

Data Analysis Compilation

Based on Information Collected through IF2030 Community Engagement Activities

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Introduction

Interpreting Forward 2030 is an initiative led by the community, supported by the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing (the Commission) and facilitated by Dendros Group. As the philosophy and design of Interpreting Forward hinges on impacted communities holding the knowledge and wisdom about their experiences and potential approaches for increasing availability and quality of signed language interpreting services, this work has been conducted by impacted community members.

The Community Engagement working group focused on collecting information from impacted communities, including Deaf, DeafBlind, Hard of Hearing consumers; Deaf and hearing signed language interpreters; and key stakeholders.

The Data Analysis working group focused on analyzing, interpreting and compiling the collected data. This document is a result of the efforts of these two working groups.

Approach

Data collection was conducted using multiple approaches to ensure that as many perspectives across impacted demographics were collected as possible. The Community Engagement team worked hard in raising awareness about this study, recruiting participants, and collecting data. They attended various community events throughout the year to recruit people to complete the survey or participate in focus groups, including Deaf Culture, Language, and Careers (DCLC) event, Deaf Equity events, and ASLIS and ThinkSelf's Greatest Little Get Together event. Survey interviewers were primarily volunteers directly from the community which consisted of both Deaf, DeafBlind and Hard of Hearing and Hearing individuals who used their networks to advertise and recruit. The Commission and Dendros sent out notifications through emails and included interpreted ASL videos and DeafBlind friendly ASL interpreted videos to increase accessibility for our communities. Endorsing organizations were encouraged to also send these recruiting notifications to their members.

The primary goal of data analysis was to identify common themes of issues that presented as an understanding of the current state of experiences around interpreting and the rationale for dissatisfaction to assist in guiding identification of barriers or issues. Additionally, this helped us understand the implications for interpreter training, recruitment, and retention efforts verifying the information that came from the Interpreting Pathway workgroup. The data was also then analyzed to collect various ideas for solutions from stakeholders.

We acknowledge that there are limitations of this analysis, such as sample bias and data constraints.

Methods of Data Collection

Surveys - 214 responses

Surveys were administered in several ways. The first option was anonymous surveys online. The second method was to have open surveys done which was assisted with volunteer interviewers who were fluent in both ASL and English to transcribe the answers into the fields of each question. In response to feedback given to us by people who completed the survey or the interviewers, there were adjustments made to the questions included in the survey.

Community Input Sessions - 207 participants

Face-to-face open meetings were held throughout the state. Darlene Zangara, the executive director of Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing (the Commission) and Albert Linderman traveled to various sites throughout greater Minnesota and the Twin Cities to host listening sessions in where the attendees were asked questions and notes were taken from the responses they received. The in-person meetings were done at Brainerd, Bemidji, Duluth, Faribault, Moorhead, Rochester, St. Cloud, and in the Twin Cities. Virtual meetings were also offered. These meetings allowed for the opportunity to share each other's experiences, thoughts/ideas, and information through an interactive environment which hopefully removed the traveling barrier for as many people as possible. This method is believed to be successful in producing valuable data, especially about the challenges facing participants living in Greater Minnesota

Key Stakeholder Interviews - 10 interviews

Individuals who held significant positions within DDBHH services were interviewed. Information collected during these was very helpful in finding out what resources were already in place to support the recruitment, training and retention of interpreters. There were 10 people that were interviewed: people from Department of Employment and Economic Development (DEED); Daniel Miliken and TJay Middlebrook from Minnesota Department of Human Services, Deaf, DeafBlind and Hard of Hearing State Services; Ann Mayes from BrightWorks; Mary Cashman-Bakken the DHH specialist in Minnesota Department of Education; Missy Marsh with M Health Fairview; and Terry Wilding with Minnesota State Academies for Deaf and Blind.

Focus Groups - 97 participants

Several groups with specialized interests were invited to meet. Each group had two different opportunities to meet. These groups were Court Interpreters, Educational Interpreters, Deaf Interpreters, ASL High School teachers, Interpreter Trainers, Novice interpreters/MERGE, Interpreting Service Managers, and DeafBlind community members. Each DeafBlind meeting was designed to fit the preferred communication modality of DeafBlind individuals such as tactile/ProTactile users and auditory or visually dependent methods (close vision, far vision,

etc.). Opportunities for focus group meetings were offered for all endorsing entities of this project: Minnesota Association of Deaf Citizens (MADC), Minnesota Black Deaf Advocates (MBDA), and Minnesota Registry of Interpreters for the Deaf (MRID). Only MRID met the interviewers for this meeting.

Demographic findings

Through the surveys, the demographic information was optional so the participants could abstain from answering these. So, the numbers reflected in the demographic information may not match the total number of people who participated in the surveys. The purpose of collecting this information was to ensure that we achieved the objective of reaching across various demographic populations in Minnesota and a diversity of perspectives were provided for this study. It also guided our planning to try to recruit specific populations for further information.

Identity

The questions around the demographics of participants in the survey also allowed individuals to select more than one identity: Deaf, Hard of Hearing, DeafBlind, hearing interpreter, Deaf interpreter, BIPOC, systems stakeholder, caregiver, Rural, LGBTQIA+, and CODA. Examples of systems stakeholders include people/groups that come in contact with interpreters such as schedulers, agencies, training programs, people requesting services, etc.. Examples of caregivers are people who take care of family members who are DDBHH (both adult family members or children) or entities such as group homes.

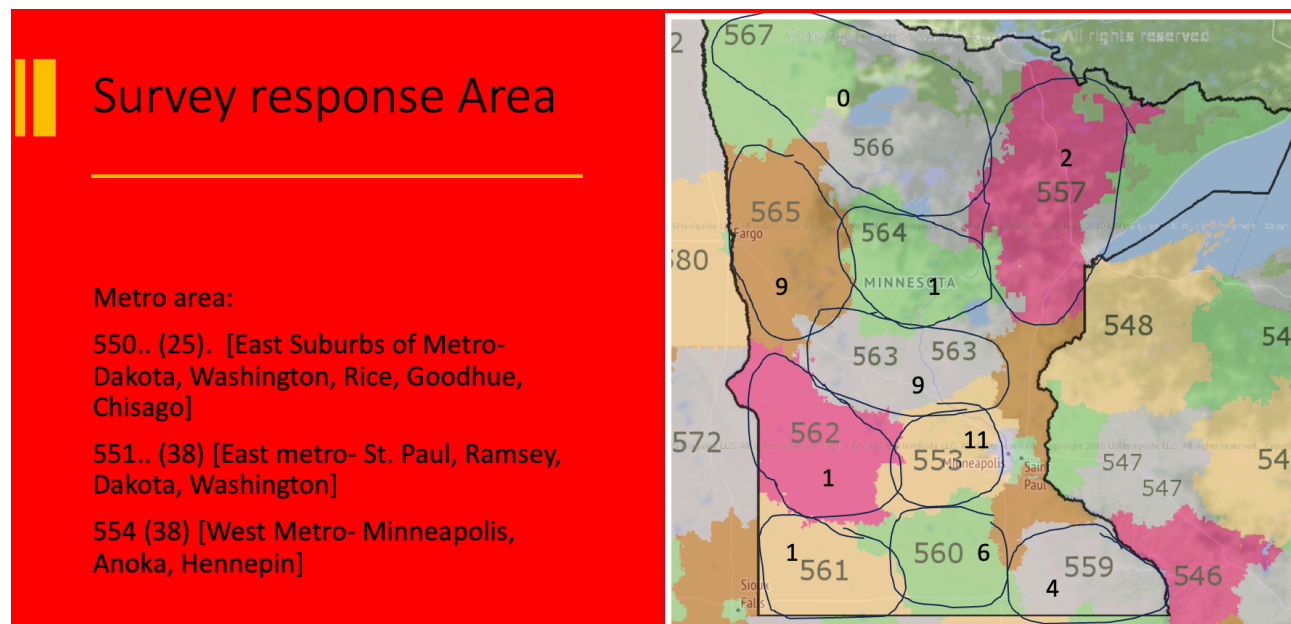
Age

The majority of our participants that answered the survey (30%) were from the 36-45 age bracket. The ranges between 46-55 and 56-65 were both equal groups(21%).The next group was between 25-37 (17%), followed by over 65 years) old (6%) and then under 25 years old (5%). This result followed the population bell curve which was as expected.

Region

There are two ways we reviewed regions. The first is through the survey and the second is through the site of community input sessions. Through the survey, the question about which region they were from was asked by their zipcode. Again, this information was optional for them to share. Of those that responded to this question, we see that as expected, the majority of people that responded were from the Metro area of the Twin Cities. It is acknowledged that the Northwest and Southwest did not have a significant amount of participation. We suspect the reason the survey response is so low for northern central Minnesota is because there were

Community Input sessions were held in Brainerd, Bemidji, Duluth, and St. Cloud and that was likely their preferred method of sharing their information.



Impact Stories from DDBHH People

Throughout the data collection process, many stories were shared. They highlighted the impact of the interpreter shortage on access and quality. These influenced DDBHH individuals' satisfaction with interpreting services. There are also impact stories from interpreters themselves that influence their decisions regarding staying in the field. These deeply personal experiences and stories are the motivation that drives forward this project towards identifying the problems, coming up with solutions, and identifying a strategy to implement solutions to prevent or remediate them. It acknowledges the courage of all those who shared stories and due to the number we cannot recount all of them in the report but we have selected a few to provide as supporting examples to the overall themes observed.

It should be noted that there was widespread acknowledgement of how the COVID-19 pandemic has significantly affected the availability of interpreters and observation from interpreters and DDBHH community of a shift in current practices towards remote interpreting. Additionally, it is believed that the people working today have different work-life balance values that are not the same as previous generations.

Bottom line, the impact of the shortage and/or the quality of interpreters is deeply interwoven in all aspects of DDBHH people's lives. They shared:

- a range from experiencing inconveniences to experiencing life-altering consequences regarding their (lack of) access to many vital things in their lives, including health care.
- Some participants have experienced serious health consequences due to inadequate communication access.
- Some people talked about the impacts on their employment.
- There were reports of negative impact from the beginning stages of getting a job where they might not have an interpreter at the job interview or having an unqualified one that hurt their chances of getting the job.
- There's impact on their job training experiences, affecting their daily ability to do their job, or even experiencing it holding them back from promotion and then stories of people losing their jobs because of it.
- A person told a story about having to take a required first aid safety course for the job and did not feel confident with the information interpreted and eventually left that long-term job. DEED even reported that the length of time it takes them to successfully place DHH people in a job is the longest for all the populations they serve compared to other disabilities and one of the reasons behind that is due to the challenges around getting interpreters and educating workplaces about how to provide that accommodation.
- The other area impacted is in education, both Pre-K through 12+ and post secondary. Individuals were unable to access their general education, higher education classrooms, or continuing education in their workplace, which impacted their ability to continue to succeed.
 - This would then sometimes hinder their advancement towards completing a degree or certification.
- Some of the problem was posed as a result of exclusive contracts with interpreting referral agencies, when the agency is not able to find someone, the company refuses to try other referral agencies to find someone because of their exclusive contract. This causes the DDBHH consumers to go without access because of their business practices that didn't center the consumers' needs. Other barriers are not with the shortage or quality of interpreters but rather by the ignorance of places that are resistant to requesting/providing interpreters, such as nursing homes.
- One resident on a reservation reported that reservations are not obligated to follow the U.S. laws so interpreters are not provided, creating a systemic gap in DDBHH individuals' access to information.
- A parallel gap is illustrated by a DeafBlind respondent who said they couldn't get support to get in-person interpreter access (due to DeafBlind, can't use the Video Relay Services) for regular daily things such as trying to communicate with a handyman to hire for repairs on their house. Because handymen are classified as freelance workers, they are not obligated to provide interpreters.
 - This meant the DeafBlind person could not hire anyone and their house fell into disrepair.

Then there were experiences shared in data collected that indicated there's another level of complications for sub-populations, especially for those within *Greater Minnesota*, where the shortage is even more acute.

- An individual reported having to rely on ASL students to interpret activities at their children's school simply because there was not anyone else available to do so.
 - This area is forced to resort to Video Remote Interpreting (VRI) more frequently but this is not always effective or appropriate for all the situations needed.
- There was an increased likelihood that they experienced poor internet connectivity.
- One story included a person working with Deaf person in prison and observed how there was no VRS available and the VRI device failed to connect and as a result the person could not meet with his lawyer nor be able to talk to anyone else about his case.
- There was never a follow up on that failed access for that inmate. Another group impacted is *BIPOC* individuals.
- There are not enough interpreters that have sufficient background cultural knowledge or a shared ethnic background that is representative of *BIPOC* individuals.
- *DeafBlind* often found themselves having to personally provide the training on how to work with *DeafBlind* individuals and this is complicated by the uniqueness of each individual's accessibility needs.
- *Multiple identities intersecting* can increase those impacts exponentially.
 - For example, since females make up the majority of those working as interpreters then males face the impact of increased difficulty getting a male interpreter for their medical appointments.
 - This becomes even more challenging for men from religions that do not allow them to interact with females that are not their family members.
 - An example is a man who reported his experience as a Deaf Muslim man and how he had a hard time getting a doctor appointment with a male interpreter which significantly impacted his ability to access basic health care.

Impact Stories from Interpreters

Novice interpreters expressed the need for continued support and mentorship as they transitioned post graduation. Several people explained that more apprenticeship experience was needed before making the leap to full time work as an interpreter. One person explained that this was more difficult as a disabled person having to work full time for the health benefits to find that opportunity because there's so few internships that are flexible to accommodate interpreters with disabilities.

Financial pressures have led to people leaving their interpreting studies due to the high cost of training programs, lack of pay during time committed for internship, or the rising cost of tests/credentials. For example, CASLI two exams cost a total of \$950.

Financial pressure has also impacted novice interpreters in the field, making decisions to accept a job despite knowing that they might not be an appropriate fit. For example, most of the interpreting programs in Minnesota are currently located within private colleges, which means high tuition cost, which then means they have to take out a lot of loans to pay for it which they have to pay back right away after graduation. Therefore, they're motivated to take all jobs they can regardless of fit, in order to pay off their debt.

Other financial concerns are related to the rates interpreters get, lack of benefits, and challenging working conditions (difficulty to unionize). Financial incentives have led some to their decision to work primarily remotely, which has driven the reduction of in-person interpreting services provided, and reinforced the trends towards VRI only services despite consumer's need for in-person services. There was also criticism of agencies protecting poorly performing interpreters or being well known for allowing non-certified interpreters to work for extended periods without pursuing certification.

Interpreters also reported burnout from overworking by the constant demand to cover all the jobs or for VRS. The load of work had a serious impact on their physical and mental well being that they could no longer continue. There's a struggle to maintain a work life balance, especially when having to consider the cost and scheduling of childcare. Some also reported that they experienced disrespect or abuse from the consumers which has impacted their motivation to remain in the field. Some reported horizontal toxicity from other interpreters as impacting their morale and desire to stay in the field. For some of them, they experience vicarious trauma, so there is a time commitment to get support from a mental health therapist to help manage that. There are experiences of explicit and subtle discrimination, especially racial. There was a report about a job site finding out the person was a single mother and then assumed she would not be able to do the job so she was let go. Freelance interpreters are contractors, not employees. This means they don't have legal protections, so they cannot pursue discrimination claims in situations like these.

Major Themes from Data Collected

- Lack of mechanism for accountability/oversight and support
- Interpreter training and development
- Specialization challenges (DeafBlind, medical, mental health, legal, education)
- Impact of virtual interpreting platform
- Rural needs
- Representation (BIPOC, multilingualism, and gender)
- Internal-community relations (trust, attitude, and interaction between interpreters and consumers)
- Finance-related issues
- Social barriers (ex: hiring entities, lack of awareness by general public and service providers, visibility)

- Other types of interpreters (oral, deaf)
- Systematic barriers for future quality ASL users

Through the themes analysis, there were some questions raised and we categorized these as potential emerging challenges.

The frequently reported obstacles to satisfaction and interpreter quality or availability:

Shortage of Interpreters

There is a persistent shortage of interpreters, leading to difficulties in fulfilling requests, especially in emergencies. There are also field specific specialties shortages such as educational interpreters, court, and medical. Greater Minnesota is reporting experiencing more difficulty being able to obtain interpreters compared to Metro Minnesota.

Accountability and Oversight

The ongoing discussion regarding interpreter licensure in Minnesota highlights three driving concerns: interpreter qualifications, options for certification, and interpreter accountability.

For qualifications, the *lack of standards* challenge is that there is no definition and agreement upon quality standards for interpreting, especially in diverse settings. There were reported *inconsistencies* in interpreting quality across jobs, leading to increased anxiety of not being sure what to expect when interpreters show up. The limited availability of interpreters, especially in rural areas, also drives a “warm-body syndrome” situation in which any available interpreter is assigned to a job without regard to their skills and qualifications. Or it is felt that there are agencies that *prioritize cost over the qualifications* of interpreters, especially with the growing involvement of spoken languages agencies that add sign language interpreters to their services without understanding the needs of the community. So, there is interest in having a mechanism to ensure that interpreters are qualified for the job they are working at or at least a system to provide feedback.

Additionally, a complicating factor in interpreters’ quest for certification is that there is only one national certification test/system, the Registry of Interpreters for the Deaf’s (RID), that is widely accepted and recognized in Minnesota. There was a problem when there were delays or moratorium periods on certain tests that came from RID which impacted interpreters’ ability to start working in a timely manner. In response to perception of RID being tied to its testing entity, CASLI (Center for Assessment of Sign Language Interpreters) was created to focus solely on test creation and administration, while leaving RID to oversee the certification only. Another assessment, the EIPA (Educational Interpreter Performance Assessment), is only valid for K-12 settings. This assessment does not mean the person is certified. BEI (Board for Evaluation of Interpreters) assessment was intended for Texas’s certification but it is open to people outside of

Texas to take and there are variations whether different states accept their certifications. Currently, EIPA and BEI are just assessments, not actual certifications recognized in Minnesota as EIPA and BEI have no ongoing continuing education requirements or ethics oversight entities (in contrast to the RID certification model, which includes both elements). This sole national credentialing route recognized in Minnesota creates a monopoly in credentialing and imposes a financial bottleneck for emerging interpreters. Furthermore, there were reports of high costs associated with interpreter certification exams and interpreter education programs. There were questions whether it is possible or appropriate to accept cross certification from other fields or states to incentivize people to stay in the field since there's no studies to show comparison between these assessments and differing understanding of what "certification" means. Some people try to claim they are certified by using their higher education program's certification. So, it can be confusing or misleading.

Respondents noted that there is no mechanism for interpreter accountability beyond direct engagement with interpreters and agencies if they are not certified. This endangers their assurance for quality and effective access. To make it clear, if an individual is not certified, there is no grievance reporting site for them. Therefore the mandate for professionalism or standard code of conduct adherence for these people cannot be enforced and the consumers could be stuck. Bottom line, there is no safeguard for consumers who use non-certified interpreters. RID does have a grievance process, but many DDBHH people don't know how to navigate it and it was reported to be cumbersome and ineffective by people who filed complaints. It was proposed that a license could provide a framework for a formal grievance procedure to be conducted easily and locally, ideally led by Deaf community members within a structure that avoids conflicts of interests. There was also interest in developing a mechanism to hold the interpreting agencies accountable for ethical practices or having some oversight on the services they provide to maintain ethical practices and appropriate qualifications of the interpreters they contract with. This was again stressed in observation of the spoken language agencies or out-of-state agencies who did not have the DDBHH community's best interest or competency in screening for the qualifications of ASL interpreters working for them.

Training and Education

There is a desire for a clear pathway from interpreter education graduation, to becoming a skilled interpreter, and to achieving certification. From there, interpreters may specialize in high skills domains such as medical, legal, and education. There were concerns about interpreters accepting jobs without sufficient pre-knowledge of specialized fields. There were worries about the training process of interpreters that did not provide enough real-life work experience, mentoring, and continuous professional development. Experienced interpreters are asked to mentor but they are not always compensated for that. That can become a barrier in continuous improvement for newer interpreters. There were also observations made that there seemed to be a lack of diversity in the presenters and trainers. There are reported experiences of racism during their training experiences which needs to be addressed.

At one point, in Minnesota, there was a DHH cluster post-secondary program and an interpreting program was housed within what was formerly known as Saint Paul's Technical Vocational Institute (TVI) which later became St. Paul Technical College and is now called Saint Paul College. This model excelled because the DHH students from across the country gathered to get trained in a vocation and this critical mass of DHH people was conveniently accessible to students learning ASL and interpreting. This set-up provided a ready-made immersion environment for them that was natural. This was a boon to interpreters in Minnesota. Unfortunately, TVI did not continue to collect the Rehabilitation Services Administration (RSA) funding dedicated for supporting DHH students in that college and that program slowly disbanded. They still have the interpreting training program but it does not have that access to the community the same way as it did. So, there were references in responses to wishing this model still existed here.

There are currently three interpreter training programs in Minnesota: St. Paul College, St. Catherine University, and North Central University. All three are located in the Twin Cities area. St. Paul College offers an AA degree and then students are expected to attend another college to complete their Bachelors in order for them to be able to be certified by RID. There is no requirement that the B.A. needs to be in the field of interpreting, so their students do not all always follow the same path afterwards. St. Catherine University is a private Catholic university with an all-women undergraduate program. So, there is a current barrier for men to be able to attend this program. There are efforts underway to make changes to this program to make it possible for men to join and get their degree there. St. Catherine University's program is accredited by the Commission on Collegiate Interpreter Education. North Central University is a private Christian university. Additionally, there are interpreters from Minnesota that have attended Augustana University in Sioux Falls, South Dakota. In some cases, they return to Minnesota after graduation. There is interest and desire in setting up more interpreting training programs in various locations in Greater Minnesota or at more affordable places. A suggestion was made to research the Moorhead ITP that existed and closed. Implications from that ITP could bring wisdom to a future Greater Minnesota ITP.

Interviews with interpreter education program instructors explored the current challenges and their observations. All programs were experiencing a drop in enrollment exacerbated by the COVID era and continued lower enrollment believed to be tied to inflation. The trend for lower numbers of students enrolled in college is true for all fields of study, so this is not a unique problem to interpreting. However, this trend creates serious concerns of needing to replace the interpreters leaving the field. More students needed to work full time or support their families while attending school and this makes it difficult for them to find time to interact with the DDBHH community like they did in the past. It was highlighted that the immersive experiences within the DDBHH community was the best tool to improve language proficiency and cultural competency. While in the past this occurred more organically, it was noticed that the current trend required more and purposeful effort to be made for the students to get that experience/opportunity. The trainers are committed to being creative in recruiting and finding ways to support retention and graduation of students. One trainer reported that it was noticed that students who had some life

experience before starting the program were more resilient and successful in progressing through the program so this was a desirable target population for recruitment. They had more motivation and were better thinkers but it was acknowledged that it was difficult for non-traditional students to engage in traditional interpreter training programs. So, there needs to be strategies that help support non-traditional students in becoming interpreters. Also, there are currently training opportunities for post-training programs available for Greater Minnesota to help them improve.

There was recognition of a certain skill that training was felt that was needed to be provided to both DDBHH people and interpreters to be able to be employed successfully. Examples of skills that need to teach interpreters on are how to “professionalize” their work, talk about their portfolio of work, grant application, creating job opportunities, grassroots training, and financial management. Also, it was encouraged for training for interpreters and DDBHH people how to mentor.

Specializations

DeafBlind

It is acknowledged that there is a general interpreter shortage which is worsened outside of the Metro area and is near impossible to find an interpreter that knows how to work with DeafBlind clients in the rural area. This restricts this particular population to be able to move around the state. Their primary concern is that there is not enough training or experience provided to interpreters to become effective for the wide range of diverse communication preferences and needs within the DeafBlind population. Some DeafBlind require close or limited field of vision, tactile, ProTactile, or aural/oral interpretation. One participant talked about the need for the interpreters to get trained in Oral Interpreting because they develop skill-sets related to how they swallow and enunciate. Also, there are considerations around oral interpreters' accents. There were some expressed concerns about issues with professionalism of interpreters that worked with them of not always respecting their boundaries. It was felt that there needed to be education beyond just the standard interpreting training program to include other skills such as guiding or Co-Navigation. Additionally, the general businesses' push towards relying on using VRI poses a significant barrier for DeafBlind people as these technologies are sometimes not accessible for them so they endure the additional barriers of educating and then having to advocate against VRI usage. There is an interest in employing more DB individuals as trainers in ITPs and encouraging them to train with Deaf/Hearing Interpreting teams since there is a higher percentage of Deaf Interpreters who already work with them. But at the same time, there are many DeafBlind people who do not have access to getting training for themselves. Sometimes it is the interpreters that have greater access to these training and education before the DeafBlind individuals themselves. This is an inequitable situation for them.

Minnesota was one of the nine states that the ProTactile Language Institute grant provided cohort opportunities to get free intensive and immersive ProTactile language training. Only one participant so far from Minnesota had taken advantage of that opportunity. However, the current and future status of this program with the grant is uncertain.

Medical

Medical interpreting is specialized and deals with sensitive content, so it can become awkward to bring in interns to these appointments, as the patient can refuse to allow them access to the appointment. So, it can be a challenge to provide authentic experiences to prepare emerging interpreters for this type of work. ASLIS has provided MedStart, a 6-week training program for healthcare interpreting. The CATIE Center also has online self-paced modules available for interpreters interested in learning more about and preparing for medical interpreting.

Due to a history of multiple litigations in Minnesota against hospitals from Deaf patients, Minnesota Hospital Consortium (MHC) was founded. This arrangement has multiple hospitals joining in and putting money in the shared pot to be utilized to ensure they will have coverage of interpreting services for emergencies. To be clear, there are zones in Minnesota that do not have participating hospitals, often more rural and smaller hospitals, and they are considered “on their own” in terms of providing services during emergencies. Contracted interpreters on MHC rosters are placed on scheduled standby for emergencies. The interpreters are paid an amount to secure that time while they are on standby. If they end up being called in to work, they are paid an additional amount for their time worked. Interpreters were historically also compensated for their travel; however, this is no longer the case. This has been a successful model for a number of years. Then larger hospitals have hired staff interpreters to cover DDBHH’s routine or scheduled appointments so that has helped with the ease of ensuring consistent coverage. However, there are emerging challenges that could potentially threaten this model. With growing numbers of these regular appointments being unfilled, hospitals are now trying to make moves to tap into these emergency stand-by interpreters to fill these appointments, which means these interpreters are potentially diverted away from being able to cover actual emergencies as their initial intent. This could pose a problem for patients if that continues. There also are complaints from hospitals that this model is becoming expensive comparatively in the light of growing use of VRI and cheaper services promised from spoken language agencies. The current management of MHC is under the operation of a for-profit agency. There is perceived risk of an agency elevating the rates above the actual cost of these interpreters to profit the agency itself. It is proposed that management of MHC be moved to a neutral or state-run place to assist in keeping this model cost effective and avoiding the potential incentive to become driven by profits by a sole company.

There are anecdotes from people experiencing interpreters showing up for a short time for their appointment but then telling them they have to leave for another appointment while their own appointments are not done, so this left some patients in a lurch. However, there is also difficulty

in collecting patient experiences from the Patients Relations office. DDBHH patients are not often considered as part of Diversity, Equity and Inclusion efforts or advocacy groups. So, it is difficult to really understand what is actually happening within medical settings and identify issues to be able to solve. One possible theory of why there is resistance from the patients relations offices is because people view this community as already having their protection from the Americans with Disabilities Act therefore they don't need to be included/considered in their diversity advocacy groups, which consists primarily of people of color or limited English proficiency population. So, while the DDBHH patients might belong to a cultural linguistic minority group, they are not included in discussions with the other cultural linguistic minority groups. This also ties into the challenge of how there is currently no "home" for Deaf Community Health Workers (CHW) in the medical system. It is known that there is a need for direct and accessible support provided by a DHH Community Health Worker that comes from their own community and uses their language fluently but there is very little acknowledgement, inclusion, or support for Deaf CHWs. Thus, that marginalization from other marginalized groups adds a layer of barrier for DDBHH people's effective access to basic health care and leaves them quite systematically isolated and insecure.

Respondents frequently mentioned the use of Video Relay Interpreting (VRI) services is becoming predominant at their medical appointments. People commonly report challenges with it regarding freezing up or not being ready to use. However, people have reported another reason it becomes a problem beyond issues with the technology itself but rather with the general practices for some places in turning it off during the minutes between each medical professional (nurses, doctors, radiologist, etc..) to save money. This results in having a new interpreter joining in each time and not knowing the information already shared previously with the other medical team members so they end up struggling a bit with lack of context over and over again during a single appointment.

Behavioral Health

Behavioral health includes the specialties of mental health, addiction recovery and domestic violence and sexual abuse. In behavioral health settings providers create diagnosis and treatment plans based on language and behavior. Qualified interpreters are critical for providing that information and context for effective and efficient treatment. There is a high need for access to behavioral health interpreting services. Recently there has been a reduction in direct services from Deaf providers because a specialized Addiction Rehabilitation program for DHH people closed. This was a program where DDBHH people could directly communicate with service providers through ASL. This has left DDBHH individuals without support or being forced to work with behavioral health providers that might not understand the additional complexities of the experiences that can come from being DDBHH. These include the impacts of language deprivation and information deprivation trauma. This increases the demand for interpreters who have specialized training in mental health interpreting.

At this time, the most comprehensive mental health specialization training and certification is the Mental Health Interpreter Training that leads to the Qualified Mental Health Interpreter (QMHI)

Certification. There are only 17 interpreters in Minnesota with their QMHI certification. This certification is based in Alabama, and is not a national standard. It is expensive for participants to travel to Alabama for the initial week-long training and then return to Alabama for a week-long practicum. There are limited slots to train in Alabama. Minnesota had two QMHI Supervisors who could train interpreters here, but because there is no financial or structural support, that service is no longer being provided in Minnesota at this time. With the cost incurred by supervisors and participants, interpreters do not see an increase in pay from these credentials. There is a need to increase the number of interpreters who are specialty trained to do behavioral health interpreting but the MHIT program does not seem like an optimal fit for Minnesota at this time

Legal/court

For those specializing in court interpreting, ensuring there are enough interpreters trained in legal interpreting, and making sure the right credentials/qualifications are in place, are significant areas of concern. We recognize that having highly trained, legally skilled interpreters is vital to ensure that all Deaf, DeafBlind, and Hard of Hearing folks have equitable and proper access to the justice system, especially for folks coming from more vulnerable populations. The Minnesota Judicial Branch (MJB) who oversees the Minnesota Court Interpreter Program has a Court Interpreter Roster Qualifications Policy that outlines the requirements to work in Minnesota courts. The State Court Administrator recognizes that the Special Certificate: Legal (SC:L) governed by The Registry of Interpreters for the Deaf (RID) is the highest level of certification and holders of that certification are deemed to be the most qualified in legal interpreting. RID stopped offering that test in 2016 however, and hasn't replaced it with another one. There is another test called the BEI (Board of Evaluation of Interpreters) and they have a specialized court certification that MJB just added to their interpreter roster qualifications policy. However, in order to take that test, it requires taking multiple other generalist tests, several trips out of state, and thousands of dollars, which may not be feasible for everyone. As a result of no SC:L, and a not-so-feasible BEI: Court, the pool of legal interpreters is quite small, and only getting smaller as more start to retire. The Minnesota Court Interpreter Program offers a very basic two-day (three days for spoken language interpreters) legal orientation in order to join the court interpreter roster, but it doesn't provide any time for skills evaluation/practice, nor does it touch on topics like interpreting for jury duty. As mentioned, there is a small pool of legal interpreters, which means an even smaller pool of legal mentors/trainers. There is a lack of legal interpreter training programs nationwide as well. Many newer interpreters feel intimidated by the legal/court system, and will not work without appropriate education/training/mentoring. This makes it difficult to grow the interpreter roster. Legal interpreters have mentioned that the interpreter schedulers do not understand the complexities involved within the Deaf, DeafBlind, and Hard of Hearing population accessing court, and seem to get frustrated when the experienced court interpreters advocate for high standards of practice; it seems they just want to fill each job using the "warm-body" approach. For many years, MJB had a policy called "Rule 8" which meant that the interpreter schedulers had to first ask the small number of SC:L specialized legal interpreters for every court job, and after a certain amount of time, if they weren't available, the schedulers could move onto the general roster of interpreters who were still nationally certified by RID, but did not hold an SC:L. That policy has since been rewritten,

and priority is not given to SC:L interpreters anymore. Experienced legal interpreters feel it is too easy for anyone to get on the court roster without a robust screening tool in place to ensure qualifications. There is a shared sentiment amongst experienced legal interpreters that the schedulers are not scheduling them because they push for higher standards, and instead, they put less experienced interpreters in their place because there's less resistance that way. Experienced legal hearing interpreters are better equipped to predict when Deaf interpreters will be needed, and will typically request them in advance; the newer legal interpreters may not be willing to ask beforehand or willing to stop in the middle of a hearing to say we need a better set up. Furthermore, the schedulers have instructed interpreters to not ask for CDIs, and instead, that official request needs to come from the judge or the clients themselves. This practice could be problematic because judges don't know the difference between Deaf and Hearing interpreters, or the need for the Deaf interpreter skillset. Deaf clients may also not know the difference, or may not have the language capacity to know they could even request one in the first place. This leaves Deaf folks in a precarious position that could have been prevented by allowing interpreters to effectively advocate for effective communication from the start. MJB is pushing for more hearings/trials to be held remotely when previously done in-person to save on costs. They've removed the compensation for travel that interpreters previously had. Instead of paid hourly travel to greater Minnesota, they've changed it now to the Federal IRS mileage rate for all jobs. This change has a large impact on Deaf folks who live in Greater Minnesota and need in-person interpreters (i.e. DeafBlind individuals for example). The courts rely on Zoom for their remote hearings, and the setup doesn't always work; sometimes the courts don't have enough iPads/laptops/TVs set up appropriately so that both the interpreter and the Deaf consumer can see each other. There have also been reports of Deaf interpreters 'stuck' in the Zoom waiting room because clerks aren't aware they are also interpreters. These errors result in delayed or rescheduled hearings. The Minnesota Disability Law Center has received an increase of complaints about various remote court hearings and the struggles Deaf folks have experienced. Recent changes seem to stem from the current administrators at MJB not being receptive to receiving feedback, and not willing to accept input from seasoned legal interpreters as to what works effectively. Years ago, there was a court interpreter advisory committee that eventually closed, though the current administrators have seemed open to starting it again. It's been reported that when Deaf folks request specific interpreters (gender, CDIs, etc.) they've been routinely denied by the court schedulers. They claim that interpreters are supposedly 'gender-neutral' therefore it should not matter. There is a very weak reporting/grievance process with no teeth; interpreters who have had multiple complaints filed against them still continue to work with no ramifications. There's a shared sentiment that MJB and the court schedulers need to have more training when working with Deaf folks accessing the legal system; the recent changes are not allowing for accessible effective communication. Another note is that having a shortage of interpreters impacts beyond just the court proceedings; it affects inmates' ability to access required classes, meetings, therapy, and training before potentially being released after serving their sentence.

Education

Educational interpreting is highlighted as a distinct area of challenge, with issues such as the need for language facilitation and the difficulty in finding interpreters in the education system. There is concern about the practice of some new ITP graduates going straight to educational settings to work where the consumers (children) may be forced to accept unprepared/unqualified interpreters while trying to access their own education. Not all interpreter programs provide training for them specializing in educational interpreting. Receiving sufficient mentoring during their “provisional period” is a concern. New interpreters only get an hour of mentoring for 32-36 hours of work while freelance interpreters get more mentoring opportunities as a natural part of their work. There is a serious concern about the potential impact of this model upon the vulnerable population of DDBHH children’s language acquisition and educational access during this time. In MRID’s 2022 survey report, and during the focus group discussions, educational interpreters report challenges with low pay, low level of respect for their work from both their work place and from the interpreting community, feeling they received insufficient training for their scope of work, feeling stuck if they’re placed with a student that they are not a good fit for, and having to work within toxic or oppressive work environment. They are sometimes not salaried so they have to seek work over the summer to fill in the income gap. However, they report the benefit to working as an educational interpreter is that they don’t have to worry about getting benefits for themselves and having to manage paying their taxes. The downside is that they report they do not have as much flexibility in getting breaks so they’re experiencing physical pain from repetitive motions. Conversely, freelance interpreters tend to get a team interpreter if the job is over two hours long and they alternate every 20 minutes, however this protective set-up is not in place for many educational interpreters. Even VRS provides physical breaks for their interpreters.

Systematically, educational interpreters are classified as paras so they are somewhat paid in their wage range but comparatively they have a higher level of prior education background (a degree), certification/credentials, that is similar to other licensed staff. However, they are not given the same support for maintaining continuing education or to network with other interpreters. Again, these interpreters are sometimes treated as paras, meaning they are ordered to do extra duties such as copying papers and more, taking away from their focus on interpreting. Some have expressed frustration that how sometimes their professional observations and input on the students are screened by the DHH teachers and they find that it is not always included in the student’s IEP meeting reports. The claim is because interpreters are not licensed. Those interpreters might be the only adult able to advocate for the child within the school building but they are often not even included in the team making judgements and decisions. Or sometimes they are the ones that end up having to teach the students how to effectively use interpreters, rather than the DHH/special education teachers. But there’s no time to do that because they’re focused on just interpreting. With pay rate being much higher elsewhere and less physical strain, there is less incentive for interpreters to stay working in schools. However, those who stay say they do it because of the kids. There is a trend right now because of the shortage of interpreters in school, this service is being outsourced to outside agencies which may provide the kids with interpreters that do not even meet the state’s

educational interpreter quality assurance requirements but it ends up being a higher cost to the schools. So, interpreters are considering just moving over to working for agencies instead and performing their interpreting that way instead of being school employees but this reduces their ability to provide that input to the IEP team. Additionally, there are schools that are providing VRI services within educational settings and this is not always appropriate or effective for the students. They are less likely to know Minnesota specific geographic information or regional signs which could affect how effective their interpretations are.

There is also an issue with tracking educational interpreters. Educational interpreters have state credentials required for working but because PELSB only monitors licensed staff people, and has since refused to assume responsibility for this group of professionals, there's a gap in who is supposed to monitor the compliance for these. So, school districts are left on their own to figure out if the person they hired is in compliance and will sometimes rely on a person in the Minnesota Department of Education (MDE) to guide them where to find qualified people to fill these jobs. But MDE does not have a system to manage that information either.

Furthermore, the current special education model in Minnesota promotes distributing DDBHH students across multiple school buildings and districts. Meaning they are not clustering the students in the same way where these students could share resources like was done prior to the 2000s. This caused an increase in demand for interpreters needed but no mechanism to increase the number of interpreters available. The result is that multiple students are now having to go without that service in schools. A respondent called this a "thinning out of resources." Previously when there were cluster programs they would have a team of staff interpreters working in that school and they could support each other and take breaks without gap in service for the student(s). Those cluster programs also had the benefit of having DHH teachers be able to directly provide instruction to the students if needed, which meant interpreters were not needed for these times. With the educational system model that isolates the DDBHH students in their local schools, there's less opportunity for accessible linguistic input, including through direct instruction from DHH teachers themselves or from a group of interpreters, or even peers. This reduced access to language models increases risk for language deprivation in DDBHH students. This set-up also isolates the interpreters from each other. There are reported cases of schools/districts going for years without finding an interpreter able to serve their student(s). A story shared was a family of two deaf children were forced to have the school interpreter split her time between them, meaning each child only got access for a part of their academic day daily. Unfortunately, this shortage problem can incentivize the schools to attempt to bypass Minnesota's educational interpreter quality assurance statute by changing the interpreter job title to something else, most commonly calling them a communication facilitator or language facilitator. This is a risky practice as exhibited by the *Perez v. Sturgis* supreme court case. This would require collaborative and systematic reform to address this issue.

Impact of Virtual Technology

A common theme was that people had mixed feelings about the advent of Video Remote Interpreting (VRI). Some people were grateful and appreciative of it. The emergence of Video Relay Service over the past 20 years was great for DHH people as they could make phone calls to achieve a lot of things that were not accessible before. With that type of community access format solidified when the pandemic hit, it was a good thing as this community was more prepared and capable of making that shift quickly. So, it was a great thing to have in place during the Pandemic. People have found that VRI has been beneficial for certain emergent or on-demand situations so there is increased access being provided. Some people liked some of the online platforms because they could also get automatic captioning turned on along with interpreters so that was beneficial for them. Interpreter Services Managers reported a benefit in being able to get access to interpreters from out of state when none are available locally. However, this also means that out-of-state companies have the ability to pay our local workers a better rate, sometimes at double, for virtual work so their companies have the ability to also draw our interpreters there which then reduces our own pool here.

Another side effect of the convenience for interpreters to be able to work from home through remote platforms is that now that the pandemic is over, many of them admit to not being incentivized to return to in-person work. They found they didn't have to deal with things like traffic or gas expenses anymore and it was easier and quicker to move onto the next job with less down time. Plus, the pay was better. This impacted the community as they returned to in-person, they had less people willing to cover these requests. For example, SportSign interpreting agency also reports this as an increasing challenge to find interpreters willing to work with those engaged in sports/recreation activities which remote interpreters would not be able to do as there's too much moving around involved. So, this ends up impacting DDBHH children's ability to play or participate in their community activities. Therefore, VRI was not considered ideal for many DDBHH individuals for various scenarios when access is needed. This situation raises unresolved ethical discussions.

This remote format also has shifted the dynamics of how team interpreting work is handled. So, sometimes this impacts the abilities of the interpreters to work effectively together whether it is in virtual rooms or in person. New interpreters that have started or relied heavily on working in virtual space seem to have a harder time doing team interpreting in person because of their reduced opportunity to experience and practice that. Some sentiments expressed are that there is a preference for newer interpreters to start off community interpreting first so that they have that skill established and developed before doing remote work. This ties later into the internal community relations.

Like mentioned before, some people found it ended up creating additional problems or barriers. Common reported issues were the difficulty in connecting, the freezing up or loss of connection. This connectivity issue was made worse for Greater Minnesota consumers who might be in a location where internet infrastructure is not as robust. Older Deaf people expressed discomfort

using this technology, preferring in-person interpreters. There were also concerns about using VRI in inappropriate settings or where VRI is not appropriate for a consumer's needs. For example, VRI is not always accessible for DeafBlind individuals which then results in them having to expend energy to push back on the setting's default policy/practice of relying on that way only. This can also become inaccessible when they are undergoing major surgery and upon waking up with their vision being affected which impacts their ability to see the screen clearly or the screen's position is actually awkward for them to look at in the position they are in. Reliance on VRI can also create barriers for people on-site for connecting with their colleagues because they are restricted to fixed locations such as during work meetings/trainings. A DeafBlind person reported she was forced to sit separately in her office so she could watch the interpreter on her own screen while all of her co-workers were gathered in the meeting room. Furthermore, access is not provided during break times where others are able to socialize and the D/HH person can't participate because of awkwardness of carrying the device around and difficulty of handling multiple talkers. This particular setup impacts their potential relationship with their peers, classmates, or colleagues. Another way that VRI impacts DDBHH people's ability to make a connection and develop trust between the patient and the interpreter is the loss of the time before meetings or medical appointments to become familiar with each other's signing styles before starting the appointment. They lose that opportunity to warm up, prep, negotiate the preferences, and get in "sync" with each other which improves the ease of the upcoming appointment experiences or the ability to debrief following the activity.

The underlying core comments seem to stem from the desire for consumer autonomy to decide which type of interpreting is effective for themselves for which situation. There is a strong desire by the community to have the ability to make these determination for themselves on case by case situations because they know what will be effective. This was also reflected in their desire to be able to have a "preferred" interpreter list or at least some control of who was assigned for their jobs so they can plan accordingly.

Unique Needs of Greater Minnesota or Rural Communities

The consistent message from residents in the Greater Minnesota area is that they experience disparate impact relative to the Metro. There are fewer interpreters available in the area and a higher proportion of the interpreters in Greater Minnesota are not certified. Interpreters report reasons for not being certified is that there's no incentive to get certification although they are always interested in improving their skills and knowledge. There is a greater likelihood DDBHH are forced to rely on Video Remote Interpreting but they are also more likely to experience connectivity problems. There are many times that Greater Minnesota consumers are forced to either cancel/reschedule their appointments, or proceed without appropriate access. However, they report they often have a close relationship with the interpreters in their area because they work with them a lot. They acknowledge a challenge arises when the interpreter is unable to meet the competing needs of multiple DDBHH people at the same time. So, interpreters and DDBHH consumers have to navigate scheduling to as many people as possible. It is also

tougher on interpreters in Greater Minnesota because they often have to travel greater distances and sometimes Minnesota's winters can be difficult for them.

DEED reported frustration with the fact that state agencies must contact the interpreting agencies listed in the state's master contract list. Most of those approved agencies are in the Metro Area or in Duluth. When they have clients out in Greater Minnesota, they know there are local freelance interpreters available and willing to take last minute requests for job interviews or orientations but because they are required to put in a request in the agencies first, this delays the time in determining that there is no one willing to travel that far out into the Greater Minnesota, then they are able to secure those local freelance interpreters for the job. If the agency interpreter accepts the job, it costs more to pay for the time and travel for those interpreters to get there. It would have been cheaper and more efficient to use interpreters already in those areas. Some interpreters are not eager to join agencies from the Metro area because most of the work they post is not in their area so there's very little benefit for them to contract with them. The state could consider to return to the former practice of allowing independent contractor interpreters on the master list.

State Services's grant recipient who is also the stipend coordinator did a survey in 2021 and reported that there are interpreters stating that they are willing to mentor but were worried that they do not have enough consistent work themselves to be considered full time to support these incoming interpreters so there have to be efforts to arrange for more than one mentor for the interns they are supporting.

Also, there is a challenge for State Services in developing partners in Greater Minnesota to gain access to opportunities. For example, there was an idea to fill the educational interpreter gap in Greater Minnesota with those on State Services's grant but the Minnesota Department of Education has not expressed interest in generating a working partnership with this program. As a result, the interpreters that are part of the program can't get access to the interpreting jobs as advertised by the school districts. So these jobs go unfilled (schools don't always have a mentor ready to take on a pre-certified interpreter as required by the law) and as a result the school districts just change the interpreter's job title to other things like "Language Facilitator" or "Communication Facilitator" to bypass the educational interpreter quality assurance statute and then fill the position with unmonitored and/or untrained individuals. DState Services grant programs have partnered with the Department of Health for the Deaf Family Mentor program, managed by Lutheran Social Services, so partnerships are possible, but this would require someone from the Minnesota Department of Education to be willing to support that effort.

Under-Represented Interpreter Populations

BIPOC

A majority of interpreters in Minnesota are white. The demographics of the interpreters working in Minnesota is not proportionally representative of the DDBHH community who identify

themselves as Black, Indigenous, or Person of Color. Additionally, each ethnicity has its own unique needs that are difficult for those who do not share that background to provide effective and appropriate service. For example, Indigenous individuals want to attend pow-wows or participate in ritual ceremonies/practices but most people don't have that cultural background knowledge to be able to interpret it appropriately or respectfully. There is an effort now to generate a local/home-grown training program for indigenous interpreters in response to this need but this program would like to get community support for that to happen. Hispanic people are sometimes already bicultural and bilingual, but their interpreter training does not tend to credit or acknowledge the extralinguistic layer they are navigating during the program. Black people can have their own linguistic variations for their spoken and signed languages, so there has to be inside-community knowledge of that language to be able to interpret it effectively. BIPOC interpreters reported often feeling alone since there are not a lot of others like them. They also report having experienced microaggression and racism during their training programs. One person reported that they were not even given regular internship assignments while all white classmates got one and then being assigned work experiences within a known BIPOC setting, as if that is the only place they could work in. Also, interpreters report having to endure racism on the job, from both DDBHH and hearing consumers. Additionally, it was observed that most of the ASL classes in High Schools are offered in more affluent, predominantly white school districts rather than in cities that are more diverse. So, there needs to be extra support to target for increasing access to ASL learning opportunities, recruitment, training that is culturally affirmative, and connecting with role models/teachers/mentors to grow the number of qualified BIPOC and multilingual interpreters.

Gender

A large proportion of interpreters identify as females. There are very few males and non-binary interpreters so approximately half of the community do not have access to an interpreter that represents their gender identity. One example of how gender can impact how others perceive an individual is via socio-linguistic gender-based discourse markers. Gender identity may affect the spaces that people can access. One example being that male athletes are not able to get their interpreters in their locker rooms when they're with their team/coaches. For medical appointments, there can be concerns around modesty taboos, appropriate behavior, and social awkwardness if the interpreter is not the same gender as the consumer.

Internal - Community Relations

People reported feeling a disconnect between the DDBHH community and the interpreting community. Historically, the interpreters would get their language and cultural education by interacting with the Deaf community. Some interpreters have reported that their experiences interacting with deaf community was what kept them in the field. So, this seems to be a key point for retention and development. Historically, this immersion approach led to a view of the dynamic as a balanced reciprocal relationship between the groups which generated a personal investment from each side. This also created a sense of obligation and dependance to each

other (a symbiotic relationship). However, with the shift of educating interpreters becoming more formal through academic training programs, there's a perceived reduced community commitment to each other leading to more impersonal and transactional relationships. It is perceived that there's less collaboration, communication, or transparency which leads to a feeling of division between both parties. This also led to an increased sense of distrust. There were comments in the survey about their dissatisfaction sometimes coming from the "attitude" of interpreters. Or the attitude has been called by multiple respondents as not having a "Deaf Heart," or an allyship. It was proposed that training on Power, Privilege and Oppression, and experiencing situations where they have to rely on interpreters would help them develop more empathy for the community members. Interpreters also report that they feel there is an unrealistic expectation from DDBHH people about the time and work it takes for them to achieve the quality level that will satisfy them and they become discouraged from the criticism early on in their careers that they are not motivated to continue. Someone suggested that there be training provided to DDBHH people so they understand what is involved in the process to become interpreters and for them to learn how to provide constructive feedback that is helpful on their journey. Someone said that research shows that it often takes 7 years of learning ASL and 7 years of interpreting to become really confident but it does not seem that DDBHH community is as patient for this time period it takes. So, immersion experiences are highly stressed as being effective in improving fluency and developing relationships. Again, there were comments about interpreters not being visible during community events outside of working or that there were not enough DDBHH people directly involved in their training or education. DDBHH people felt that interpreters' language fluency would have improved if they engaged/interacted more with them during community event times, especially for the newer interpreters. However, because college costs so much, recent graduates are forced to work to be able to pay for school which means there's less time they can spend in the community to earn the trust of the DDBHH people. Also, there is observation that there are a reduced number of Children of Deaf Adults (CODAs) entering the field compared to decades ago. There's no study that shows why that is happening but there were several suggested theories. In short, there is sentiment that there are a reduced number of interpreters acting with "Deaf Heart." Furthermore, there was a situation expressed by a frustrated ASL consultant that had long-time provided support for interpreters with theater based jobs on how newer or more interpreters were taking the paid small community-based theater jobs without seeking out Deaf ASL consultant(s) or promoting these shows to the Deaf community. So, these interpreters were not engaging with Deaf people both on a professional level or personally by exhibiting a cultural allyship of information-sharing with the community about these accessible entertainment opportunities. Furthermore, it was felt by that person that these interpreters were taking advantage of the opportunities stemming from the art community's true desire to become inclusive by making access possible with interpreters but the Deaf person feared that if there were no DDBHH attendants going to these events, then they would have justification to stop providing that, not realizing that the problem is failure to transmit that information to the community effectively. Ultimately this failure to "pass along" information hurts the DDBHH community in the long run. Bottom line, there's a perspective that if interactions between DDBHH people and interpreters continues to be more "cold" or of a transactional type of relationship, then the DDBHH people should demand to be paid for their time to "mentor" these newer interpreters since there is no longer that reciprocal system that

used to be in place. However, people wanted to stress that there still needed to be appropriate professionalism and boundaries established during the job even if they have socialized outside of the workplace.

There's also frustration expressed by DDBHH people by not getting the names of the interpreters assigned to them from the hiring entities. This can influence how they prepare for the appointment/meeting. Also, when places contract with out of state agencies, this can become a problem because they don't have a "preferred list of interpreters" with these agencies so they feel they do not have any way to control who their assigned interpreters are. There is a desire to be able to "look up" their interpreters, meaning finding their basic training background and specialities, like people can for their doctors.

Since interpreters report feeling burnout and feeling isolated in interpreting work, they expressed the need to have a support group for themselves to help them feel more connected and have a resource for support. This is especially important when they need to discuss complicated cases or work through their vicarious traumas. They reported they had more opportunities for interaction prior to COVID. Additionally, with the online work format, there feels less connection with their colleagues. While people are reporting needing a support group, there was a report of horizontal violence or toxicity among interpreters that was affecting them.

A common narrative was about incidents of interpreters not being "nice" to each other, especially towards newer interpreters. It can feel like a personal attack if someone tries to "critique" their work so this can create hard feelings amongst interpreters and that impacts their ability to work together. This may be because they have not received training on how to provide and receive constructive feedback. Another possible reason for the tension is the competition for jobs and status among interpreters encouraging them to view other interpreters as possible competition, rather than as colleagues. Regardless of the reason behind the horizontal violence, one person framed this problem as resulting in "eating their young" which may have contributed to the declining number of people willing to remain in the profession.

Video Relay Services (VRS) is considered a valuable service that makes telephone calls possible for DDBHH people. This is funded by the Federal Communication Commission. This service utilizes a lot of interpreters. Participants working in this environment reported a huge uptick of experiencing rudeness and abuse from both hearing and deaf consumers towards the interpreter in the past few years, especially post-COVID or with younger consumers. This has put a strain on the interpreters' mental health. It is not sure how to foster improved conduct by public consumers but the VRS companies are having to take actions to provide support to their employees.

Financial Related Issues

Interpreters' satisfaction in the job has been reported to be tied to their wages, expenses involved such as for credentialing, training, memberships, liability insurance, and travel expenses, and lack of benefits. Certified interpreters have required CEUs they have to maintain and it can be tough for freelance interpreters to have to take on the responsibility to pay for the training and the loss of employment time needed to attend the workshops. They also expressed having to manage their own taxes as independent contractors is burdensome and sometimes difficult. Rising cost of health insurance can drive interpreters to leave and seek other employment that have benefit support, including FMLA protection. There can also be a burden of student loans from attending expensive private interpreter training programs that impacts the decisions they make. To assist with that challenge, it is suggested that interpreters should be recognized as eligible for loan forgiveness programs.

There also does not seem to be a financial incentive in some places to continue to improve their skills or experience. Some places pay the same rate regardless of number of years of experience or specialized training. So, the newer interpreters didn't see the need to pursue improvements and this caused tension with the more experienced interpreters. This also discourages veteran interpreters as they did not see a financial benefit in continuing to do this long term if their rates don't increase.

Competition is good for maintaining competitive pricing but it has been observed to become problematic when some agencies, such as some spoken language companies, are able to offer significant higher pay for lower skilled uncertified interpreters which can incentivize them to disregard their ethical practices or motivation to move towards certification. This results in DDBHH people being stuck with unqualified interpreters with no real recourse for resolution. Then there's also some interpreters and consumers that would like to see a return to or a restructure of the DDBHH interpreter referral system to be managed through a neutral, non-profit center, rather than through various for-profit agencies. They believe that they can continue that centering of the DDBHH consumers' needs and keeping the control in our state of who is appropriate to work in which jobs.

Consumers report that the rising cost of interpreters can pose a problem for them in terms of having to advocate even more to be able to get them. Additionally, DB people report that there is a tendency for hearing interpreters to add a "surcharge" to their rates if they work with DB consumers. This can impact the willingness of entities to accommodate them, disadvantaging them even more than they are already.

External financial sources are currently felt to be insufficient. There are also not enough scholarships to help pay for interpreting training programs or other financial means to help reduce the financial strain of paying for higher education. There is the Greater Minnesota grant from State Services for interpreters in that area but there is a wish for more financial support

from the Department of Education or the Department of Health to provide financial support for supporting interpreters wishing to acquire specialized skills.

Social Barriers

The persistent theme on social barriers was primarily on the ignorance of the general public about what interpreters do, on how to get one, or the laws related to requirements to provide them. One person explained that they trained hospitals and clinics about how to request interpreters but found there was such a high turn-over and that training did not transfer over to the new people. Human Resources departments have reported that they don't understand how to properly arrange for interpreting support for accommodations. There was a wish that there would be a way for DDBHH people to be allowed to be involved earlier in the process such as being there during the interviewing/hiring process for interpreters since most hiring entities do not know any better and they sometimes hire an inappropriate person but then the DDBHH consumer ends up stuck with it. Also, when hiring entities schedule interpreters, they only cover the time for the formal meetings or workshop but not for the times before, after, or during breaks and not realizing that this results in DDBHH people not being able to interact with their colleagues, peers, or classmates and gain the incidental information that are afforded to other hearing participants. Also, K-12 Administrators do not always understand what is involved with educational interpreting. So, there is a clear need for a lot of educating across the spectrum about interpreters and access.

Those who work with interpreters are aware that spoken language interpreters currently cost significantly less than ASL interpreters and sometimes that is a point of contention. It should be pointed out that generally spoken language interpreters have not reached the point of standardization or formalization of their training programs and qualification assessments the same way that ASL interpreters have. Anyways, the institutions or systems are often considering how they can save costs especially for ASL interpreters, which may be why they're motivated towards the use of video remote interpreters, where they don't have to pay for two hours minimum or for cancellations.

Students, including DHH students, are not aware of interpreting as a potential career/profession they could pursue. The lack of recognition of ASL as a bona fide language in some educational institutions (not counting them for credits) leads to a lack of interest to offer these classes. ASL teachers sometimes are able to coordinate a visit with a representative from interpreting training programs or interpreting agencies to come and meet with their students to share information about interpreting as a career pathway. However, they mentioned that they had difficulty getting ASL interpreting included into their school's career fairs because many of the coordinators did not know anything about interpreting so it was not on their radar. This means that challenges persist in raising awareness of people about interpreting as a profession.

There were people that mentioned having Deaf Interpreters/interpreters appear on TV, especially next to the Governor, helped increase visibility of interpreters and improved community awareness about them. But this unfortunately seemed short-lived as that appearance only was reserved for cases of state emergencies or serious situations and that has decreased in the past two years. Community would like to see it become more consistent and standard practice for showing interpreters on TV for various reasons.

Other Kinds of Interpreters

A few people commented not to forget about making sure to support the need for other types of interpreters other than ASL interpreters that DDBHH people use. Examples of those are oral interpreters, cued speech interpreters, and multilingual interpreters.

While most of these data and discussions were focused on hearing interpreters, Deaf Interpreters are a unique group that has their own set of issues. They do have similar issues with hearing interpreters such as the need for diversity and financial challenges. However, there are several unique issues. They currently have a minor issue of no agreed verbiage to define their position because sometimes they lose jobs when there is a request for “ASL Interpreter” and it is not clear if they meant Deaf or Hearing interpreter.

Deaf Interpreters

They face greater ignorance from the public about what their roles are and why they are needed for specific jobs. The K-12 educational system only granted permission to allow Deaf Interpreters to work in that setting starting in March 2023 and most of them do not even know how to hire or work with them. This means that they are not even suggested to students’ IEP team as possible service providers. Additionally, larger school districts work initially from their own interpreters roster and there’s no network or referral mechanism to connect them to potential Deaf Interpreters. Ignorance is not just present with the general public, but also within the DDBHH community as people may have faulty misconceptions or biases about their work. So, there can be stigma and resistance from DDBHH individuals for requesting a Deaf Interpreter. Deaf Interpreters feel the burden of having to educate and justify hiring entities of why they should have a Deaf Interpreter. So, this leads to reduced job opportunities.

They experience gatekeeping from certain jobs by hearing interpreters so reduced job opportunities arise from that as well. They also report with the exodus of interpreters moving over to the virtual interpreting platform for work, their scheduled jobs get canceled when there is no in-person hearing team interpreter available. However, they say they could provide a solution by teaming with the online/remote interpreter and become the in-person interpreter that the DDBHH consumer prefers to have rather than having the entire job be canceled. They also report that they are sometimes paid less than their hearing counterparts. Federal

Communications Commission (FCC) currently does not recognize Deaf Interpreters working in VRS settings. As a result of these challenges, most of them are unable to support themselves with just interpreting work. Consequently, many of them work other jobs, which then reduces their availability to fill the requested jobs that come up. Additionally, they still have to pay the same amount of expenses that hearing interpreters do for certification tests, CEUs, insurance, and more but on comparatively reduced income.

They also have to face additional challenges regarding navigating the training and credentialing process. There are not any standard or consistent interpreting training programs for Deaf Interpreters. So, they have to work harder and independently to seek out the training opportunities to fit their needs. Minnesota does not have a BA interpreter training program appropriate for Deaf interpreters. Due to these systemic barriers, there are fewer Deaf interpreters available overall to provide mentorships for those interested.

Systematic Barriers to Development of Quality - ASL Users

There is interest in recruiting high school ASL students to become prospective interpreting majors. There was an area of concern raised regarding language proficiency of these students. At this time, there are no colleges in Minnesota that provide training or a degree for teaching ASL. Those specializing in teaching ASL have to go to out-of-state programs for that. There is currently no good culturally aligned standardization for determining the qualifications system for teaching ASL through Minnesota's PELSB (Professional Education Licensing and Standards Board). The current language proficiency requirement for licensed ASL teachers, as it stands, is having at least an intermediate plus Sign Language Proficiency Interview (SLPI) score. Intermediate Plus is defined as exhibiting some advanced level skills, but not all and not consistently, conversational format with some elaboration; generally 3 to 5 sentences. Good knowledge and control of everyday/basic sign language vocabulary with some sign vocabulary errors. This proficiency test is required to become fully licensed at Tier 3 or 4 but there is no prerequisite for fluency test for those who are in Tier 1 or 2 levels before starting to work as ASL teachers. It was noted amongst respondents that multiple school districts had a hiring trend for hiring unqualified hearing teachers over qualified Deaf teachers, even those holding specialized ASL teaching degrees or background. Examples are hiring individuals who failed interpreting programs or those who are in the process of learning ASL themselves. Therefore, there are currently a number of unqualified teachers teaching ASL to high school students, which diminishes the language and cultural proficiency of the incoming classes that might pursue interpreting which then means they have to face "retraining" which delays their process of becoming interpreters. Additionally, this form of employment discrimination and ignoring best practices of hiring culturally competent, language-fluent, qualified teachers when hiring harms the DDBHH community directly and indirectly through the failure to generate prepared prospective students to enter the workforce. There is no ASLTA (American Sign Language Teacher Association) chapter in Minnesota to be a resource in addressing these challenges in Minnesota.

Another concern is related to the availability of ASL classes. There are not a lot of ASL classes being offered in Greater Minnesota. There is also a current general social/academic trend towards dropping the world language requirements for students in both high schools and colleges. There is reported more pressure from administrators for High School ASL classes to combine different ASL levels taught within a single period. This means decreased offerings of ASL classes being available. A common story told by interpreters is that they got into the field because they happened to enjoy their ASL elective course so much. The course enabled them to discover a field they were not aware of and then they changed their major to interpreting. With these opportunities being reduced, this will be a challenge to expose students to ASL and recruit from them.

Concordia Language Villages used to have ASL programs for immersion opportunities but that has stopped being offered. There's interest in having more of this type of opportunities for intense immersion activities. Camp ASL weekend led by MRID is currently being held and is successful. There is a need to continue to get funding to help keep that immersion experience affordable.

What resources are already present?

Data collected, especially from the key stakeholders, indicated that there were some resources already in place to address the shortage and improvement of quality of interpreters.

- Deaf, DeafBlind, and Hard of Hearing Services Division (DState Services): Has a grant that provides mentors and training for Greater Minnesota/rural interpreters. This covers for their travel, boarding, and time. The fund also pays for their mentors and other professional training opportunities. This grant has been around for 40 years and is vital to the community as a response to this ongoing need but it requires intense legislative advocacy to keep going. They are rarely on the ballot for increased funding.
- DState Services also has regional offices which is a resource that provides general community support and training regarding accessibility awareness.
- CATIE Center, St. Catherine University: Currently has two grants from the US Department of Education, Rehabilitation Services Administration: 1) Project Level Up: Advancing Healthcare Interpreting Competencies offers a series of free online self-directed modules as well as an intensive cohort model program for working interpreters to develop skills in healthcare.. 2) Dive In: Building Skills and Confidence in Interpreting offers a series of free self directed modules as well as an intensive cohort model program for novice interpreters seeking to build skills and attain a credential/certification/licensure. Both programs are for Deaf and Hearing Interpreters.
- ASLIS has MedStart program to provide training for those interested in Healthcare interpreting. This program is offered intermittently as the number of interpreters ready to pursue this specialty in Greater Minnesota is small.

- Discover Interpreting initially developed a website of information to address interpreter shortage led by NCIEC (National Consortium of Interpreter Education Centers) under a grant from US Department of Education, Rehabilitation Services Administration. This resource was then moved to RID after the end of the grant project. NCIEC is currently not in existence.
- University of North Colorado's Improving Rural Interpreter Skills Project (IRIS) grant from US Department of Education, Rehabilitation Services Administration focuses on supporting interpreters from rural areas.
- Minnesota Registry of Interpreters for the Deaf (MRID): has scholarships for new and experienced interpreters, including for certification, training, BIPOC, and to hire a mentor. MRID also hosts a weekend-long ASL immersion camp where workshops are provided and ASL skills are improved through immersive activities and in a naturalistic way.
- MERGE (Making Everyone Really Good at Everything) is a volunteer organization with a mission to help people transition from being students to successful working interpreters by providing networking and educational opportunities for students, new interpreters, and seasoned interpreters in a safe environment.
- DEED/Vocational rehabilitation: supports efforts towards employment for DDBHH people, which includes providing interpreters for the interview portion, initial job training, and educating the workplace of how to arrange for accommodations. Also, provides financial support for people interested in pursuing different fields of work, including Deaf Interpreting.
- Minnesota DeafBlind Project focuses on providing training and resources for other professionals such as special education teachers, paras, and interveners for DeafBlind students. Also, provides workshops for educational interpreters at least three times a year.
- Several interpreting training programs within Minnesota or near Minnesota: Saint Catherine University (BA degree), North Central University (BA degree), Saint Paul College (AA degree), Augustana University in Sioux Falls, South Dakota (BA). Minnesota State Community and Technical College has an ASL Pre-Interpreting track.
- Minnesota State Academy for the Deaf has several certified interpreters on staff and has provided internships and mentoring for educational interpreters.
- Some interpreting companies offer limited "apprenticeship" opportunities (although more is needed to make paid internships possible). Examples: Keystone Interpreting Solutions' WIN program, ASLIS's Springboard program, and Sorenson's paid internship program.
- There are community places that already are welcoming ASL students and interpreters to interact with community members. Examples include Charles Thompson Memorial Hall and ThinkSelf.
- Wilderness Inquiry program has set up a Communication Facilitator Fellowship. This offers a paid internship opportunity for emerging interpreters to work with their outdoors activities programs.
- Minnesota Deaf Muslim Community also provides opportunities for students and newer interpreters.

Emerging Challenges

There were some questions raised about potential emerging challenges to the future of the interpreting field.

- 1) Question of how AI would impact the accessibility or quality of interpretation services in the future.
- 2) The observation of the trend of sign language usage among the upcoming population. With the restriction against or lack of access to sign language for the majority of DDBHH children (around 90%) throughout the state of Minnesota, the question was raised about the projected size of need for sign language interpreters over the next couple decades. Plus with advancement in medical treatment and gene editing, what does that mean for the population size of DDBHH people that sign?
- 3) With decreasing support for World Languages/ASL in educational settings (both High School and Colleges), how do we maintain availability of ASL classes in the state? How to respond to the threat of that trend?
- 4) With most of the Rehabilitation Services Administration grant that our interpreters are using right now, it relies on the underlying function as to support DDBHH people's employment. How do we capitalize on that and support the movement for DDBHH towards self-employment or entrepreneurs. What about those wanting to provide direct services for DDBHH? Could they reduce the demand load for interpreters?
- 5) There is a growth in DDBHH people entering health related field studies and employment, are interpreters ready to handle that type of interpreting?

Source for the cost of CASLI test:

<https://www.casli.org/taking-the-exam/creating-an-account-in-casli-exam-system/payment-information/>