



Nevada Commission for Persons who are Deaf and Hard of Hearing

October 2024 Nevada Townhall Tour (Elko, Reno, and Las Vegas)

Townhall Qualitative Data Analysis								
Commissioner/ CART Report	Response ID	Direct Quotes or Reported Notes	Theme 1 – CHI/C/DI Interpreter Deficit & Pipeline Development	Theme 2 – ADA Compliance & D/HH Cultural Competency	Theme 3 – DeafBlind Services (SSPs), Resources (Equipment), & Training	Theme 4 – D/HH Specialist Service Providers & Equipment Accessibility (i.e. Speech Language Pathologist, Pediatric Audiologist Services, etc.)	Theme 5 – D/HH Education, DHH Resource Services, & D/HH Advocacy Center	Theme 6 – Nevada Systems & Advocacy Navigation/ Training
Elko (E) – Tuesday, October 1st, 2024 – In Person (Attendance: 6 Community Participants) – Nevada Early Intervention Services (NEIS)								
CART ED Notes (ED)	EDE1	Elko – Question if the Commission will be working with school districts on interpreter deficit	Recommendation #3 Conflict: Interpreter deficit in schools				Recommendation #3 Conflict: Interpreter deficit in schools	Recommendation #1 Conflict: Commission advocating in School Districts
	EDE2	Elko – Deaf student without an interpreter for the last 3 years (current age 14)	Recommendation #3 Conflict: Without an interpreter for 3 years				Recommendation #3 Conflict: Interpreter deficit	
	EDE3	Elko – The biggest concern and need in rural offices is pediatric audiologists in rural areas				Recommendation #5 Conflict: Lack of rural pediatric audiologists		
	EDE4	Elko – Received OAE equipment to support for hearing screenings – 3 new sets, 3 new pieces of equipment that are being distributed between Winnemucca, Elko, and Ely				Recommendation #5 Support: Received OAE equipment to support hearing screening in Winnemucca, Elko, and Ely		
	EDE5	Elko – Have assistance in following up for the newborn hearing screenings but challenge remains with travel to Salt Lake City, Reno, or Las Vegas.				Recommendation #5 Conflict: Challenges traveling to Salt Lake City, Reno, and Las Vegas for newborn screening follow up – providers available.		

	EDE6	Elko – Audiologist available quarterly in Elko – some families can't travel				Recommendation #5 Support: Audiologist available quarterly – challenge some families can't travel		
	EDE7	Elko – Need pediatric audiologist that is permanent rather than quarterly – and less travel				Recommendation #5 Conflict: Need for permanent pediatric audiologist and less travel.		
	EDE8	Elko – All equipment was outdated, and they weren't making replacement parts anymore				Recommendation #5 Conflict: Outdated equipment and replacement parts unavailable		
	EDE9	Elko – Able to purchase new equipment to follow up with newborn hearing screenings				Recommendation #5 Support: Purchased new equipment for follow up newborn hearing screening		
	EDE10	Elko – Provided training to certain staff to administer those with audiologist out of Reno				Recommendation #5 Support: Provided training to administer those with an audiologist in Reno		
	EDE11	Elko – Some families have been on a wait list for Speech Language Pathologist (SLP)				Recommendation #5 Conflict: Wait list for Speech Language Pathologist (SLP)		
	EDE12	Elko – SLP recruitment efforts over two years in Elko area unsuccessful				Recommendation #5 Conflict: Elko SLP recruitment efforts over two years unsuccessful		
	EDE13	Elko – Collaborative with NEIS office through the state for support for SLPs				Recommendation #5 Support: Collab with NEIS through the state for SLPs		
	EDE14	Elko – Some SLP services provided through telehealth				Recommendation #5 Support: Some SLP services provided through telehealth		
	EDE15	Elko – Some families prefer in person SLP services which is their natural environment that they are entitled to				Recommendation #5 Conflict: In person SLP services preferred by some families		
	EDE16	Elko – Struggle to get SLPs, especially pediatric and even some that specialize in children with hearing loss				Recommendation #5 Conflict: Struggle to get SLPs for pediatrics and those specialize in children with hearing loss		

	EDE17	Elko – CAS mentee seeking increased community engagement as an interpreter graduate	Recommendation #3 Conflict: CAS mentee seeking increased community engagement as interpreter graduate					
	EDE18	Elko – Appreciate CAS' new ASL video explaining their services and program – increased accessibility to resources/information						Recommendation #1 & #2 Support: Appreciates CAS' new ASL video explaining services and programs – approach increases access to resources & information
Reno (R) – Wednesday, October 3rd, 2024 – In Person (Attendance: 17 Community Participants) – University of Nevada Reno (UNR) – Joe Crowley Student Union								
Catherine Nielsen (CN) Legislative suggestion: - Ask for study for deaf schools - Reaching out to LCB to work from there.	CNR1	Reno – Lack of resources for wife (DeafBlind). 24/7 reliant on someone. Family give respite but otherwise it falls on him. From April till now he is looking for improvements for Deaf/Blind: support persons, special support provider. Support provider – Key for support. Allows independence to go shopping or do other things. He doesn't have to take her or guide her. Allows her freedom to go without husband. Otherwise, is sitting at home all day. Wants to be out and free. Has given up his life in order to provide her with one. UNR has a program for blind individuals. Introduced to an individual named MaryJoy. Deaf Blind community needs help!!! Deserves to be a husband not a caretaker. (When he wants to be) Deaf/Blind Services in NOFO?			Recommendation #1 Conflict: Lack of Resources DeafBlind Recommendation #1 Conflict: Lack of support specialists & providers for DeafBlind Recommendation #1 Conflict: Support providers key to support independence (i.e., shopping, etc.) from family; seeking autonomy and independence as a DeafBlind person Recommendation #1 Conflict: Experiencing isolation as a DeafBlind person and wants to be out and free. Recommendation #1 Conflict: Family sacrificing life for DeafBlind member of family due to lack of DeafBlind services. Recommendation #1 Support: UNR has a blind program. Recommendation #1 Conflict: DeafBlind needs help.		Recommendation #1 Conflict: Seeking DeafBlind NOFO for services	

					Recommendation #1 Conflict: Family seeking caretaker options Recommendation #1 Conflict: Seeking DeafBlind NOFO for services			
	CNR2	Reno – We have SSP, there is not enough signing SSPs. We need to hire deaf SSPs or SSPs that are fluent in ASL			Recommendation #1 Conflict: Signing SSPs deficit – need to hire deaf SSPs and/or SSPs that are fluent in ASL			
	CNR3	Reno – NNCIL - Partnering to provide services for deaf blind SSPs. They have training opportunities. Also providing training to services to those that are deaf.			Recommendation #1 Support: NNCIL partnering as provider of DeafBlind SSP specialists; has training opportunities to service DeafBlind and deaf			
	CNR4	Reno – New deaf center in the south will provide support for SSPs.				Recommendation #1 Support: Deaf Center in south will provide SSPs support.		
	CNR5	Reno – Helen Keller Foundation - Wife has used them. San Diego - Carl. Talked with them and told them to use NNCIL. People there are hearing, no experience with deaf people. Educated them on resources. Mark is helpful. Wife couldn't participate at all.			Recommendation #1 Conflict: NNCIL team hearing, no experience with deaf people – DeafBlind community member could not participate.			
	CNR6	Reno – Tactile interpreting requires a lot of support and training.	Recommendation #3 Conflict: Tactile interpreting training needed		Recommendation #3 Conflict: Tactile interpreting requires a lot of support and training			
	CNR7	Reno – Deaf/blind needs significant support			Recommendation #1 Conflict: DeafBlind support needed			
	CNR8	Reno – Prioritize not using family members as interpreters.	Recommendation #3 Conflict: Tactile interpreter deficit		Recommendation #1 Conflict: Prioritize not using family as terps	Recommendation #1 Conflict: DeafBlind – prioritize not using family members as terps		
	CNR9	Reno – We (DD Council) have partnered with the			Recommendation #1 Conflict: Helen Keller Training and			Recommendation #1 Support: Partnering with Helen Keller

		Helen Keller Center for training and different resources to bring in additional training. Need to do this again.			resources needed for DeafBlind			Center for training and resources in past – need to do this again.
	CNR10	Reno – LV for work at hotel. No flashing lights for fire alarm. Definitely a speaker but no lights. It was noted in account but not followed. No follow up about this situation. This isn't a law? ADA??		Recommendation #1 Conflict: Hotel ADA compliance – Hotel lacking flashing fire alarm in LV. Speaker present but no lights.				
	CNR11	Reno – Amtrak train - training for employees on disability culture. Deaf education. Transportation across the country is terrible. Airport, Amtrak, etc. not trained on how to assist DHH. Many get upset/have an attitude, we can help provide training and education.		Recommendation #1 Conflict: Transportation Cultural Competency Training needed– Amtrak, Airports, etc.				
	CNR12	Reno – pay increases for interpreters, child has gone through 7 interpreters, recruitment, getting services to rural areas. Has there been conversations?	Recommendation #3 Conflict: Interpreters pay increase and/or incentives in rural areas needed				Recommendation #3 Conflict: Interpreter deficit – child gone through 7 terps due to retention	
	CNR13	Reno – gap across the nation. Joined in other states to resolve the issues to resolve the shortages. Pipeline issue. Not exposing the student early enough in order to inspire to continue education. Deaf role models. Etc. Have had discussions with CAS team. They will help the pipeline issues. Deaf camp. deaf mentoring. gaps in services.	Recommendation #3 Conflict: National interpreter deficits Recommendation #3 Conflict: Pipeline issues – earlier exposure to ASL to inspire continued education. Recommendation #3 Support: CAS team to support pipeline issues				Recommendation #6 Conflict: Deficit of Deaf Role models Recommendation #6 & #7 Conflict: Increase needed of Deaf camps, deaf mentoring, and gap services.	

	CNR14	Reno – Educational interpreting in schools. No involvement in recruitment or pay. All through school districts themselves. DOE communicates with the districts. CAS does registry, whether school districts use registered terps or not. They don't always. Registry is the extent except mentoring. Professional development. But not involved in hiring.	Recommendation #3 Conflict: Interpreter deficit in schools				Recommendation #3 Conflict: Educational interpreters' deficit	Recommendation #1 Conflict: Advocate for increase of DOE communication with districts. Recommendation #1 Conflict: CAS sought to oversee school districts use of registered terps – clarification of role: registry, mentoring, professional development, not involved in hiring (in schools).
	CNR15	Reno – CAS can do consulting, but the school district has to reach out to them. They cannot tell them they have to do certain things. Really just a resource. Engage with them when they reach out.	Recommendation #1 & #3 Support: CAS available for consulting with sought.					CAS is a resource – CAS use navigation training evident.
	CNR16	Reno – Who does she speak to if the district isn't doing what they need to do?						Recommendation #1 & #2 Conflict: Education system Navigation & advocacy training needed – Who does community contact if district is not maintaining their obligations?
	CNR17	Reno – We have an education subcommittee. We've heard this concern from every district in the state. Filed a state complaint to ensure daughter is getting the interpreters. Statewide problem. Talked with the Department of Education. Overdue for a follow up but not sure it will go anywhere. DOE lacks understanding deaf education. Acknowledge	Recommendation #3 Conflict: Interpreter deficit statewide problem – filed a state complaint to ensure interpreter services for student				Recommendation #1 Conflict: Ongoing concerns with non-compliance of Districts across the state. Recommendation #3 Conflict: Interpreter deficit – statewide problem Recommendation #1 Conflict: Department of Education lacks understanding of deaf education. Recommendation #1 Conflict: DOE	Recommendation #1 & #2 Conflict: System Navigation Training – Training on process for filing a state complaint. Recommendation #1 & #2 Conflict: Advocacy Training – Legislative engagement to support Educational Systemic issues.

		concerns but don't act upon them. Process for filing a state complaint. Moves the needle. Once a complaint is filed, that communicated to school district that there's been a complaint. Gets more of a reaction than other circumstances. Trying to assemble data, share with DOE, and legislators as well. Understand this is a concern, we're trying to figure out how to move the needle on that. Not a lot of progress.					acknowledges concerns but no action.	
	CNR18	Reno – Department of Justice needs families to talk to them, we cannot file for them. Speak collectively to the Legislature. They're the ones that can address concerns through policy changes.						Recommendation #1 & #2 Conflict: System Navigation & Advocacy Training – Department of Justice (DOJ) and Legislators need families to report directly.
	CNR19	Reno – Mom feels completely alone and doesn't feel like there are enough resources for her child. No one ever told her about the deaf commission.					Recommendation #1 Conflict: Lack resources for parents of D/HH Children. Knew nothing of the Deaf Commission.	
	CNR20	Reno – The EDHI is struggling since pandemic. Not the only family that didn't get a correct diagnosis. EDHI is aware they're not meeting the needs. Call NV H&V for a school advocate.				Recommendation #6 Conflict: EDHI struggling since pandemic. Aware of challenges and encourages families to contact NVHV for school advocate.		Recommendation #1 Conflict: Systems Navigation – EDHI vs. NVHV
	CNR21	Reno – There is not just one fit for all families. Not a one size fits all. Your perspective is needed. If you are not a part of the deaf					Recommendation #1 Conflict: If not a part of Deaf culture, families still need resources and options	

		culture, we need options for you and families like you as well.						
	CNR22	Reno – ASL Program at the University of NV Reno. Goal to evolve program to be an interpreter training program. Demonstrate good data and increase in student numbers. More deaf involvement for the community. Long term we'd like to provide more interpreters. Terps are leaving because states offer them. They're not staying here with ASL skills. Eventual goal to support deaf community and to support the children. SSPs - internship classes, in the first year, students are placed in schools but can use their sign language in social situations and build capacity to improve and grow. Trainings for services.	Recommendation #3 Support: ASL Program at UNR development and launch. – Goal to evolve to interpreter training program. Recommendation #3 Support: UNR program seeking to support pipeline deficit Recommendation #3 Conflict: Terps leaving the state increasing deficit		Recommendation #3 Support: UNR hoping to help support the SSP deficit long term.			
	CNR23	Reno – Went to the dr and was told she'd have interpreter services through VRI. Used to use them but then they decided to stop the service. She explained that under the ADA they're required. Manager said she'd have to pay out of pocket for the services. Provide information to providers about the right to access interpreters for their appointments.		Recommendation #1 Conflict: Lack ADA compliance of interpreter provisions in medical setting due to expense.				

	CNR24	Reno – Participant Response for some of the comments. It's definitely timing. We cannot wait any longer. Your health may have been impacted since you've had this experience. We don't need to wait for them, go to a different doctor. Find someone else who will provide you those services. You paying out of pocket for interpreters is outrageous. In the meantime, I have a doctor for you.		Recommendation #1 Conflict: Paying for interpreters out of pocket is outrageous.			Recommendation #5 Conflict: Health potentially impacted due to accessibility delays. Recommendation #5 Conflict: Self-advocate and seek other medical care providers. Recommendation #1 Conflict: Peer resourcing.	
	CNR25	Reno – Paul asked about law spearman mentioned. We're looking into this with LCB. Should have a law that says "we need a school for a deaf".... It's a federal law but no one is following it...						Recommendation #2 Conflict: Seeking clarity on current laws for accessibility and deaf school.
	CNR26	Reno – Community wants to address concern about medical access in hospitals. Interpreters being available in hospitals. Hire staff.	Recommendation #3 Conflict: Interpreter deficit in hospitals. Recommendation #1 Conflict: Hire staff terps.	Recommendation #5 Conflict: Medical accessibility in hospitals.				Recommendation #1 & #5 Conflict: Community seeking medical accessibility in hospitals.
	CNR27	Reno – Ask for study for deaf schools						Recommendation #1 & #2 Conflict: Legislative request for a Deaf School study.
	CNR28	Reno – Reaching out to LCB to work from there.						Recommendation #1 & #2 Conflict: Legislative Advocacy Training
	CNR29	Reno – Mother, I feel you. Language deprivation is very serious. It's inexcusable. Time is of the essence. Don't wait for the DOE. We're trying. Take care of your son now. Do whatever you can do, go outside of the State. Go to NAD,					Recommendation #1 Conflict: D/HH resources scarce community advocating for seeking services out of state.	Recommendation #1 Conflict: Self-Advocacy needed

		they can guide you. Prepare yourself. Some people have to leave the State of Nevada. Fremont school for the deaf. Tour it. You know your sons rights. Then you can talk to everyone, this is what I know, this is what I saw, you are not doing your part. They need to be scared of you. Many families are not willing to fight. I'm so sorry this happened to you. Do what you need to do.						
	CNR30	Reno – Every state has a school for the deaf, except NV, why?					Recommendation #6 Conflict: Lack of Deaf School in Nevada.	
	CNR31	Reno – “I tried to support you, but the community wouldn’t agree. I wasn’t willing to do it again.” - Spearman						Recommendation #2 Conflict: Legislators’ confidants in the DHH community wavered.
	CNR32	Reno – Community needs to agree on what they want and need. So that legislators are willing to support this (School).						Recommendation #1 & #2 Conflict: Uniting the message of need for a Deaf School with Legislators.
	CNR33	Reno – Need a deaf center. A place where people can gather and share resources. Language play group was beneficial. NV & H					Recommendation #1 Conflict: Need a deaf center. Recommendation #6 Conflict: Needs Language Play groups.	
	CNR34	Reno – Nothing for 3+ DHH, since NEIS covers birth to 3.					Recommendation #6 Conflict: Services Gap – Need services for 3+ DHH	
	CNR35	Reno – Socializing is expensive. Not one size fits all. We need a deaf center in both areas of the state.					Recommendation #1 Conflict: Need a deaf center in North and South	
	CNR36	Reno – UNR Parking was complicated. Don’t host here again... More people						Recommendation #1 Conflict: Training/ Townhall location – consider parking expense.

		need to have a place for easy access.						
	CNR37	Reno – most interpreters we have are in schools but what about the communities and hospitals? Only a small few servicing our community needs. Interpreter #s not changing. No interpreters resources. Who isn't listening? WE WANT EQUAL ACCESS.	Recommendation #3 & #5 Conflict: Community interpreter deficit – hospitals etc. No interpreter resources.					
Eric Wilcox (EW) Legislative suggestion: • None stated.	EWR1	Reno – Services for the DeafBlind Access to a special support person (SSP) (Side note: Who provides these?) that provides independent for his DeafBlind wife in the past. Now that service is not available.			Recommendation #1 Conflict: Services for DeafBlind Access to specialist support needed – currently not available.			
	EWR2	Reno – N. NV Center for Independent Living Center has SSPs and tracking for SSPs – Sammy's D.E.N. is also trying to provide this.			Recommendation #1 Support: NV Center for Independent Living Center has SSPs. Recommendation #1 Support: Sammy's DEN seeking to supply SSPs also.			
	EWR3	Reno – Have in the past partnered with Hellen Keller Center to provide training for providers for DeafBlind			Recommendation #1 Support: Partnered with Hellen Keller Center for training of providers for DeafBlind.			
	EWR4	Reno – lack of suitable fire alarms int the room (hotel rooms)		Recommendation #1 Conflict: ADA compliance – Hotel rooms lacking suitable fire alarms in rooms.				
	EWR5	Reno – Amtrack – Staff not trained to work with Deaf Customers		Recommendation #1 Conflict: Cultural competency training for staff in Amtrack.				
	EWR6	Reno – parent, not diagnosed until 2 because fell through the EDHI gap. Now7				1 Recommendation #6 Conflict: Infants' late diagnosis until 2 due to EDHI gaps.	Recommendation #6 Conflict: Student now 7 years old and not	

		not receiving proper services on IEP.					receiving proper IEP services.	
	EWR7	Reno – moved to Reno from CA 3 years ago – was using video interpreter at the doctor appointment, but the doctor's office stopped providing and told her she would have to start paying for it herself.	Recommendation #3 Conflict: Interpreter deficit.	Recommendation #5 Conflict: ADA Compliance – Lack of interpreter access at doctor's office. Recommendation #1 Conflict: ADA Compliance – Told would have to self-pay for accommodation needs.				
	EWR8	Reno – thought a law was passed requiring terps at... (missing data)		Recommendation #1 Conflict: ADA Compliance – law requirements for terps at... (missing data)				
	EWR9	Reno – need a deaf center					Recommendation #1 Conflict: Deaf Center needed.	
	EWR10	Reno – UNR not a good place for townhall because of parking (paid parking)						Recommendation #1 Conflict: UNR has paid parking; not accessible for general public for training/townhalls.
Las Vegas (LV) – Thursday, October 22nd, 2024 – In Person (Attendance: 110 Community Participants) – College of Southern Nevada (CSN)								
Eric Wilcox (EW) Suggested Legislation: • None stated.	EWLV1	Las Vegas – NRS 656A allows educational interpreters and RID Certified interpreters to work in all environments – law should be changed so that correct interpreters working in the appropriate environment	Recommendation #3 Conflict: 656A should be changed					
	EWLV2	Las Vegas – Interpreters not available at neurologists' office for 2 years	Recommendation #3 & #5 Conflict: Interpreter deficit in medical setting – neurologists office for 2 years.					
	EWLV3	Las Vegas – More stories about doctor appointments without interpreters	Recommendation #3 & #5 Conflict: Interpreter deficit in dr appointment					
	EWLV4	Las Vegas – How do we put power in the state government to enforce proper accommodations – wants DOE (Department of		Recommendation #1 & #6 Conflict: Need power in state government to enforce proper accommodations.			Recommendation #6 Conflict: Wants DOE to get power to enforce accommodation rules.	Recommendation #2 Conflict: Nevada Systems & Advocacy Navigation on Legislative action and policy change.

		Education) to get power to enforce rules						
	EWLV5	Las Vegas – no interpreters for back surgery – comes to townhalls all the time, but no action	Recommendation #3 & #5 Conflict: Lack of interpreters for back surgery	Recommendation #5 Conflict: ADA Compliance in medical setting.				Recommendation #1, #2, & 5 Conflict: Townhalls bringing no action
	EWLV6	Las Vegas – Worker at Walmart and repeatedly asks for interpreters for meetings/trainings and never gets it	Recommendation #3 & #8 Conflict: Lack of interpreters for work meetings/trainings	Recommendation #1 & #8 Conflict: ADA Compliance in work environment.				
	EWLV7	Las Vegas – is there a law in other states that beefs up the enforcement of ADA in medical environments?		Recommendation #2 & #5 Conflict: ADA Compliance enforcement laws in the state needed in medical settings.				Recommendation #1 & #5 Conflict: Systems Advocacy training needed in medical settings.
	EWLV8	Las Vegas – DMV asked for a doctors note and no interpreter for the appointment		Recommendation #1 & #2 Conflict: ADA Compliance – no interpreter provided at DMV				
	EWLV9	Las Vegas – missing words and bad timing for Closed Captioning on Television		Recommendation #1 Conflict: Closed Captioning on Television missing words and timing issues.				
	EWLV10	Las Vegas – Spent a week in the hospital with no interpreter		Recommendation #1, #3, & #5 Conflict: ADA Compliance – 1 week in hospital no interpreter provided.				
	EWLV11	Las Vegas – insurance provides for interpreters; Humana the info is right on the card;		Recommendation #1 & #5 Support: Insurance provides for interpreters				Recommendation #1 & #5 Support: Nevada Systems Training – Insurance coverage for terps.
	EWLV12	Las Vegas – interpreter agencies need to supply pagers to summon terps at all hours;	Recommendation #3 Conflict: Need interpreters available all hours via pager request	Recommendation #3 Conflict: Need interpreters available all hours via pager request				
	EWLV13	Las Vegas – ballot is difficult to understand need someone to interpret the ballot; Project 2025 will take many rights away		Recommendation #1 & #2 Conflict: Ballot difficult to understand – translation needed				Recommendation #1 & #2 Conflict: Ballot difficult to understand – translation needed
	EWLV14	Las Vegas – Q2 on the ballot. Vote yes to modernize the						Recommendation #1 & #2 Conflict: Ballot advocating for modernized language.

		language in the state constitution						Ongoing advocacy needed in Systems change.
	EWLV15	Las Vegas – ongoing concerns in our interpreter programs in colleges – not ready to work in the field and/or test after graduation.	Recommendation #3 Conflict: Pipeline Concerns with college IPPs – not producing ready to work interpreters in the field and/or testing after graduation.					
Laura Fussell (LF) Suggested Legislation:	LFLV1	Las Vegas – Interpreting law concern: not enough community interpreters for the need vs. education setting certified	Recommendation #3 Conflict: Interpreter law concern: not enough community interpreters vs. education setting certificated.					
	LFLV2	Las Vegas – Doctor offices not provided ASL interpreters for scheduled appointments; major delays in service		Recommendation #5 Conflict: No interpreter provide in the doctor's office.		Recommendation #5 Conflict: Major service delays in doctor offices.		
	LFLV3	Las Vegas – Lack of interpreter at doctor appointments significantly limits access to understanding critical expectations of "do" and "don't" activities pertaining to safety/health.	Recommendation #3 & #5 Conflict: Lack of interpreter at doctor appointment.	Recommendation #3 & #5 Conflict: Lack of interpreter provisions at doctor appointments limiting understanding of critical expectations pertaining to safety/health.				
	LFLV4	Las Vegas – DHH students are at the mercy of each individual school district for quality of services. There needs to be a way to uniformly hold them all accountable and to improve.					Recommendation #1 & #6 Conflict: Lack of cohesive D/HH Education services among districts. Needs uniformity and accountability and improvements.	
	LFLV5	Las Vegas – Limited action visible after sharing feedback from townhall meetings						Recommendation #1 & #2 Conflict: Limited action visible following townhalls.
	LFLV6	Las Vegas – ASL interpreters need to be available and provided for medical/surgical procedures – Specific facilities noted:	Recommendation #3 & #5 Conflict: Lack of interpreters provided for medical/surgical procedures.	Recommendation #3 & #5 Conflict: Lack of interpreters provided for medical/surgical procedures.				

		Southern Hills Hospital, NV Heart and Vascular Center, Sunrise Hospital, Mountain View, St Rose Dominican.						
	LFLV7	Las Vegas – Employers/managers aren't providing ASL interpreters for critical discussions and actively delay holding meetings		Recommendation #1 & #8 Conflict: Employers/managers not providing ASL interpreters for critical discussions and actively delay holding meetings.				
	LFLV8	Las Vegas – DMV scheduling is significantly delayed when requesting ASL access	Recommendation #1, #2, & #3 Conflict: DMV scheduling delays when requesting ASL Access.	Recommendation #1, #2, & #3 Conflict: DMV scheduling delays when requesting ASL Access.				
	LFLV9	Las Vegas – TV closed captioning quality is very inconsistent and often poor		Recommendation #1 Conflict: TV Closed captioning quality inconsistent and poor.				
	LFLV10	Las Vegas – Emergency medical personnel and center staff don't have means to communicate with Deaf aside from writing notes		Recommendation #1 & #5 Conflict: Emergency medical personnel and center staff without means to communicate with Deaf other than writing.				
	LFLV11	Las Vegas – Medical providers are expecting family members of Deaf patients to interpret appointments		Recommendation #1 Conflict: Medical providers expecting family members to translate for patients.				
	LFLV12	Las Vegas – Atrocious lack of timely progress for vacant commission/board positions to be filed and inconsistent with Deaf vs hearing member appointments		Recommendation #1 & #2 Conflict: Lack of progress in filling commission/board positions. Recommendation #1 & #2 Conflict: Vacant Commission/Board seats inconsistent with Deaf vs hearing member appointments.				Recommendation #1 & #2 Conflict: Lack of progress in filling commission/board positions. Recommendation #1 & #2 Conflict: Vacant Commission/Board seats inconsistent with Deaf vs hearing member appointments.
	LFLV13	Las Vegas – Hospital refused to get interpreter for Deaf patient		Recommendation #1 & #5 Conflict: ADA Compliance – Hospital refused to				

				get interpreter for Deaf patient.				
	LFLV14	Las Vegas – Hospital staff removed VRI set up after patient who could hear but not speak indicated they weren't Deaf				Recommendation #1 & #5 Conflict: Hospital removed VRI accommodation set up for patient lacking speech one discovering could hear. – Patient forced to write.		
	LFLV15	Las Vegas – Not all medical facilities have VRI equipment and those that do aren't always trained how to effectively use the set up provided		Recommendation #1 & #5 Conflict: Medical facilities lack VRI equipment and/or training for staff providing care.		Recommendation #1 & #5 Conflict: Medical facilities lack VRI equipment and/or training for staff providing care.		
	LFLV16	Las Vegas – Lots of push back to providing live ASL access in medical settings after adamant requests and explanation of how other means attempted are not reasonable/accessible for the patient	Recommendation #3 & #5 Conflict: Lack of in person ASL provider access in medical settings.	Recommendation #3 & #5 Conflict: Lack of in person ASL provider access in medical settings even after other means attempted deemed inaccessible by patient.				
	LFLV17	Las Vegas – Lack of interpreters in NV and lack of high-quality interpreters in the community. Need to enhance ITP offerings.	Recommendation #3 Conflict: Lack of interpreters in NV. Recommendation #3 Conflict: Lack of high-quality interpreters in the community. Recommendation #3 Conflict: Pipeline Concern – Need to enhance ITP offerings.					
	LFLV18	Las Vegas – CSN DRC needs support for DHH support services to further unit head's efforts					Recommendation #1, #3, & #7 Conflict: CSN DRC need support for DHH Support services.	
Lorraine Belt-Dolan (LBD) Suggested Legislation: N/A	LBDLV1	Las Vegas – has concerns about interpreters 656A has 2 separate sections one that pertains to the EIIPA and one for RID these are two different sections and	Recommendation #3 Conflict: 656A needs to be changed. Recommendation #3 & #5 Conflict: Interpreter deficit					

		they are only requiring the EIPA and those interpreters are not certified for working out in the community but rather the education field, I went to the neurologist and even after 2 years I was not able to get an interpreter there at the doctors. We need more people to come to be on our subcommittees.	in neurologist appointment for over 2 years.					
	LBDLV2	Las Vegas – went to get his pacemaker checked with the Dr. and there was no interpreter at the doctors office and he had to write back and forth and he didn't get all the information he needed at the doctors office. Health is very important wants to know what the limits of his body are and what can he do and not do with a pacemaker. Did not get the chance to ask all his questions. Near Valley Hospital across the street. 700 Shadow Lane. NV Heart and Vascular Center.		Recommendation #5 Conflict: No interpreter provided for medical appointment limiting communication interaction. Recommendation #5 Conflict: Could not ask additional concerns about medical needs and restrictions of his pacemaker.				
	LBDLV3	Las Vegas – How do we take back our power from the districts to help our DHH kiddos? We want to see the dept of Education step up and take back our power for our DHH kids.					Recommendation #1 & #2 Conflict: Stronger role of influence over the DOE needed. Recommendation #6 Conflict: DOE needs to step up for our D/HH students.	
	LBDLV4	Las Vegas – We come to townhall meetings and we say the same thing every time and is anything happening is anything changing. I	Recommendation #3 & #5 Conflict: Interpreter deficit in medical setting for back surgery.	Recommendation #1 & #2 Conflict: Seeking action; ADA Compliance.				Recommendation #1 & #2 Conflict: Townhall relevance.

		had back surgery in July and could not get one interpreter to come and interpret.. I want to see action.						
	LBDLV5	Las Vegas – In August I had an emergency in the hospital Southern Hills Hospital and no interpreter for 3 days on a gurney in a hallway.	Recommendation #3 & #5 Conflict: No interpreter provided for 3 days in the hospital.	Recommendation #3 & #5 Conflict: No interpreter provided for 3 days in the hospital on a gurney in the hallway.				
	LBDLV6	Las Vegas – works at Walmart and every time he asks for an interpreter for trainings etc his boss says no. He works on Rainbow and Spring Mountain. He has to use his phone to communicate with his coworkers often doesn't feel that he doesn't understand what is being communicated. Have asked if he can have a meeting with HR and this meeting has been delayed he wants to work in the meat department. He has been given many other tasks but he cannot get the transfer. He has to use his phone to communicate with them and often the boss just talks to him and doesn't try to make sure he understands what's going on.	Recommendation #3 & #8 Conflict: No interpreter provided in work setting for training.	Recommendation #1 & #8 Conflict: Denied interpreter for trainings in working setting. Recommendation #1 & #8 Conflict: HR meeting to discuss department transfer, continual delayed. Recommendation #1 & #8 Conflict: Has to use phone for communication with colleagues. Recommendation #1 & #8 Conflict: Boss talks to him and doesn't try to make sure directives are understood.				
	LBDLV7	Las Vegas – The DMV pushed off my appointment to December and last time I went I had to write back and forth no interpreter.		Recommendation #1 & #2 Conflict: DMV appointment delays. Recommendation #1 & #2 Conflict: DMV no interpreter provided, had to write back and forth.				
	LBDLV8	Las Vegas – Had a kidney stone and got sick and the firemen	Recommendation #3 & #5 Conflict: No interpreter	Recommendation #1, #3, & #5 Conflict: No				

		came and went to the hospital and no interpreter had to write back and forth. Finally got an interpreter after a week, 13 pages of back and forth and nothing was clear and I finally I passed the stone and got to go home. I was not able to get a lawyer and be able to sue the hospital, Sunrise Hospital.	provided at the hospital.	interpreter provided for one week at the hospital and had to write back and forth.				
	LBDLV9	Las Vegas – had a heart attack and had to stay at the hospital for a few days and afterwards at the heart doctor I had to use my brother and sister to interpret, there is a sign that says they would call an interpreter but they do not. Southwest Medical Associates is the medical group.		Recommendation #1 & #5 Conflict: Had to use family to interpret at the heart doctors. Recommendation #3 & #5 Conflict: No interpreter provided – Posted sign states an interpreter would be called but didn't happen.				
	LBDLV10	Las Vegas – wanted to thank Eric about the comment that deaf people have applied for the commission and they have not been appointed. I submitted my application as president of NVAD on April of 2022 and still have not gotten an answer as to why I haven't been appointed. Multiple emails to the boards and commissions office. Reapplied in January of 2024 I got the email that said they received my application but no answers as to why we cannot get a deaf person appointed. Whereas hearing		Recommendation #1 & #2 Conflict: Application for D/HH Commission not addressed since 2022 after multiple emails and inquiries. Recommendation #1 & #2 Conflict: Reapplied in 2024 but again no appointment of Deaf commission members. Recommendation #1 & #2 Conflict: Hearing applicants appointed in weeks or couple of months in leu of D/HH applicants. – 2 years of data noted.				Recommendation #1 & #2 Conflict: Application for D/HH Commission not addressed since 2022 after multiple emails and inquiries. Recommendation #1 & #2 Conflict: Reapplied in 2024 but again no appointment of Deaf commission members. Recommendation #1 & #2 Conflict: Hearing applicants appointed in weeks or couple of months in leu of D/HH applicants. – 2 years of data noted.

		people have applied and have gotten appointed in weeks or a couple of months this has been 2 years now.						
	LBDLV11	Las Vegas – In January of 2024 my mom went to the hospital and she asked for an interpreter and when she got there at Mountain View Security told her mom didn't need an interpreter you have two kids that need to tell you what's going on and Sara refused to interpret. Finally she got to go home and went to her doctor and he got an interpreter and explained everything and she was satisfied.		Recommendation #1 & #5 Conflict: Denied interpreters access and forced to use family members.				Recommendation #1 & #5 Conflict: Medical Accommodations Advocacy needed.
	LBDLV12	Las Vegas – went to the hospital St. Rose at Craig and MLK and had lost her voice and they gave her VRI but when they found out she wasn't deaf they took away the VRI tablet and told her to write things down.		Recommendation #1 Conflict: Lack of access to communication tools for speech impairment. Forced to write.				
	LBDLV13	Las Vegas – Works security at many of the hospitals that have been mentioned. Most of these hospitals do not have the tablet and of the hospitals that do have the tablet nurses do not have the knowledge on how to work the tablet. He's only seen the tablet come out once or twice and never seen an interpreter come out.		Recommendation #5 Conflict: Hospitals not providing accessible communication.		Recommendation #1 & #5 Conflict: Many hospitals don't have tablets and those that do, staff are unaware of how to use them.		
	LBDLV14	Las Vegas – had a lot of problems with my stomach and	Recommendation #3 Conflict: Four hours waiting for			Recommendation #1, #3, & #5 Conflict: Hospital interpreter on		

		they thought I needed ambulance finally and they asked what hospital went to hospital and I got them at 6 pm and I didn't get an interpreter till 10 pm interpreter went home they had a phone they tried to the second floor they said they had to get permission to bring the tablet not a phone up there for the	interpreter at			phone – too small; need permission to have instead of a phone.		
	LBDLV15	Las Vegas – works in the legal setting and the insurance companies are supposed to provide interpreters for you to go to your doctors appointments. There is a number on the back of your insurance card you can call and tell them which doctor you need the interpreter for.		Recommendation #3 & #5 Support: Insurance companies provide interpreters for doctors' appointments.				Recommendation #3 & #5 Support: Insurance companies provide interpreters for doctors' appointments – Training on Insurance accommodation support.
	LBDLV16	Las Vegas – We need the agencies to provide pagers to the interpreters so that they are available for the overnight hours.	Recommendation #3 Conflict: Need interpreters on call for overnight hours.	Recommendation #3 Conflict: Need interpreters on call for overnight hours.				
	LBDLV17	Las Vegas – Suing hospitals didn't work and voting ballots you need education on them.						Recommendation #2 & #5 Conflict: Suing hospitals ineffective and voting ballots need education on them.
	LBDLV18	Las Vegas – works at CSN and works for ... and we have one person that is in charge of all the interpreting services	Recommendation #1, #3, & #7 Conflict: Post secondary hurdle in communication to get additional				Recommendation #1, #3, & #7 Conflict: Communication barriers to gain resources for D/HH services and	

		and CART services at CSN for all 3 campuses and he is trying to get in touch with his bosses to ask for more interpreters Cart providers and money.	resources for interpreters and CART services.				accommodations in Post Secondary	
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Townhall Qualitative Data Analysis Outcomes								
Elko (E) – Tuesday, October 1 st , 2024 – In Person (Attendance: 6 Community Participants) – Nevada Early Intervention Services (NEIS) [22 Impressions]								
ED Findings and Recommendation(s)	State Plan Recommendation	Theme 1 – 14% CHI/C/DI Interpreter Deficit & Pipeline Development	Theme 2 – 0% ADA Compliance & D/HH Cultural Competency	Theme 3 – 0% DeafBlind Services (SSPs), Resources (Equipment), & Training	Theme 4 – 64% D/HH Specialist Service Providers & Equipment Accessibility (i.e. Speech Language Pathologist, Pediatric Audiologist Services, etc.)	Theme 5 – 9% D/HH Education, D/HH Resource Services, & D/HH Advocacy Center	Theme 6 – 13% Nevada Systems & Advocacy Navigation/ Training	Outcome Summary
ED Findings: Data reveals a dominant need and relevance for D/HH Specialist Service Providers & Equipment Accessibility (Theme 4) in the Northern Rural region – Elko with a 64% reported impression and potential impact on all D/HH Commission State Plan Recommendations with an emphasis on Healthcare Access at 64% impact or focus on our Pediatric Speech Language Pathologist and Audiologist service needs. Data also reveals a secondary immediate need in CHI/C/DI Interpreter Deficit & Pipeline Development (Theme 1) with a 22% reported impression and potential impact on Quality Interpreters as it pertains to Deficiencies of Interpreters and Pipeline development needs, including	#1. Inclusion of the Community						EDE1 EDE18	9% – Needs and relevance in Nevada Systems and Advocacy Navigation/Training in Inclusion of the targeted Community.
	#2. Government Accessibility						EDE18	5% – Relevance in Nevada Systems and Advocacy Navigation/Training impact within Government Accessibility.
	#3. Quality Interpreters	EDE1, EDE2, EDE17,				EDE1, EDE2,		22% – CHI/C/DI Interpreter Deficit and Pipeline needs, including D/HH Education, Resource Services, and D/HH Advocacy Center needs as it pertains to Quality Interpreters.
	#4. Emergency Response and Management							0% – No current needs expressed or recorded.
	#5. Healthcare Access				EDE3, EDE5, EDE7, EDE8, EDE11, EDE12, EDE15, EDE16 EDE4, EDE6, EDE9, EDE10, EDE13, EDE14			64% – Needs and relevance in D/HH Specialist Service Providers and Equipment Accessibility in Healthcare Access.
	#6. Language Development							0% – No current needs expressed or recorded.

D/HH Education, Resource Services, and D/HH Advocacy Center settings.	#7. Post-Secondary Education Transition							0% – No current needs expressed or recorded.
Combined these areas cover 86% of the Northern Rural region – Elko reported concerns within the D/HH Commission’s State Plan Priorities.	#8. WIOA (Workforce Innovation and Opportunities Act) Partnerships							0% – No current needs expressed or recorded.

ED Recommendation(s):

1. Further attention and notable action should be taken in Healthcare Access for the Rural regions as it pertains to D/HH Specialist Service Providers and Equipment Accessibility (i.e. Speech Language Pathologist, Pediatric Audiologist Services, etc.). D/HH resources have shown to be scarce statewide, though the efforts of the Rural region this past year have made notable efforts of improvements. In purchasing new equipment for follow up hearing screenings, providing training to administer those devices with audiologist in Reno and ongoing collaborative efforts with NEIS through the state for SLPs, some services have been provided through telehealth. However, the ongoing need of localized screening using said new equipment for ongoing checkup appointments for Pediatric Audiologist and Pathologist remains. It is noted that some families maintain their stand on in person appointments being the natural and preferred setting for these visits.

ED Recommendation is to seek the Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board as a resource that may aid in further guidance of options for families.

2. Additional needs revealed in Certified Hearing Interpreters (CHI), Certified (C) and/or Deaf Interpreter (DI) Deficits and Pipeline Development concerns in the Northern Rural Region of Nevada – Elko across Deaf and Hard of Hearing (D/HH) educational settings. The ongoing reports of non-compliance in provision of interpreters in our Rural classrooms should be an emphasized concern of our school districts and their efforts to improve academic/workforce development outcomes of our D/HH students. Data does reflect the ongoing deficits of qualified interpreters in Nevada, however, does not preclude our schools from liability to communication access. Continued intervention and attention is encouraged in D/HH Education to ensure communication access aligns with districts’ LAP, students’ I.E.P.s, and LEAD-K. Ongoing recommendation is to seek LAP enforcements and qualified audits/check-ins for resource support, I.E.P. compliance, and education needs of instructors/staff can aid in these needs. D/HH Specialist should be mandatory within our districts to address IEP LAP compliance with D/HH Student’s needs.

An added recommendation for support in D/HH educational settings for communication access would be to continue consultations with state and national resources like our local [ADSD Communication Access Services Program \(CASP\)](#) and UNR [Nevada Special Education Technology Assistance Project](#) for expanding communication access options. Training sites for increased opportunities for trained signers to become certified and registered in the state of Nevada will support the pipeline advocacy already taking place through our local post-secondary ITPs.

Reno (R) – Wednesday, October 3rd, 2024 – In Person (Attendance: 17 Community Participants) – University of Nevada Reno (UNR) – Joe Crowley Student Union [104 Impressions]

ED Findings and Recommendation(s)	State Plan Recommendation	Theme 1 – 18% CHI/C/DI Interpreter Deficit & Pipeline Development	Theme 2 – 10% ADA Compliance & D/HH Cultural Competency	Theme 3 – 20% DeafBlind Services (SSPs), Resources (Equipment), & Training	Theme 4 – 2% D/HH Specialist Service Providers & Equipment Accessibility (i.e. Speech Language Pathologist, Pediatric Audiologist Services, etc.)	Theme 5 – 24% D/HH Education, D/HH Resource Services, & D/HH Advocacy Center	Theme 6 – 26% Nevada Systems & Advocacy Navigation/ Training	Outcome Summary
ED Findings: Data reveals a primary need for Nevada Systems and Advocacy Navigation/Training (Theme 6) needs in the Northern region – Reno with a 26% reported impression and potential impact on all D/HH Commission Recommendations with an emphasis on Inclusion of the Community at 56% impact or focus on needs and/or relevance for ADA Compliance and D/HH	#1. Inclusion of the Community	CNR26 CNR15	CNR10, CNR11, CNR23, CNR24, EWR4, EWR5, EWR7, EWR8	CNR1(8), CNR2, CNR5, CNR7, CNR8, CNR9, EWR1 CNR1, CNR3, EWR 2(2), EWR 3		CNR1, CNR8, CNR17(3), CNR19, CNR21, CNR24, CNR29, CNR33, CNR35, EWR9 CNR4,	CNR14(2), CNR15, CNR16, CNR17(2), CNR18, CNR20, CNR26, CNR27, CNR28, CNR29, CNR32, CNR36, EWR10 CNR9,	56% – ADA Compliance, D/HH Cultural Competency needs, with needs and relevance noted in Interpreter Deficit, Pipeline Development, DeafBlind Services, Resources, Training, D/HH Education, Resources, D/HH Advocacy Center, and emphasis in Nevada Systems and Advocacy Navigation/Training in Inclusion of the targeted Community.
	#2. Government Accessibility						CNR15, CNR16, CNR17(2), CNR18,	10% – Nevada Systems and Advocacy Navigation/Training

Cultural Competency, Interpreter Deficit & Pipeline Development, DeafBlind Services, Resources, & Training, D/HH Education, Resources, and D/HH Advocacy Center, including Nevada Systems & Advocacy Navigation/Training. Data also reveals additional needs and relevance notes in D/HH Education, D/HH Resource Services, and D/HH Advocacy Center (Theme 5) at 24% and DeafBlind Services (SSPs), Resources (Equipment), and Training (Theme 3) at 19% overall impression and potential impact throughout the Commission's State Plan with emphasis on Quality Interpreters. Combined these areas cover 75% of the Northern region – Reno reported concerns within the D/HH Commission's State Plan Priorities. All themes highlight the ongoing issues with Inclusion of the D/HH Community and statewide interpreter deficits also noted, nationally, as a nationwide Interpreting shortage.							CNR25, CNR27, CNR28, CNR31, CNR32	needs in Government Accessibility.
	#3. Quality Interpreters	CNR6, CNR8, CNR12, CNR13(2), CNR14, CNR17, CNR22, CNR26, CNR37(2), EWR7 CNR13, CNR15, CNR22(2)		CNR6, CNR22,		CNR12, CNR14, CNR17		19% – D/HH Education, DHH Resource Services, D/HH Advocacy Center needs, including needs and relevance in Deafblind Services, Resources, and Training, with emphasis in CHI/C/DI Interpreter Deficit, Pipeline Development, and Advocacy needs in Quality Interpreters.
	#4. Emergency Response and Management							0% – <i>No current needs expressed or recorded.</i>
	#5. Healthcare Access	CNR37	CNR26, EWR7			CNR24(2)	CNR26	6% – Needs noted in CHI/C/DI Interpreters Deficit, Pipeline Development, ADA Compliance, D/HH Cultural Competency, D/HH Education, D/HH Resource Services, D/HH Advocacy Center, Nevada Systems and Advocacy Navigation/Training needs in Healthcare Access.
	#6. Language Development				CNR20, EWR6	CNR13(2), CNR30, CNR33, CNR34, EWR6		8% – D/DB/HH Specialist Service Providers, Equipment Accessibility, D/HH Education, D/HH Resource Services, and D/HH Advocacy Center needs in Language Development.
	#7. Post-Secondary Education Transition					CNR13		1% – D/HH Education, D/HH Resource Services, and D/HH Advocacy Center needs in Post-Secondary Education Transition.
	#8. WIOA (Workforce Innovation and Opportunities Act) Partnerships							0% – <i>No current needs expressed or recorded.</i>

ED Recommendation(s):

1. Immediate action be taken in the Northern region as it pertains to Inclusion of the Community in ADA Compliance and D/HH Cultural Competency through Nevada Systems and Advocacy Navigation/Training. Data supports an ongoing perception that Nevada is not a “Deaf Friendly” state, lack the proper tools/resources to ensure autonomy and ongoing sustainability of all aspects of a D/HH persons lifespan. This is emphasized in our state’s knowledge and ability to effectively include those that are Deaf (D), DeafBlind (DB), Hard of Hearing (HH), and Deaf Plus (D+)/Dull Diagnosed constituents (D+) in planning, training, education, and advancements in state D/HH resourcing.

In the efforts to redirect those perceptions and better align with models found in our surrounding states, the ongoing recommendation is to increase D/DB/HH/D+ engagements in statewide advocacy for Policy and Legislative change. This can and should increase the audience of those engaging narratives that impact the D/DB/HH/D+ community within Nevada. This can be done through a Deaf led strategic model/plan with experts found nationally and locally in Deaf Schools, D/DB/HH/D+ non-profits, direct D/DB/HH service partners, D/DB/HH/D+ resource led organizations, and D/HH advocacy bodies that are commonly provided through Deaf Center models with full communication access D/DB/HH/D+ staff and/or ASL user friendly environment). As long-term goals, a Deaf and Blind School of Nevada and Deaf person-centered centers for Nevadans are still highly recommended to improve access, resources, and advocacy in the Northern Region.

Commission’s legislative advocacy efforts should reflect support for ADA Compliance in all areas of D/DB/HH/D+ access to fundamental resources and inclusion in Nevada. A legislative mandate for D/DB/HH/D+ Sensitivity Training, along with a unified legislative guided practice of D/DB/HH/D+ culturally competent providers under funding sources and services allocated to D/DB/HH/D+ constituents of Nevada is prudent. Commission is encouraged to seek additional resources and advise from the [Nevada Equal Rights Commission \(nv.gov\)](https://www.nv.gov/equal-rights) and Legislative Bureau Counsel (i.e. Legislators, Lobbyists, etc.) to ensure actions can be documented and compliance demands align with Nevada’s statutes.

2. As it pertains to Quality of Interpreters, specifically addressing the deficits and pipeline development of Certified Hearing Interpreters (CHI), Certified (C) and/or Deaf Interpreter (DI) in the Northern Region of Nevada – Reno D/HH Education, medical, and post-secondary ITP settings can too be addressed in legislative advocacy and/or networking with local post-secondary options. As a post-secondary option, UNR representatives have noted the start of their ASL courses with hopes of advancing their academic setting to an ITP with specialized efforts for the DeafBlind community. This model should be taken statewide to ensure the DeafBlind community needs remain in the

The DeafBlind community has a cultural climate of their own that should be considered and learned in efforts to reach DeafBlind residence and their families within our state. Strong consulting options can be found through and with our state and national community partners like our local ASD [Communication Access Services Program \(CASP\)](#), UNR [Nevada Dual Sensory Impairment Project](#), UNR [Nevada Special Education Technology Assistance Project](#), [Northern Nevada Center for Independent Living \(NNCIL\)](#), and the [Helen Keller National Center \(NKNC\) Regional Network – Southwest](#).

An increase in focus on DeafBlind resourcing and training in the North to support families and constituents' rights to thrive and proactively join the societal norms of the state of Nevada is imperative.

Las Vegas (LV) – Tuesday, October 24 th , 2024 – In Person (Attendance: 109 Community Participants) – Aging and Disability Service Division (Las Vegas Office) – Outcomes [174 Impressions]								
ED Findings and Recommendation(s)				Theme 3 – 0% DeafBlind Services (SSPs), Resources (Equipment), & Training				Outcome Summary
ED Findings: for ADA Compliance & D/HH Cultural Competency (Theme 2) needs in the Southern region – Las Vegas with a 46% reported impression and potential impact on all D/HH Emergency Response Management and Post-Secondary Transition. emphasis on Inclusion of the Community at 30% and impact or focus across all Data also reveals a secondary prominent need in CHI/C/DI Interpreter Deficit & Pipeline Development (Theme 1) with a 23% reported overall impression and potential impact on most D/HH emphasis on Quality Interpreters. 69% of the Southern region – Las Vegas reported concerns							LBDLV11	
	#2. Government Accessibility	LFLV8	EWLV7, EWLV8, EWLV13, LFLV8, LFLV12(2), LBDLV4, LBDLV7(2), LBDLV10(3)			LBDLV3	EWLV4, EWLV5, EWLV13, EWLV14, LFLV5, LFLV12(2), LBDLV4, LBDLV10(3), LBDLV17	15% – Needs in ADA compliance and D/HH Cultural Competency and Nevada Systems and Advocacy Navigation/Training, with notes of need in CHI/C/DI Interpreter Deficit, Pipeline Development D/HH Education, DHH Resource Services, and D/HH Advocacy Center impact within Government Accessibility.
	#3. Quality	EWLV1, EWLV2,	EWLV10,		LBDLV14	LFLV18,	LBDLV15	22% – Needs in CHI/C/DI
		LBDLV1(2),	LBDLV16 LBDLV15					Accessibility. Emphasized

within the D/HH Commission's State Plan Priorities.		LBDLV4, LBDLV5, LBDLV6, LBDLV8, LBDLV14, LBDLV16, LBDLV18						needs and notes of relevance in ADA Compliance, D/HH Cultural Competency and D/HH Education, D/HH Resource Services, and D/HH Advocacy Centers in Quality Interpreters.
	#4. Emergency Response and Management							0% – No current needs expressed or recorded.
	#5. Healthcare Access	EWLV2, EWL3, EWL5, LFLV3, LFLV6, LFLV16, LBDLV1, LBDLV4, LBDLV5, LBDLV8	EWLV5, EWL7, EWL10, LFLV2, LFLV3, LFLV6, LFLV10, LFLV13, LFLV15, LFLV16, LBDLV2(2), LBDLV5, LBDLV8, LBDLV9(2), LBDLV11, LBDLV13, EWL11, LBDLV15		LFLV2, LFLV14, LFLV15, LBDLV13, LBDLV14		EWLV5, EWL7, LBDLV11, LBDLV17, EWL11, LBDLV15	24% – Needs in CHI/C/DI Interpreter Deficit and Pipeline Development, D/DB/HH Specialist Service Providers and Equipment Accessibility. With needs and relevance notes in ADA Compliance, D/HH Cultural Competency, and Nevada Systems and Advocacy Navigation/Training as it relates to Healthcare Access.
	#6. Language Development		EWLV4			EWLV4, LFLV4, LBDLV3		2% – ADA Compliance and D/HH Cultural Competency, D/HH Education, D/HH Resource Services, and D/HH Advocacy Center needs in Language Development.
	#7. Post-Secondary Education Transition	LBDLV18				LFLV18, LBDLV18		2% – CHI/C/DI Interpreter Deficit and Pipeline Development, D/HH Education, D/HH Resource Services, and D/HH Advocacy Center needs in Post-Secondary Education Transition.
	#8. WIOA (Workforce Innovation and Opportunities Act) Partnerships	EWLV6, LBDLV6	EWLV6, LFLV7, LBDLV6(4)					5% – CHI/C/DI Interpreter Deficit and Pipeline Development, ADA Compliance and D/HH Cultural Competency needs in WIOA Partnerships.

ED Recommendation(s):

- As revealed in the summary Outcomes, a 30% impact on the Inclusion of the Community and 24% impact on Healthcare Access reveals the ongoing need for not only advocacy but accountability. This would expound on the efforts needed for advocacy to not only focusing on educating, empowering, and resourcing the Deaf and Hard of Hearing (D/HH) Community, but includes the active peer to peer and state oversight mediation and follow-through for providers and those obligated to ADA Compliance. Holding one another, our state providers and continents, accountable for optimal outcomes for the D/HH community through collaborative efforts. This would mean practicing proactive systemic engagement through unity of effort, open dialogue, and willingness to outsource training and/or models that are specific to the areas of need to secure autonomy and advancements for those withing our state. This includes bringing in new resources, networks, and intentional data for policy and legislative change for the advancement of ALL Nevadans.

Data continues to show a lack of common ADA Compliance and D/HH Cultural Competency impacting the willingness to address needed and requested changes. Constituents have reported repeated responses of unfamiliarity with ADA Compliance mandates with said setbacks/deficiencies and/or refusal to adopt updated practices due to negative fiscal and/or asset impact (overall an “inconvenience”). The Community and Commission are encouraged to be proactive in gaining the knowledge and support of legislative changes that seek initiatives with mandates for compliance with services that assure greater access for all health-related needs from birth detection, throughout audiological health/needs, including mental healthcare supports and DeafBlind services and/or dull diagnosis, into senior hospice and/or final stages of life.

Immediate action to be taken in the Southern region as it pertains to the Inclusion of the Community in ADA Compliance and D/HH Cultural Competency in Inclusion of the Community and Healthcare Access. As stated in Northern recommendation, data supports an ongoing perception that Nevada is not a “Deaf Friendly” state, lacking the proper tools/resources to ensure autonomy and ongoing sustainability of all aspects of a D/HH persons lifespan which includes health and wellness self-advocacy. This is emphasized in our state’s knowledge and ability to effectively develop spaces that include those that are Deaf (D), DeafBlind (DB), Hard of Hearing (HH), and Deaf Plus (D+)/Dull Diagnosed constituents (D+) into the planning, training, education, and advancements in state and medical D/HH resourcing.

In the efforts to redirect those perceptions and better align with models found in our surrounding states, the ongoing recommendation is to increase D/DB/HH/D+ engagements in statewide advocacy for Policy and Legislative change as it pertains to medical settings and general community environments through increasing training awareness and instilling practical mandates/policies and accountability. This can and should increase the audience of those engaging narratives that impact the D/DB/HH/D+ community within Nevada. This can be done through a Deaf led strategic models/planning with experts found nationally and locally in Deaf Schools, D/DB/HH/D+ non-profits, direct D/DB/HH service partners, D/DB/HH/D+ resource led organizations, and D/HH advocacy bodies that are commonly provided through Deaf Center models with full communication access D/DB/HH/D+ staff and/or ASL user friendly environments. As long-term goals, a Deaf and Blind School of Nevada and Deaf person-centered centers for Nevadans are still highly recommended to improve access, resources, and advocacy in the Southern Region.

Commission's legislative advocacy efforts should reflect support for ADA Compliance in all areas of D/DB/HH/D+ access to fundamental resources and inclusion in Nevada. A legislative mandate for D/DB/HH/D+ Sensitivity Training, along with a unified legislative guided practice of D/DB/HH/D+ culturally competent providers under funding sources and services allocated to D/DB/HH/D+ constituents of Nevada is prudent. Commission is encouraged to seek additional resources and advise from the [Nevada Equal Rights Commission \(nv.gov\)](#) and Legislative Bureau Counsel (i.e. Legislators, Lobbyists, etc.) to ensure actions can be documented and compliance demands align with Nevada's statutes.

2. As a secondary area of impact at 23% in Certified Hearing Interpreter (CHI), Certified and/or Deaf Interpreter (C/DI) deficits and pipeline development needs are highlighted under the Quality of Interpreters (Recommendation #3) in the Southern Region – Las Vegas. Data reveals a prominent impression in the development of Qualified Interpreters with noted comments of IPPs not producing ready to work interpreters in the field and/or ready for testing after graduation (EWLV15). An ongoing lack of high-quality interpreters in the community and the need to enhance ITP offerings statewide (LFLV17). There is a perception that changes to the current Interpreter Registry standards of NRS 656A (EWLV1, LBDLV1) could better impact an increase of qualified/certified community interpreters vs. qualified/certificated educational interpreters (LFLV1).

Data also repeated statements of deficit in provisionary care support for live or in person interpreters for medical appointments. Access impacted by quality of interpreters along with Interpreter Access prominently impacting the lack of Healthcare Access, consequently causing a cycled deficit. The request for advocacy in a D/HH supported nursing facility (i.e. an established nursing home with a wing dedicated to the D/HH community with experts on staff), expanding D/HH mental health insurance coverage, and hiring on staff interpreter access is not unreasonable. These approaches have been shared to be effective in other states and increase proactive personal health awareness.

Though national and local data reflects the ongoing deficits of qualified interpreters, this does not preclude our medical facilities from liability to communication access to care. Continued intervention and attention is encouraged in CHI and C/DI development to ensure communication access aligns with federal ADA Compliance mandates and qualification standards of practice of interpreting as outlined in [NRS 656A.110](#). The recommendation is to conduct a statewide survey of the current state of Nevada's interpreter shortage of qualified interpreters in alignment with the Nevada Registry mandate outlined in [NRS 656A.100](#) to find the root issues that are alluded to in this qualitative analysis. This survey can bring Nevada to the table of discussion on a national level of efforts seeking and enacting resolutions across our country. Nation Association of State Agencies of the Deaf and Hard of Hearing (NASADHH) are partnering with state initiatives spearheading these efforts to bring all Commission leads to the table of discussion to share their current statewide needs and solutions that have shown to be effective and can be utilized as cross reference development tools.

An added recommendation for support in the CHI and C/DI deficits and pipeline development needs are to continue heritage driven efforts of Nevada's Deaf Camp and/or Pre-Employe programs like Vocational Rehabilitation's "Beyond the Deaf Home Camp"; College program developments of ITP/IPP and degree tract education found at College of Southern Nevada (CSN), Nevada State University (NSU), and University of Nevada Reno (UNR); Mentor gap services like the ADSD Communication Access Services (CAS) Mentor Program; along with ASL being acknowledged as a foreign language credit in our high schools and charter programs for graduates. As an ongoing concern, legislative advocacy and/or networking with local post-secondary options and ADSD CAS Program and Registry would be prudent in statewide efforts. This increase in engagement with training starting in early interventions, cultural cultivating environments, ASL development options, and post-secondary sites for increased opportunities for trained signers to become certified and registered in the state of Nevada will support the pipeline advocacy already taking place through our local post-secondary ITPs. The earlier exposure to American Sign Language as a language option and model along with Deaf Culture norms, the greater chances of pipeline development towards the much-needed increase of CHIs and C/DIs.

In all areas of D/DB/HH/D+ Services stronger advocacy intentionality is needed from all parties involved, community, commission, providers, Legislators, and governance/State. Approaches and recommendations outlined above can be best supported by models shared through neighboring states that prioritize legislative action for D/DB/HH/D+ and Speech Impaired community members. The more we make these efforts a collocative and intentional practice with the experiential experts, the more likely these actions of inclusivity will be culturally adopted as a key trait of Nevada's societal norms.

Strong consulting options can be found through and with our state and national community partners like our local ADSD [Communication Access Services Program \(CASP\)](#), College of Southern Nevada (CSN), Nevada State University, University of Nevada Reno, [Nevada Vocational Rehabilitation](#), and Nevada's Bureau of Vocational Rehabilitation – Pre-Employment Camps [Students & Parents - VR Nevada](#).

For further insight on mandates stated above and clarity of application of interpreters and/or CART services for communication access, please contact our local ADSD [Communication Access Services Program \(CASP\)](#).

Townhall Qualitative Data Analysis STATEWIDE Outcomes

Statewide – Overall In Person (Attendance: 132 Community Participants) – Elko, Reno, and Las Vegas Combined Outcomes [300 Impressions Statewide]

ED Findings and Recommendation(s)	State Plan Recommendation	Theme 1 – 21% CHI/C/DI Interpreter Deficit & Pipeline Development	Theme 2 – 30% ADA Compliance & D/HH Cultural Competency	Theme 3 – 7% DeafBlind Services (SSPs), Resources (Equipment), & Training	Theme 4 – 8% D/HH Specialist Service Providers & Equipment Accessibility (i.e. Speech Language Pathologist,	Theme 5 – 13% D/HH Education, DHH Resource Services, & D/HH Advocacy Center	Theme 6 – 21% Nevada Systems & Advocacy Navigation/ Training	Statewide Outcome Summary

					Pediatric Audiologist Services, etc.)			
ED Findings: In focusing on our State Plan and relevance of the objectives of this Commission, it is imperative to attend to all recommendations with a closer look at the more prominent deficits revealed in these outcomes. Data reveals a dominant lack of Inclusion of the Community (Recommendation #1) as outlined within our State Plan by 38% relevance statewide in Inclusion of the Community needs and relevance applicable in all themes (1-6), with a heavy emphasis on ADA Compliance, D/HH Cultural Competency (Theme 2), and Nevada Systems and Advocacy Navigation/Training. (Theme 6) collectively 61% of needs and relevance within Recommendation 1. Data also reveals a secondary immediate need with relevant impact in Quality Interpreters (Recommendation #3) as outlined within our State Plan by 22% relevance statewide in in all themes (1-6), with a heavy emphasis on CHI/C/DI Interpreter Deficit & Pipeline Development (Theme 1) at 66% relevance and impact specifically within the needs of Recommendation 3. The final area of great need is Healthcare Access (Recommendation #5) as outline within our State Plan by 20% relevance statewide in the areas CHI/C/DI Interpreter Deficit and Pipeline Development (Theme 1), ADA Compliance, D/HH Cultural	#1. Inclusion of the Community	CNR26, LFLV8, LBDLV18 CNR15	CNR10, CNR11, CNR23, CNR24, EWR4, EWR5, EWR7, EWR8, EWL4, EWL6, EWL8, EWL9, EWL10, EWL13, LFLV7, LFLV8, LFLV9, LFLV10, LFLV11, LFLV12(2), LFLV13, LFLV15, LBDLV4, LBDLV6(4), LBDLV7(2), LBDLV8, LBDLV9, LBDLV10(3), LBDLV11, LBDLV12 EWLV11	CNR1(8), CNR2, CNR5, CNR7, CNR8, CNR9, EWR1 CNR1, CNR3, EWR 2(2), EWR 3	LFLV14, LFLV15, LBDLV13, LBDLV14	CNR1, CNR8, CNR17(3), CNR19, CNR21, CNR24, CNR29, CNR33, CNR35, EWR9, LFLV4, LFLV18, LBDLV3, LBDLV18 CNR4	EDE1, CNR14(2), CNR15, CNR16, CNR17(2), CNR18, CNR20, CNR26, CNR27, CNR28, CNR29, CNR32, CNR36, EWR10, EWL5, EWL7, EWL13, EWL14, LFLV5, LFLV12(2), LBDLV4, LBDLV10(3), LBDLV11 CNR9, EDE18, EWL11	38% – Inclusion of the Community needs and relevance applicable in all themes (1-6), with a heavy emphasis on ADA Compliance & D/HH Cultural Competency.
	#2. Government Accessibility	LFLV8,	EWLV7, EWL8, EWL13, LFLV8, LFLV12(2), LBDLV4, LBDLV7(2), LBDLV10(3)			LBDLV3	CNR15, CNR16, CNR17(2), CNR18, CNR25, CNR27, CNR28, CNR31, CNR32, EWL4, EWL5, EWL13, EWL14, LFLV5, LFLV12(2), LBDLV4, LBDLV10(3), LBDLV17 EDE18	12% – CHI/C/DI Interpreter Deficit and Pipeline Development, ADA Compliance, D/HH Cultural Competency, D/HH Education, D/HH Resource Services, D/HH Advocacy Centers needs along with Nevada Systems and Advocacy Navigation/Training needs and relevance in Government Accessibility.
	#3. Quality Interpreters	EDE1, EDE2, EDE17, CNR6, CNR8, CNR12, CNR13(2), CNR14, CNR17, CNR22, CNR26, CNR37(2), EWR7, EWL1, EWL2, EWL3, EWL5, EWL6, EWL12, EWL15, LFLV1 LFLV3, LFLV6, LFLV8, LFLV16, LFLV17(3), LBDLV1(2), LBDLV4, LBDLV5, LBDLV6, LBDLV8, LBDLV14,	EWLV10, EWL12, LFLV3, LFLV6, LFLV8, LFLV16, LBDLV5, LBDLV8, LBDLV9, LBDLV16 LBDLV15	CNR6 CNR22	LBDLV14	EDE1, EDE2, CNR12, CNR14, CNR17, LFLV18, LBDLV18	LBDLV15	22% – Quality interpreters applicable in all themes (1-6), with a heavy emphasis on CHI/C/DI Interpreter Deficit and Pipeline Development.

Competency (Theme 2), D/DB/HH Specialist Service Providers, Equipment Accessibility (Theme 4), D/HH Education, D/HH Resource Services, D/HH Advocacy Center (Theme 5), and Nevada Systems and Advocacy navigation/Training (Theme 6) aside from DeafBlind Services, Resources, and Equipment (Theme 3). Combined these areas cover 80% of statewide reported impactful concerns within the State Plan's Strategic Priorities.		LBDLV16, LBDLV18 CNR13, CNR15, CNR22(2)						
	#4. Emergency Response and Management							0% – No current needs expressed or recorded.
	#5. Healthcare Access	CNR37, EWL2, EWL3, EWL5, LFLV3 LFLV6, LFLV16, LBDLV1, LBDLV4, LBDLV5, LBDLV8	CNR26, EWR7, EWL5, EWL7, EWL10, LFLV2, LFLV3, LFLV6, LFLV10, LFLV13, LFLV15, LFLV16, LBDLV2(2), LBDLV5, LBDLV8, LBDLV9(2), LBDLV11, LBDLV13 EWL11, LBDLV15		EDE3, EDE5, EDE7, EDE8, EDE11, EDE12, EDE15, EDE16, LFLV2, LFLV14, LFLV15, LBDLV13, LBDLV14 EDE4, EDE6, EDE9, EDE10, EDE13, EDE14,	CNR24(2)	CNR26, EWL5, EWL7, LBDLV11, LBDLV17 EWL11, LBDLV15	20% – CHI/C/DI Interpreter Deficit and Pipeline Development, ADA Compliance, D/HH Cultural Competency, D/DB/HH Specialist Service Providers, Equipment Accessibility, D/HH Education, D/HH Resource Services, D/HH Advocacy Centers, and Nevada Systems and Advocacy navigation/Training needs and relevance in Healthcare Access.
	#6. Language Development		EWL4		CNR20, EWR6	CNR13(2), CNR30, CNR33, CNR34, EWR6, EWL4, LFLV4, LBDLV3		4% – ADA Compliance, D/HH Cultural Competency, D/DB/HH Specialist Service Providers, Equipment Accessibility, D/HH Education, D/HH Resource Services, and D/HH Advocacy Center needs in Language Development.
	#7. Post-Secondary Education Transition	LBDLV18				CNR13, LFLV18, LBDLV18		1% – CHI/C/DI Interpreter Deficit and Pipeline Development, D/HH Education, D/HH Resource Services, and D/HH Advocacy Center needs in Post-Secondary Education Transition.
	#8. WIOA (Workforce Innovation and Opportunities Act) Partnerships	EWL6, LBDLV6	EWL6, LFLV7, LBDLV6(4)					3% – CHI/C/DI Interpreter Deficit and Pipeline Development, ADA Compliance, and D/HH Cultural Competency needs in WIOA Partnerships.

ED Recommendation(s):

1. Current Recommendation is to start with the above top 3 needs being supported by our Commission and allow our subcommittees and workgroups begin advocating for changes as outlined in each region per ED Recommendations.
2. Additional recommendations, collaborations, and networking are necessary for success or change for our community.
3. The community has spoken emphatically on the above topics and have shown it's time to act, advocate, and show we are listening by maintaining our alliances with the community through transparency, education, and empowerment.
4. The Engagement Conference for 2025/26 should include priorities presented by the community, along with community partner initiatives for legislative change. Efforts made with intentionality, optimism, and tenacity for statewide change will be evident through new Deaf and Hard of Hearing (D/HH) Legislative outcomes of 2025 and 2027.

All D/HH Commission State Plan recommendations are of priority and should be monitored and addressed by the Commission. A greater use of all Subcommittees can be utilized in ensuring these areas do not go unseen. However, the priorities outlined above need immediate attention and should be expounded upon during our 2025/26 Engagement Conference to be considered in the Commission's Advocacy for legislative action in 2025/27 of the 83rd and 84th Legislative Sessions.

Furthermore, though the current State Plan does not exclusively note the needs of the DeafBlind (DB) Community, it is evident that these resources are lacking in the state of Nevada at the detriment of our D/DB/HH constituents and their families.

Current advice is to increase outreach efforts of Nevada Systems and Advocacy Navigation/Training to ensure transparency of said systems toward policy and legislative advancements to ensure navigation and knowledge is maintained and/or increased as it pertains to D/DB/HH resources and statewide D/DB/HH ADA Compliance, Cultural Competency, resources, and services.