearing related device demonstrations
- 2024
 - State Financing – Low Interest Loan Program: 2 hearing related devices financed, totaling \$9,901 value
 - State Financing – Cooperative Buying Program: 1 hearing related devices provided, totaling \$60 savings to consumers
 - Equipment Reuse – Device Reassign/Repair/Refurbish: 7 hearing related device R/R/R, totaling \$704 value
 - Short-Term Device Loans: 11 hearing related device loans
 - Device Demonstrations: 6 hearing related device demonstrations

Maryland State Department of Education

- The Maryland State Department of Education provided our office with several datasets that include information on students with disabilities. The tables provided specifically notate Deaf, Deaf-Blind, and Hearing Impairment and IEP Special Considerations – Deaf or Hearing Impaired for ages 3-21.
- The table below includes data for the 2022-23, 2023-24, and 2024-25 school years for students whose primary disability was deaf, deafblind, or hearing impairment. Additional data in the far right columns hold IEP special considerations.

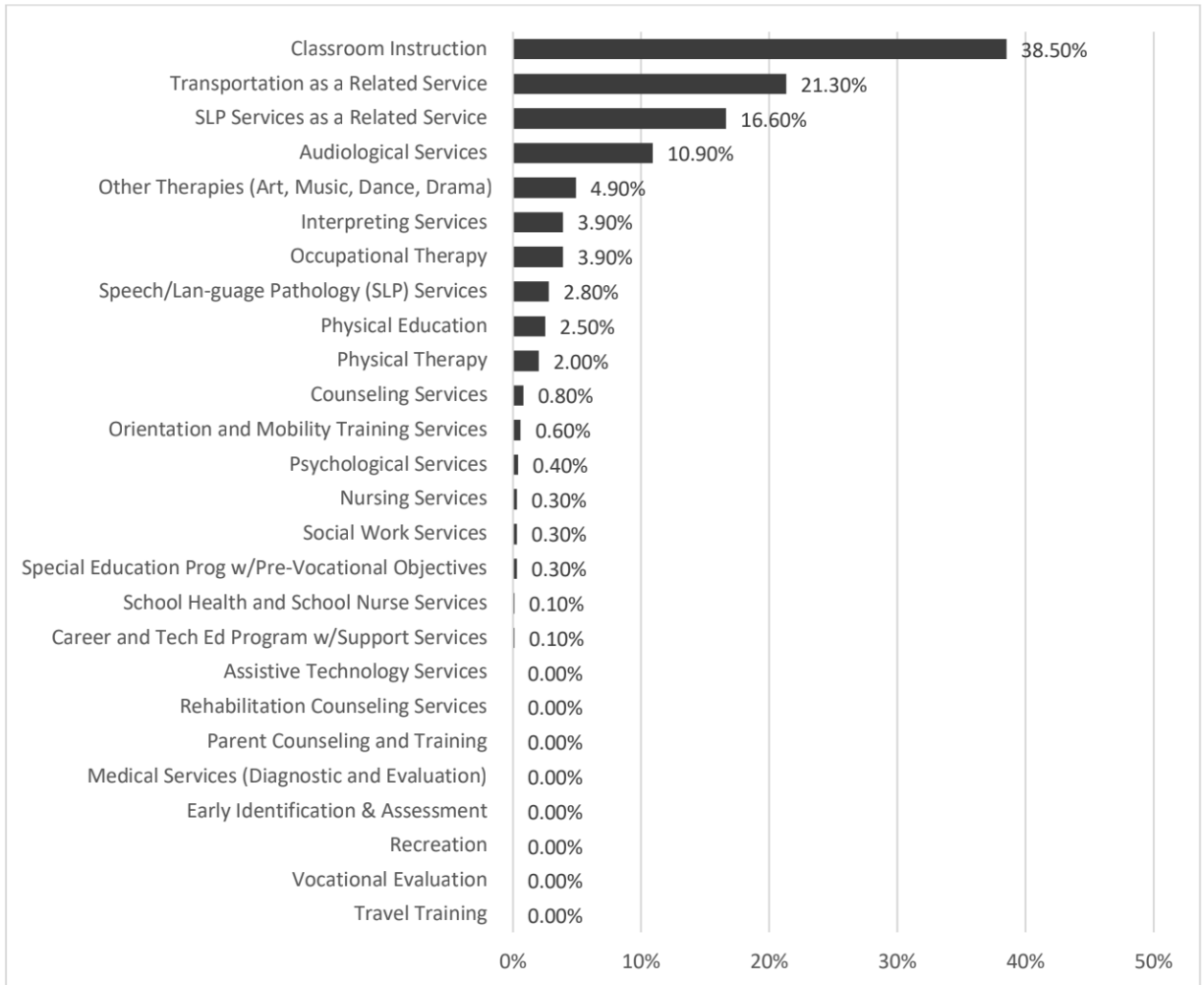
Year	Total	Disability Category						IEP Special Considerations	
		Deaf		Deaf-Blind		Hearing Impairment		Deaf or Hearing Impaired	
		N	%	N	%	N	%	N	%
2022-2023	114,754	346	0.30%	8	0.01%	443	0.39%	1,425	1.24%
2023-2024	119,140	316	0.27%	8	0.01%	444	0.37%	1,598	1.34%
2024-2025	121,958	323	0.26%	11	0.01%	456	0.37%	1,742	1.43%

Age	Disability Category						IEP Special Considerations	
	Deaf		Deaf-Blind		Hearing Impairment		Deaf or Hearing Impaired	
	N	%	N	%	N	%	N	%
Total	323	100%	11	100%	443	100%	1,742	100%
3	8	2.48%	1	9.09%	18	3.95%	41	2.35%
4	23	7.12%	0	0.00%	24	5.26%	77	4.42%
5	9	2.79%	2	18.18%	24	5.26%	74	4.25%
6	30	9.29%	0	0.00%	35	7.68%	103	5.91%
7	21	6.50%	1	9.09%	37	8.11%	114	6.54%
8	19	5.88%	1	9.09%	22	4.82%	93	5.34%
9	35	10.84%	0	0.00%	35	7.68%	137	7.86%
10	18	5.57%	1	9.09%	36	7.89%	133	7.63%
11	27	8.36%	0	0.00%	32	7.02%	130	7.46%
12	20	6.19%	0	0.00%	35	7.68%	116	6.66%
13	16	4.95%	1	9.09%	38	8.33%	121	6.95%
14	21	6.50%	2	18.18%	26	5.70%	118	6.77%
15	14	4.33%	0	0.00%	23	5.04%	97	5.57%
16	19	5.88%	0	0.00%	24	5.26%	120	6.89%
17	25	7.74%	1	9.09%	35	7.68%	122	7.00%
18	11	3.41%	1	9.09%	9	1.97%	81	4.65%
19	3	0.93%	0	0.00%	2	0.44%	33	1.89%
20	4	1.24%	0	0.00%	1	0.22%	30	1.72%
21	0	0.00%	0	0.00%	0	0.00%	2	0.11%

- The table below has data of the students with Select Disability Categories (Deaf, Deaf-Blind, and Hearing Impairment) and IEP Special Considerations – Deaf or Hearing Impaired by Assistive Technology Access, 2024-2025.

Assistive Technology Device (ATD) Access	Disability Category						IEP Special Considerations	
	Deaf		Deaf-Blind		Hearing Impairment		Deaf or Hearing Impaired	
	N	%	N	%	N	%	N	%
Total	323	100%	11	100%	456	100%	1,742	100%
Yes (Accessed ATDs)	87	26.93%	9	81.82%	216	47.37%	856	49.14%
No (Did Not Access ATDs)	236	73.07%	2	18.18%	240	52.63%	886	50.86%

- The utilization of services for students with IEP special considerations for Deaf or Hearing Impaired students leans mostly toward classroom instruction at 38.50%. This is based on 2024-2025 data.



Who We Met With

We met with commissioners, executive directors, organization leaders/stakeholders, sponsors, department representatives, authors and others. Dates, topics, summaries and recommendations shared as follows:

Date of Meeting	Topic(s)	Summaries	Recommendations Shared
March 6th - 12:30 pm	Kansas Commission and MD TAM	(1) Commission is under the Dept of Family & Children (2) Provides advocacy (3) Oversees interpreting services (4) Has state Communication Access Funds	(1) Have state agency reps (related to deaf) on their board (2) Able to create state regulations (3) Possibly put DDBHH Commission under a state dept (agency)?

DATE: March 6, 2025

TIME: 12:30pm

ATTENDED: Judy Mounty – Social Worker – Mental Health Services for D, DB & HH
Robert Cooper – Executive Director of Kansas Commission for the Deaf & HH
 Gina Olivia – Retired Faculty from Gallaudet University - Arthur - Alone in the Mainstream: Looking Back on Public School as a Deaf Or Hard of Hearing Child Volume 14 - Represents needs for children in public schools.
David Bahar – Director of Telecommunications Access of Maryland (TAM) under Maryland Department of Disabilities, Communication Facilitators (CF), Maryland Relay, & telecommunication equipment distribution.

Usherla – Governor's Office of Deaf and Hard of Hearing (GODHH) (facilitator)

<https://drive.google.com/drive/folders/1ufleufZdbKTvYtKUNFnAeD7KmELjVewM>

KS STATE COMMISSION OF THE DEAF & HH

[Website](#)

Presenter: Robert Cooper from the commission

- 11 years in position as Executive Director.
- 17 members on commission. Members:
 - 12 governor-appointed members & 5 ex-officio members from other state agencies - DOH, Dept of Ed, KS School for the Deaf, [Dept of Children & Families](#) (DCF), and VR
 - 12 appointed members - 6 must be D & HH, 1 interpreter, hearing parent of Deaf & HH children, 4 professional service providers - audiologist, ENT, SLP, & school representative (looking to eliminate the ENT seat)
- Commission established in 1982.

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- Has an administrative assistant.
- Administratively, the commission is under the Dept of Family & Children (DCF)
- The commission does some liaison work with VR

Commission has full authority for:

1. Advocacy for services
2. Advocacy for communication access, private & public sector
3. Establish services or programs
4. Collect data from agencies as it relates to Deaf & HH
5. Can create regulations
6. Interpreting and communication access (interpreters, SSP, etc), assess a provider's ASL fluency. Also, will soon coordinate interpreting services
7. Can receive grants and donations
8. Under DCF, have the ability to do background checks, expungements.
9. Initially in the 1980s to 2008, received a block grant to fund the commission. With their funds, supported services like for CIL, case managers, statewide MH coordinator.
10. Now, have the Communication Access Fund which will support communication access (interpreters) for state agencies & services. Will provide interpreters for meetings with lawyers to discuss end of life services (nursing home, etc).
11. Intending to develop DeafBlind services.
12. Involved in LEAD-K among agencies, research, reviews, etc from birth to childhood - follow their progression.
13. Had a long response to Gina Oliver about the evaluation of language and communication (from 0-8 yo), such as language deprecation. They measure spoken and sign language.
14. He noted that the Department of Aging had closed in KS but was brought back. Seniors and older adults do not have services related to their hearing loss.

Will be invited back again.

Recommendations for Workgroup Consideration:

1. Board or committee members of a commission should have other state agency reps, particularly individuals who provide services to D, DB, & HH.
2. Able to create regulations of a commission.
3. Consideration to house the commission under an established agency? Or the Governor's Office of Deaf and Hard of Hearing (GODHH)?

MARYLAND DEPARTMENT OF AGING

Presenter: Mark Tesoro from the Dept of Aging

Hopes to assist the workgroup. Emphasized the distinction between the DOH & DOA. Will return to speak at a future meeting with our workgroup (on 3/27/25).

TELECOMMUNICATIONS ACCESSIBILITY OF MARYLAND (TAM)

Presenter: David Bahar from Dept of Disabilities

- TAM was established approximately 1989. Initially, under DBM (before having a relay service). Relay began approximately 1991.
- TAM had different transitions due to changes related to relay. Funding comes from a monthly surcharge on MD phone bills. This funding pays for all the staff, operations, equipment, etc.
- It was under DGS (Department of General Services), then DoIT. Under DoIT, it now provides equipment distribution. TTY was available based on income eligibility. Some equipment included amplified phones, pagers, and iPads. The tablet now offers various communication access needs.
- In 2019, TAM and their services moved over to the Dept of Disabilities due to Gov. Hogan.
- Recognized DeafBlind individuals are very underserved. DB individuals need in-person services. CF program for DB individuals- under the relay program – was established. Many DB individuals are happy with this service. Stated some concerns by DB individuals receiving CF services requesting additional support such as attending appointments, grocery shopping, etc. CF cannot provide personal assistance. CF is justified by the use of telecommunications.
- TAM can provide the DDBHH Workgroup data.
- Some people would like to see TAM also coordinate interpreting services but TAM is specific to telecommunications.
- Non-telecommunications requests or needs are referred to Governor's Office of Deaf and Hard of Hearing (GODHH).
- Washington state has comprehensive Deaf & HH services.

Recommendations for Workgroup Considerations:

1. Have a strong partnership with other agencies that provide services to D, DB & HH, like with TAM (perhaps an ex-officio on a future board or committee).
2. Observation: Has guaranteed funding through the phone bill surcharge but is still housed under an agency.
3. TAM has moved from the Department of Information and Technology (DoIT) to the Maryland Department of Disabilities. It is possible that a state commission does or would do the same (if it's under a state agency, something to predict).
4. Services already provided by TAM should remain with them, particularly since their focus is strict telecommunications.

March 6th - 6pm - 7:30pm	MDAD initiated the Workgroup bill (Tina J) and Ellen Roth	(1) CoNavigator (CN) services needed for DB community (2) the CoNavigator bill did not move DUE TO FUNDING (3) Consider a MD Commission: independent, case mgmt & CoNavigator svcs	(1) Need to show gaps in svcs (2) Separate commission has more authority than under Governor's
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			Office of Deaf and Hard of Hearing (GODHH) (3) Need data to show how failed services through current state agencies
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DATE: March 6, 2025

TIME: 6:00 PM

ATTENDEES: Ellen Roth - MDAD Board Member
Tina Joyner - MDAD Board Member
Bridgetta Bourne-Firl - Member of Subgroup

Usherla Deberry - Governor's Office of Deaf and Hard of Hearing (GODHH) (facilitator)

MEETING NOTES:

- Workgroup started with Co-Navigation (CN) bill that was submitted 2 years ago
- Specifically for DeafBlind (DB) individuals through TAM
- Role of CN to transport DB people
 - Grocery store
 - Doctor appointment
 - Errands
 - Shopping
- CN does not replace sign language interpreters
- CN works approximately 10 hours a month and replaces Metro Access; many complaints with DB experience using the services
- Bill did not move due to funding issues
 - 2 Counties: Baltimore and Montgomery 100K
 - MoCo was able to cover funding but limited to MoCo ONLY
- Decision to set up a Commissioners office was determined from this “fail”
 - Stand alone
 - Case Management
 - Co-Navigation
 - Omits going through legislature
- The Governor's Office of Deaf and Hard of Hearing (GODHH) have certain privileges that Commissioners office would not have and vice versa

- Example: Governor's Office of Deaf and Hard of Hearing (GODHH) focuses on interpreting; Commissioners office would focus on case management
- Programs of various sorts can be handled by Commissioners office that GODHH cannot operate
- Focus on Advocacy
- GODHH is clearinghouse and provides referrals
- Everything comes down to FUNDING
- State of Maryland would be the first to establish both a Governor's Office of Deaf and Hard of Hearing (GODHH) and Commissioners office
- Most states have either a Commissioners office or GODHH office
- Having 2 offices fiscal expenses could be in excess versus having only one office and providing funding for different groups through one office
- Comments/Questions from legislature that impacted the most
 - Legislature did not understand the difference in the need for 2 separate offices
 - Didn't understand that there was no case management done through GODHH office
 - Needed a stand alone to provide that service and represent the entire state of MD Deaf constituents
 - Any agencies that are already under GODHH that would transfer under the Commissioner's office would need to be rewritten since all agencies under GODHH are laws, i.e., Interpreting
- Commissioners office would consume the "power"
 - Ability to write bills
 - GODHH does not have "power" or ability to ability to write bills only come in mutual support of bill
 - This is what the subgroup should be seeking
 - State of MD has approximately 1.2 million deaf constituents as of the 2010 census
 - If we combine both offices: GODHH and Commissioners office it would consume more work because it would require another bill
 - The focus should be on the needs of the deaf community, i.e., mental health
 - If Commissioner office established easier means to set up working groups to support causes
 - Governor Moore allows GODHH to testify but former Governor Hogan did not allow this practice
 - Hence the need for a stand alone office
 - Full autonomy; unlike GODHH office serves at the pleasure of the governor
 - About 14 other states have commissioner offices
- Workgroup was established to collect data to support the cause of establishing a stand alone Commissioners office
 - Collected information from several Commissioners office across the US
 - Arizona
 - Massachusetts
 - Colorado
 - Rhode Island

- Did not collect from all states but working on it and the data would help us create our own outline of supporting factors to help create a bill
- BJ Wood (Barbara Jean Wood) wants to help us write the recommendations for the Commissioners office
- State of Connecticut had a commissioners office but the governor dismantled it for about 10-12 years and then re established it with a new name
 - Bureau of Deaf and Hard of Hearing and Deaf Blind
 - 2 or 3 months ago
 - Had to start over again, picked up where left off and the governor supported that idea
- Working with 13 other states through NAD to get information on how to proceed with establishment of Commissioners office
- Governor's Office of Deaf and Hard of Hearing (GODHH) of Maryland established in 2001
- Governor is probably avoiding setting up Commissioners office due to fiscal responsibility
 - Cost 2-3 million dollars to fund a Commissioners office
 - GODHH cost much less
 - Reasons to avoid could be either political, fiscal or priority based
 - GODHH could set up a meeting with the governor to find out reasons for not wanting to set up the Commissioners office
 - Federal level could be another reason for not setting up commissioners office yet
 - DEI removal
 - DOE dismantling
 - Section 504
 - DA office removal
 - Good time to set up a commissioners office with Trump Administration moving to put responsibility of education back in the hands of the states
 - Set up regional centers; 3 or 4 for deaf constituents to get the correct support needed
 - Deaf constituents are lost and need guidance
 - How do we pull in support from the legislation? Through collaborative efforts and a sit down to discuss this; need data to convince the legislation; this is the purpose of the workgroup and the different agencies that come to discuss findings
- Show proof that the agencies that provide services are failing to provide those needs to particularly Deaf constituents
 - Housing
 - Employment
 - Domestic Violence
 - Women's Rights - health care
- Show infographics of how the state is not meeting the needs of Deaf constituents in the areas of social services (mentioned above)
- GODHH can contact every agency that provides social services to share data on providing successful support to Deaf constituents across the state of MD
- DILA - Deaf Independent Lives Association in Salisbury one example of where to pull data from
- MDAD been in constant contact with Dept of Aging, Dept of Disability, GODHH and a few others through legislation to obtain information/data

- Currently working on LEAD-K but those “talks” are on hold due to the federal budget impacting the state level
- Robert Cooper suggested LEAD-K fall under the Commissioners office
 - State of Kansas
- Contact LEAD-K committee if they would be willing to move their office under the Commissioners office

<p>March 13th - 12:30pm - 1:30pm</p>	<p>Massachusetts Commission - Barbara “BJ” Wood & Alfred Sonnonstrehl</p>	<p>(1) History of the Massachusetts commission (2) provides consulting (3) misnomer: interpreter doesn't solve the need</p>	<p>(1) Have qualified / appropriate staff including social workers (2) Have adequate staffing (GODHH is under staffed with only 3.5 staff people) (3) partner with Dept of Aging</p>
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DATE: March 13, 2025

TIME: 12:30 PM

ATTENDEES: Samantha Simpson, Bridgetta Bourne-Firl - Workgroup Members
Barbara Jean (BJ) Wood, Alfred Sonnenstrahl - Writer and Advocate

Usherla Deberry - GODHH (facilitator)

MEETING NOTES:

- Knowing history of Massachusetts Commissions Office for the Deaf and Hard of Hearing. Including vocabulary history from office to commission.
- History of Maryland’s office Governor’s Office of the Deaf and Hard of Hearing.
- Use of the director from GODHH to consult.
- Hiring necessary staff and reasons. Massachusetts Commissions Office for the Deaf and Hard of Hearing, sharing of their experience and history behind it all. It was inspiring.

<p>March 13th - 6pm - 7:30pm</p>	<p>Idaho Council of D & HH (Steven Snow) AND DeafBlind (DB) (Blaise Delahoussaye)</p>	<p>(1) Co Navigation Services for the DeafBlind. (2) Start small. Do not over do it. Stay within budget, be reasonable.</p>	<p>(1) Seek ways to start small with CN Services. (2) Implement interpreter services for the state being managed by the commission office.</p>
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DATE: March 13, 2025

TIME: 6 PM

ATTENDEES: Leo Yates - Workgroup Member
 Blaise Delahoussaye - DeafBlind Marylander, Steven Snow - Idaho Executive Director, Tina Joyner - President Maryland Association of the Deaf.

Usherla Deberry - GODHH (facilitator)

MEETING NOTES:

- History of GODHH and statute vs. Commission Office.
- Purpose of Community Navigator (CN) Services.
- Use NASADHH - 10 year report to guide
- Service for State vs. Community System.

<p>March 17th - 6pm - 7:30pm</p>	<p>Massachusetts Commission of D & HH Alfred Sonnonstrehl (continuation)</p>	<p>(1) Recognizes that currently GODHH does not have authority (COMAR / law) needs to be updated for this (2) GODHH doesn't have the staff for case mgmt (others have asked before) (3) collaboration between other case managers from other state agencies needed</p>	<p>(1) Should a grant from a state agency for the commission be considered (2) a why & why not list for GODHH to offer case mgmt services is needed (3) a why & why not list for why a commission is needed</p>
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DATE: March 17, 2025

TIME: 6pm – 7:30pm

ATTENDED: Bridgetta, Dr. Mary P, Dr. Leo, Usherla, Diamon, Vikki

TOPIC: Stakeholder with broad policy influence and insights for Deaf-related organizations (TDI, Deaf Reach, state associations, etc.) and founder for the Massachusetts Office of Deafness (now Massachusetts Commission of the Deaf & HH).

PRESENTER: Alfred Sonnenstrahl ([resume](#))

FACILITATOR: Usherla – Governor's Office of Deaf and Hard of Hearing (GODHH)

Video: <https://drive.google.com/file/d/1ZiZcG2jPsSl8ktU-7S-Zbhw69-gpE5Zz/view>

- Gave some of his background from schooling to his educational training as an engineer.
- States GODHH has no “clout” as an office under the governor due to not having authority, and appears to offer “consultation” services – their requests or advocacy can be ignored.
- As a commission, they would have the authority to make decisions, have a budget, can offer case management services, and have the authority to provide directives to agencies.
- Will still need support from state legislators.

- Hearing privilege often gets in the way, hearing people to support deaf issues and accessibility needs.
- Case management (liaison with different state agencies) can be individualized, for groups, for advocacy, for policy.
- A commission can oversee interpreting services.
- Bridgetta pointed out that the Massachusetts Commission has 8 case managers.
- There are complexities to case management due to human (deaf) needs.
- Dr. Mary asked if GODHH should have case management services. Vikki responded that as a former committee member, it was asked but due to insufficient staff, the MD law (COMAR) would need to be updated / amended to add this for GODHH, their office is directly under the governor and not in the department (agency).
- Usherla explained GODHH receives many case mgmt. needs from the community.
- Leo mentioned that some state agencies do have some case mgmt. services such as the Division of Rehabilitation Services & DDA and if a commission did offer case mgmt. services, there would need to be a collaboration – quite possibly the commission would be for individuals who are not already “plugged into the system” (already have a case manager).
- Usherla had us consider if funding might be provided to the commission from the MDH.
- State of MD (MSDE) is (was) currently advertising for a part-time [Low Incidence Deaf/HH Case Manager](#).

Recommendations for Workgroup Consideration:

1. A “why and why not” spreadsheet should be developed for why a commission should be established (suggested by the workgroup members) as it supports justification.
2. A “can GODHH have case management services – why & why not” list to support justification (suggested by Vikki).

<p>March 20th - 12:30pm - 1:30pm</p>	<p>MD TAM (David Bahar) AND Colorado Commission (Dr. Katie Cue)</p>	<p>(1) TAM services provided may be needed and shared among commissions office. (2) CN Services need a revisit.</p>	<p>(1) Review placement for setting up services needed - use of a department or create a unit within ODHH. (2) Set up CN services for DB using case management</p>
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			service.
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DATE: March 20, 2025

TIME: 12:30pm – 1:30pm

ATTENDED: Elle Langevin and Maura Nolin, Community Interpreters.

TOPIC: Use of TAM and Services provided by Colorado Commission.

PRESENTER: David Bahar, Director of Telecommunications Access of Maryland (TAM) and Dr. Katie Cue Director of Colorado Commission.

FACILITATOR: Usherla – Governor's Office of Deaf and Hard of Hearing (GODHH)

- TAM funded. 5 cents monthly surcharge and how the funds are distributed. TAM services.
- Colorado Commission has 9 programs erected 2000; each year added a new program/service. Recently changed auxiliary services to communication access services; explained landscape/geography make up regarding access to ASL interpreting services (state funded in rural areas as well as state court), DB services includes Support Service Providers (SSP) and Orientation & Mobility (OM) - started 2010 focus on mentoring and recruiting for DB services - have 15 SSPs/30-40 DB customers filed a complaint with the state - state granted supplementary funds (instead of using 24 hours/became waste of funding holding time and loss of customers) last July 2024 they started using Tier 1 - 2 - 6 hours Tier 2 - 7 - 15 hours and Tier 3 - 8 - 24 hours, and at the end of the year they reassess the hours and allocated them where the needs are and helped balanced the funding also provided more services and took some customers off the waiting list, now has 40 customers but 20 on waitlist.

Recommendations for Workgroup Consideration:

1. Relocate GODHH or place commissions office under a department such as Maryland Department of Disabilities.
2. Add CN service for DB with a case manager advocacy PIN.

March 20th - 6pm - 8pm	Illinois Commission (Benro Olives)	(1) Commission oversees interpreting services for the state (2) the commission reports directly to the governor (3) commission has a board	(1) Concerns over governor turnover might affect GODHH's case mgmt services (2) additional oversight responsibilities might show more vitality
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			for a commission
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DATE: March 20, 2025

TIME: 6-8pm

ATTENDED: Benro T. Olives – Director of the Illinois Commissioner
Dr. Leo Yates, Jr. - Deaf, DeafBlind & Hard of Hearing Workgroup

Usherla – GODHH (facilitator)

STATE OF ILLINOIS, DEAF & HARD OF HEARING COMMISSION

[Website](#)

Presenter: Benro T. Olives, Director of the Commission

Benro T. Olives has served as the Director of the Commission for 4 years and 6 months.

About the Commission

The Commission is governed by eleven (11) Commissioners, appointed by the Governor’s Office, each representing different geographical areas of Illinois. These Commissioners are responsible for the oversight of the entire agency and the implementation of its Strategic Plan & Priorities, which outlines five-year goals to guide their work.

The Commission hosts town halls several times a year to engage with and gather input from members of the Deaf community across Illinois, representing diverse backgrounds and experiences.

Illinois Board of Interpreters

In addition to the main Commission, there is a separate body within it called the **Illinois Board of Interpreters**, established by statute. This 7-member board includes:

- Four licensed interpreters for the Deaf
- Three Deaf or hard-of-hearing consumers
- The Commission’s Interpreter Coordinator

The board advises Director Olives on issues related to the **Interpreter for the Deaf Licensure Act of 2007**.

History and Governance

Established in 1997, the Commission originally operated under the Department of Consumer Services. However, due to a limited voice and lack of understanding of Deaf-related issues within that department, it became an independent state agency. Today, the Commission reports directly to the Governor, ensuring alignment on policy matters, and continues to operate independently. It is funded by Illinois taxpayers.

Legislative Involvement

The Commission works closely with legislators on bills impacting Deaf, DeafBlind, and Hard of Hearing communities across Illinois. Although the Commission is prohibited from lobbying, it can:

- Provide testimony privately (not in public hearings)
- Offer feedback on legislative language (e.g., recommending the use of “Deaf” instead of “hearing impaired”)

Recommendations for Workgroup Consideration

1. Avoid Placement Directly Under the Governor’s Office. It is not recommended that the Commission report directly to the Governor’s Office. Frequent political turnover can result in instability, inconsistent leadership priorities, and unwanted policy shifts that may disrupt long-term strategic goals.
2. Does additional oversight responsibilities make a commission more vital: case management, interpreting, advocacy / policy influence, lead a case manager group among state agencies who have case managers for DDBHH.

<p>March 27th 12:30pm - 1:30pm (vide o)</p>	<p>MD Dept of Aging (Mark Tesoro) AND Case Management at DHS (Darrin Smith) - SUMMARY</p>	<p>DEPT OF AGING - (1) Dept of Aging has VERY limited resources (only has 50 staff across the state) with all that is expected (2) has a plan to partner with other agencies to support older Marylanders (3) state agencies & orgs need to collaborate to support seniors DEPT OF SOCIAL SVCS (1) Case mgmt can include: eligibility work, social work, CPS/APS, families (2) training to staff about various programs / services out there needed (3) try to avoid duplicating services / efforts of other agencies (4) can contact Darrin if someone needs an interpreter at a DSS office (every county DSS office has a contract with an agency)</p>	<p>(1) Ensuring agency case mgmt efforts are not duplicated among agencies</p>
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DATE: March 20, 2025

TIME: 6-8pm

ATTENDED: Mark Tesoro, Darrin Smith

Dr. Leo Yates, Jr. and Samantha Simpson - Deaf, DeafBlind & Hard of Hearing Workgroup

Usherla – GODHH (facilitator)

Case Management and Behavioral Health

Presenter: Darrin Smith, Family Investment Supervisor I and Mark Tesoro, Cognitive and Behavioral Health

- Darrin seems to be the ONLY one signing (ASL user) case manager for the State of Maryland. We need MORE deaf case managers. It was shared with Darrin that Washington County social services does NOT have Video Remote Interpreter (VRI) or does not offer interpreters in person or even have a signing (ASL users) case manager like Darrin available. It is a wonder on what is happening in other counties. I think Frederick county added another but that's not the point, we need more support across Maryland and we can do better and it would offer MORE employment opportunities for deaf/deaf blind /deaf plus community really.
- According to NASADHH - <https://nasadh.org/usa-roster/> there is approximately 14 DDBHH commission offices. We hope more states will follow through to provide direct service support to our DDBHH. Some of their websites are not updated and not secure to visit, even Colorado hasn't updated their website since 2014 but they did meet with us. Our state website of Maryland is also confusing as there's no one page for all of the services for the DDBHH. There is no deaf representative for Maryland State Department of Education (MSDE) like the Division of Rehabilitation Services (DORS) has a unit for the DDBHH on their website. This could be a model for us.

Recommendations for Workgroup Consideration

1. Rename Governor's Office of the Deaf and Hard of Hearing. Revamp website. Make services explicit for the DDBHH community State of Maryland.
2. Consider the West Virginia Commission for the Deaf and Hard of Hearing website as a model.
3. Case management services for the DDBHH.

<p>April 3rd 12:30p m - 1:30 pm</p>	<p>MSDE (Dr. Paige Bradford) AND MD TAM (David Bahar)</p>	<ul style="list-style-type: none"> * Usherla shared feedback from Secretary Beatty that the workgroup needs to be creative with the funding if a state commission was recommended. Also, to avoid duplicating efforts with other agencies. * <u>Dr. Paige Bradford from MSDE</u> * MSDE wishes to identify DB students. * There are gaps in schools for providing services to DB students - easier for deaf & hh. * Wonder how the new interpreting licensure might affect Deaf & hh students and schools. * Usherla asked if there should be a special office within the commission to focus on K-12-related services (to identify gaps would be helpful). * Some concerns around licensed school interpreters scores being lowered during provisional licensure. * DeafBlind interveners (DB assistants for school settings) * <u>David Bahar from MD TAM</u> * 2 things: discussed trends with TAM AND personal experience with other commissions. * TAM serves different populations of people: Deaf, HH, blind, deaf disabled, developmental disabilities, older seniors with sensory losses (biggest clientele for TAM). * Provides devices for individuals who have a laryngectomy (removal of larynx - vocal cords) - if MD has a commission, these persons might be a consideration (they need communication access). * Other state commissions he's worked with focus on what GODHH does + overseeing interpreters & scheduling, equipment distribution (they only served deaf & hh), allocating funding to regional deaf & hh offices, case mgmt, emergency communications. 	<p>(1) Consider emergency communications (2) Case Management under Dept of Disabilities would require state level conversations that include updating COMAR regs (MD law). (3) Utilize graduate students to create a pipeline of providers and for data collection from across orgs and agencies.</p>
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		<ul style="list-style-type: none"> * Usherla asked if GODHH should just add case mgmt svcs. David depends on what services are to be provided based on funding. Consider foundations for additional funding. GODHH has a direct link to the governor and that would be a great benefit. Don't want to undermine GODHH's work. * TAM's challenges to funding - they adjust the phone bill rate (Universal services) accordingly. TAM has the ability to be creative. * TAM provides devices for telecommunications (making & receiving calls), devices given. TAP program for any accessibility needs, devices loaned & the individual determines to purchase the devices. * A person suggested during the virtual town hall a few weeks if case mgmt services were to be under MD TAM (dept of da) & David was asked about his thoughts on this. He said it could be considered but there would need to be a conversation with the dept secretary, him, and the governor's office. 	
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<p>April 10th 12:30pm - 1:30 pm</p>	<p>Division of Rehabilitati on Services (Dr. Noe Turcios AND Dr. Ju-Lee Wolsey)</p>	<p>(1) VR focuses primarily on employment (2) Deaf & HH unit focuses on VR consumers with hearing loss (3) DHH unit was to support & improve services to deaf & hh consumers</p>	<p>(1) VR often intersects with other state agencies (2) Consider employment / VR services under a commission?! ?</p>
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DATE: April 10, 2025

TIME: 12:30-1:30pm

ATTENDED: Dr. Noe Turcios– Statewide Coordinator of Division of Rehabilitation Services (DORS) (joined in 2021)

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Dr. Ju-Lee Wolsey, Supervisor of Deaf and Hard of Hearing Unit (DHHU) (joined in July of 2023)
Director Usherla DeBerry – Governor's Office of Deaf and Hard of Hearing (GODHH)
(facilitator)

Division of Rehabilitation Services (DORS) - Deaf & Hard of Hearing Unit (DHHU)

[Website](#)

About the Division of Rehabilitation Services

The Maryland Division of Rehabilitation Services (DORS) provides a variety of services to Deaf and hard-of-hearing individuals to help them achieve employment and greater independence. They provide vocational rehabilitation (VR) services such as:

- Career counseling and guidance
- Job training and skills development
- Assistive technology and devices (e.g., hearing aids, alerting systems)
- Job placement services
- College or vocational school funding, if part of the employment goal
- Workplace accommodations and support

Deaf & Hard of Hearing Unit (DHHU)

The establishment of the Deaf and Hard of Hearing Unit within the Maryland Division of Rehabilitation Services in 2023 was a significant step toward improving services. One of the main reasons was to bring all Deaf/Hard of Hearing Vocational Rehabilitation (VR) counselors under one supervisor for better coordination. But there are several other key reasons why this dedicated unit was formed:

- Previously, services could vary depending on the counselor or region. By creating one centralized unit, the Division of Rehabilitation Services aimed to 1) ensure all Deaf and hard of hearing consumers receive consistent, equitable, and culturally competent services, no matter where they live. 2) Standardize best practices in working with the Deaf and hard of hearing population.
- Deaf and hard-of-hearing individuals often face communication and cultural barriers when accessing public services. This unit ensures staff are fluent in ASL or trained to work effectively with Deaf/HH individuals.
- Provides accessible communication and interpreters more seamlessly.
- Prioritizes cultural sensitivity and Deaf awareness in every step of the rehabilitation process.
- Counselors can share resources, strategies, and case management approaches.
- Ongoing training and team meetings focused on unique challenges in the Deaf and hard of hearing VR services.
- Easier to advocate for policy changes and improvements that specifically benefit Deaf and hard of hearing consumers.

- Helps raise awareness and promote Deaf services both internally (within the Division of Rehabilitation Services) and externally (to community partners, schools, and employers).
- Develop targeted programs and partnerships (e.g., Deaf internships, transition programs for Deaf youth).
- Better respond to emerging needs in the community (such as technology, education, or employer outreach).

Additionally, the presenters and Director DeBerry discussed the importance of ESOL (English for Speakers of Other Languages) programs to support non-native English speakers in developing reading, writing, speaking, and listening skills. This is particularly critical for internationally documented Deaf and Hard of Hearing individuals—those in the U.S. on student, work, or other valid visas—who may require access to language acquisition, education, and vocational services as they adjust to life in the United States.

The Division of Rehabilitation Services typically serves U.S. citizens or permanent residents.

Therefore, individuals with valid visa documentation may not automatically qualify for vocational rehabilitation services. However, eligibility is not always strictly limited. The Division of Rehabilitation Services may consider providing services if:

1. The individual is actively pursuing permanent residency or citizenship, or
2. The individual is under protected status, such as asylum seekers or refugees.

International Deaf immigrants may require ASL classes as part of their language development, which is essential for:

- Accessing education and employment opportunities,
- Participating in community life, and
- Preparing for the naturalization process.

These individuals would benefit from:

- Accessible civics and U.S. history classes,
- Preparation for the naturalization interview, including the use of ASL interpreters, and
- Support in understanding civil rights, responsibilities, and the structure of U.S. systems.

Recommendations for Workgroup Consideration

After listening to their discussions, it made me wonder if it would be feasible to bring the Division of Rehabilitation Services (DORS) under one umbrella, namely the Maryland Commission on Deaf & Hard-of-Hearing (MCDHH) - a central hub for Deaf/HH policy coordination. Just a few factors to consider:

Advantages:

- **Streamlined coordination:** Right now, Deaf services are often scattered across agencies (DORS, MSDE, etc.). Centralizing could reduce duplication and confusion for consumers.
- **Consistent policies and cultural competence:** Deaf and Hard of Hearing people would benefit from unified approaches to access, communication standards, interpreter use, etc.
- **Improved advocacy and oversight:** MCDHH would have expertise and connections with the Deaf community and could ensure accountability and responsiveness across service areas.

The key state agencies and offices in Maryland, especially those that may intersect with Deaf and Hard of Hearing services, can include both general state departments and specific offices that may provide programs affecting education, health, employment, and accessibility affecting the Deaf/HH.

<p>April 10th 6:00pm - 7:30 pm</p>	<p>Delegate Kaufman</p>	<p>(1) Shared CoNavigator bill history & how this led to supporting the DDBHH workgroup (2) state has no money for a commission (3) Gen Assembly wants to see "concrete recommendations" (alternative solutions for a commission) (4) initially, the Gen Assembly wanted GODHH to offer case mgmt services (they were going to provide a PIN / ability to hire staff)</p>	<p>(1) Alternative recommendations for a commission might be GODHH providing case mgmt svcs but COMAR needs to be updated (2) a state agency like DOH have a DHH unit to focus specifically on case mgmt services (3) having a commission (funding challenges)</p>
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Date: April 10, 2025 – 6pm – 7pm

Attended: Usherla, Delegate Aaron Kaufman, Jacob (MDAD), Heidi (MDAD), and Dr. Leo

Topic: History of DDBHH Workgroup Bill

Presenter: Delegate Aaron Kaufman

- Presented briefly about the CoNavigator (CN) bill after learning of some of the struggles of DB people. The original goal was to have a CN program like in other states.
- Due to the budget, the legislators settled with the DDBHH Workgroup.
- “Nothing about us without us” philosophy – would be inappropriate to speak for the DB community. They face hardships that aren’t often thought of by others like with transportation.
- Legislators are eager to see the report from the DDBHH workgroup and their concrete recommendations.
- Many DB people came to his office and shared their barriers and experiences.

- Want to hear recommendations for how DB people can be a part of the community integration – even after the passing of the ADA law that DB and Deaf communities are still experiencing barriers.
- Leo asked Delegate Kaufman for his opinion if case mgmt. services should be provided by an independent state commission, be provided by another state agency OR have the Governor's Office of Deaf and Hard of Hearing (GODHH) do this? His feedback was that GODHH had limited staff (3 staff). He'd love to see if GODHH takes more of a role but not possible due to a small office, they're focused on the licensing of interpreters. If GODHH were to take this on, then they would need to overcome the resistance, increase the budget, etc. Maybe DOH or the Division of Rehabilitation Services should take this. He wanted GODHH to run the CoNavigator program but experienced resistance.
- Leo followed up with his question based from a recent virtual town hall where there have been a variety of opinions – commission, a state agency (e.g. DOH or D of DA) and GODHH. Speaking to the heads of DOH and D of DA would be helpful.
- When the appropriations committee was willing to give a PIN (staff person) to GODHH, there was resistance (for case mgmt. services). When proposing new work, many people have excuses not to do new things.
- Delegate Kaufman heard from DB people, to try to arrange for transportation for them to come (subsidize transportation) OR a Zoom option. DOH has a large budget, maybe they can take on some of the workgroup recommendations.
- Governor O'Malley considered closing GODHH and putting it under the D of DA but there was pushback from the Deaf community (not seeing deafness as a disability).
- Reiterated the scope and deadlines of the workgroup bill.
- Jacob suggested that MDAD would like to take over from the workgroup and finish up with any recommendations / report. His chief of staff will look at the statute. The workgroup may not have to stop by June 1st but can continue the work.
- Leo suggested the workgroup could share the report with MDAD.
- Delegate Kaufman quickly reviewed the statute – the report is due by June 1, 2025 with recommendations to the General Assembly. The workgroup can continue until July 2026.
- Part of the reason the commission was NOT implemented was because the “state is broke.” If there are federal cuts to Medicaid, it will then affect the state’s budget as well making it more problematic for setting up a commission.

Recommendations for Workgroup Consideration:

1. Share the Workgroup report with MDAD.
2. Consider all options for the provision of case mgmt. services (the heart of the need of the bill) – a state commission, a state agency (like DOH), and GODHH.

Recommendations from Workgroup

1. State Commission/Independent Commission

Reason to Support: To support the Deaf community (2) Experts familiar with DDBHH needs (3) Direct

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communication (4) Empowers DDBHH people. (5) Could receive grant(s) from DOH that has a BIG budget.

Concerns: (1) Will it possibly limit certain services (2) There is no state funding. (3) Have not shown documented proof of how many will actually be served.

Implementation: (1) The General Assembly needs to approve this. (2) Create this into law that includes the scope of work. (3) The Governor needs to sign off on it. (4) Communicate this to the Deaf & DB Communities. (5) Need to promote it with all state agencies, hospitals, etc.

2. ODHH Incorporates Case Management Services

ODHH

Reason to Support: (1) Already has previous support from the General Assembly. (2) Has infrastructure in place (an office with support). (3) ODHH already receives requests for case mgmt needs. (4) Already has statewide recognition from agencies.

Concerns: (1) Concerns over party affiliation (will things change with new elected governor (may not, nothing has changed with ODHH the last 20+ years), (2) Some community members might be concerned it is connected with the governor (opposing party.) (3) ODHH has mixed history of support and non-support. (4) Currently, it does NOT have the staff (PINs) for it - repeatedly said by ODHH. (5) Case mgmt is specialized services, current staff is not trained for it.

Implementation: (1) The General Assembly needs to approve this. (2) Amend COMAR (MD law) for ODHH that has the scope of work AND adding DB to the office name. (3) Need to promote it extensively. (4) Needs to collaborate with other case managers at other state agencies. (5) Needs a case manager coalition among the state agencies so NOT to overlap or duplicate services. (6) Additional PINS for hiring staff.

Reception: Will likely be mixed. During the town hall, a few people recommended this option to save on state funding (an DDBHH office is already established).

3. Deaf & HH Unit at a State Agency

Dept of Health | Department of Health & Human Services | Department of Health | Behavioral Health Administration | Division of Rehabilitation Services (DORS) - is under the Department of Education | Department of Social Services (DSS) | DDA

Reason to Support: (1) This is a smaller option than a commission. (2) It is run by DDBHH people. (3) DDBHH people are the trained experts to provide services. (4) Has a state agency & its possible budget to support its work + has additional agency resources. (5) DORS (VR agency) has a successful DHH unit showing it works. (6) Under an agency offers some of its protection and long standing services.

Concerns: (1) Not an independent commission. (2) A unit within a state agency still has a scope of work

and agency mission to ALSO follow since the unit would be housed under the agency. (3) Some other agencies may not be familiar with this agency's DHH unit and services or referrals may not be provided. (4) Concerns by the D&DB communities that there is stigma related to that state agency (ex. If the Behavioral Health Admin takes the DHH unit, mental health or addiction stigma). (5) If the agency's COMAR regs is not amended to specifically say DDBHH services, then there could be a possible staff reduction or loss in the future.

Implementation: (1) Talk with the state secretary. (2) The General Assembly needs to amend the agency's COMAR regs to include the DHH and its scope of work. (3) Promote this unit in all state agencies. (4) Need a case mgr coalition among the other state agencies to ensure services are not duplicated. (5) Additional PINS for hiring staff. (6) Need at least 3 staff to start. Case management is very time consuming. Need at least 3 staff (counselors or social workers)

4. State Agency Take on Case Management Services (no DHH unit)

Department of Disabilities (where CF is located) | Department of Health | Behavioral Health Administration | Division of Rehabilitation Services (DORS) - is under the Department of Education | Department of Social Services (DSS) | Developmental Disabilities Administration (DDA) | Department of Health & Human Services

Reason to Support: (1) Was recommended by a couple of people from the virtual town hall mtg. (2) TAM already serves the DDBHH communities - so does DDA & DORS (VR). (3) Has some support staff already. (4) May be considered as just adding another service. (5) Under an agency that offers some of its protection and long standing services.

Concerns: (1) If under the Department of Disabilities, some may not like this under "disabilities." (2) Must also follow the agency's mission as well. (3) Is not the commission that is run by DDBHH people themselves. (4) May likely experience communication barriers by the agency to hire DDBHH staff. (5) If the agency's COMAR regs is not amended to specifically say DDBHH services, then there could be a possible staff reduction or loss in the future.

Implementation: (1) Talk with the state secretary. (2) The General Assembly needs to amend the agency's COMAR regs to include the DHH and its scope of work. (3) Promote the availability of DDBHH case mgmt services in all state agencies & orgs. (4) Need a case management coalition among the other state agencies to ensure services are not duplicated. (5) Additional PINS for hiring staff. DORS already provides some case management. services. DDA already provides some case mgmt services. BHA already provides some services. DSS already provides some case mgmt services.

Limitations

The Departmental Submissions need to be specified regarding services provided for the Deaf, DeafBlind and Hard of Hearing.

The National Association of State Agencies of the Deaf and Hard of Hearing (NASADHH) need to update the website and or the Governor's Office of the Deaf and Hard of Hearing will need to reach out to each commissions office for the DDBHH regarding updated data.