



SOUTH DAKOTA

COALITION

OF CITIZENS WITH DISABILITIES

Focus on Abilities

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January 9th - Governor's State of the State And Start of 93rd Legislative Session

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The second Tuesday in January annually marks the first day of our State's Legislative Session. It begins with our Governor presenting the State of the State Address. It is followed next day, Wednesday, by the State of the Judicial Address and by the State of the Tribes Address the following day - Thursday. There are 38 legislative days in the 2018 legislative session. The final day, reserved for consideration of gubernatorial vetoes, is March 26th.

This year's legislature is again a super majority of Republicans. There are 88 Republicans, 16 Democrats and 0 Independents in the 2018 Legislature. Breaking it down by each chamber- the Senate will have 29 seats filled by Republicans and 6 seats filled by Democrats; the House will have 69 seats filled by Republicans and 10 filled by Democrats.

We encourage you - our members - and others to follow closely the work done and decisions made in Pierre during the 93rd legislative session (and every session). These decisions impact the lives of all South Dakotans. It is critical that all citizens are watchful and speak out on matters of importance to them and their families. And we are grateful for the tools that are available to assist us in doing so.

One of those tools is the SD Legislative Research Council (LRC) website www.sdlegislature.gov We encourage you to become familiar with this site and use it to follow the work being done. You will find links to bills under consideration, committee schedules, hearing minutes, floor sessions and mailing and email lists for all legislators. There are also announcements of latest news e.g., SD Legislative Leaders Announce Harassment, Professionalism and Code of Conduct Training; House Speaker Pro Tempore Nominated.

In addition, other groups within the state track legislative activity and share information. They also offer assistance to those seeking to be involved, who may have some questions about how to best do so. We encourage you to use these resources e.g., Disability Rights South Dakota, SD Parent Connection, NAMI SD and NAMI Sioux Falls, Leagues of Women Voters and us.

These groups also track and promote involvement in the various statewide opportunities to meet with and hear from your local legislators when they return to your communities. Throughout session, cracker barrels, coffees and more are hosted by a variety of organizations. Watch local media outlets to learn about the opportunities in your community and participate. Also, check with those resources which provide you with routine legislative updates, as many of them coordinate listings of these events and circulate them in an effort to encourage participation by all.

Based upon the Governor's Budget Address in early December, we know that revenue coming into the state budget is down. This will impact the current year, as well as the 93rd Legislative Session. If you need assistance in being involved, please don't hesitate to be in touch with us.

PRICED OUT

By Gina Schaak, Lisa Sloane, Francine Arienti,
and Andrew Zovistocki (December 2017)

A WORSENING CRISIS

The tenth edition of *Priced Out: The Housing Crisis for People with Disabilities* once again demonstrates that non-elderly adults with disabilities who rely on Supplemental Security Income (SSI) are among the groups most severely affected by the extreme shortage of affordable rental housing across our nation.

Over the last decade, increased rental demand combined with development primarily at the high end of the market has led to record-low vacancy rates, higher rents, and increased competition for affordable and subsidized housing. This overall market trend is reflected in the ever-worsening affordability gap for extremely low-income renters with disabilities.

Supplemental Security Income is the federal income maintenance program that assists people with significant and long-term disabilities who have virtually no assets and - in most instances - no other source of income. The national average rent for a studio/efficiency unit in 2016 was \$752, equal to 99% of a monthly SSI payment. *Priced Out* confirms that non-elderly adults with disabilities living on SSI confront a housing affordability gap across all 50 states and the District of Columbia.

This housing affordability crisis deprives hundreds of thousands of people with disabilities of a basic human need: a place of their own to call home. Because of the disparity between SSI income and rental housing costs, non-elderly adults with significant disabilities in our nation are often forced into homelessness or segregated, restrictive, and costly institutional settings such as psychiatric hospitals, adult care homes, nursing homes, or jails.

People with disabilities who rely on SSI and manage to rent a lower-cost, non-subsidized unit are likely to be living in substandard housing or using virtually all of their income just to pay their rent each month. People in these circumstances are at great risk of homelessness and the exacerbation of chronic health conditions as they face the constant struggle of paying rent while meeting other basic needs such as food, medications, transportation, and

clothing.

The *Priced Out* report depicts an unrelenting rental housing crisis for extremely low-income people with disabilities in every single one of the nation's housing market areas. The report also highlights the negative outcome - including homelessness, institutionalization, and incarceration - that occur when people with disabilities lack affordable housing and access to critical health treatment and services. To reverse this worsening crisis, full support for federal rental assistance programs is the first priority. Continued access to supports and services that help individuals meet their health care needs and sustain tenancy is also essential, so that secure housing becomes the foundation for a full and productive life in the community.

Key National Findings

The average annual income of a single person receiving Supplemental Security Income (SSI) payments in 2016 was \$9,156 - about 22% below the federal poverty level, and equal to only 20% of the national median income for a one-person household.

Nationally, the average rent for a modest one-bedroom rental unit was \$861, equal to 113% of the national average monthly income of a one-person SSI household. This finding confirms that in 2016 it was virtually impossible for a single adult receiving SSI to obtain decent and safe housing in their community without some type of rental assistance.

The national average rent for a studio/efficiency unit in 2016 was \$752, equal to 99% of monthly SSI.

To access the full *Priced Out* report, go to:

http://www.tacinc.org/knowledge-resources/priced-out-v2/?utm_source=Priced+Out%3A+The+Housing+Crisis+for+People+with+Disabilities&utm_campaign=Access%3A+Priced+Out+-+The+Housing+Crisis+for+People+with+Disabilities

NOTE: The *Priced Out* report does include state specific information e.g., some specific counties, communities, statewide.

President's Thoughts...

Greetings to all our members:

At this moment, where I am writing this, wintry weather is here, and we will have to live with it for the next three months. Be sure to drive safely and be more cautious on the roads now that winter has arrived.

I hope that you had great holidays with your families and friends. It was so nice to be with family, spending time together and sharing joy and love. We cherish every moment we have with our friends and family.

With the new year - 2018 - we are looking forward to a new, exciting and challenging year. We know it will hold mid-term elections, ballot questions and a Governor's election. And we know the money coming into the state to provide needed services is slowing down, not growing.

We encourage all of you to attend town hall or cracker barrel meetings with legislators to express your opinions or concerns about any changes you feel might impact you. It is very important for them to hear from you - from the people who are impacted by their decisions. This is a critical time for them to hear, especially as an election draws nearer.

We will be co-hosting the 24th Annual Disability Awareness Day at the Capitol Rotunda on February 14th. We hope to see you there, if you are in Pierre.

I also want to thank again and again all of the DAN (Disability Advocacy Network) participants. DAN members share their concerns, issues and efforts with each other. They know how very important it is to be part of a team that works to ensure that everyone in this state is able to speak out on what they feel needs to be accomplished to ensure that all have equal opportunity. Thanks for your time and effort. It makes a difference.

For our second raffle, the winner was Colette Wagoner. She received a new shotgun from Lynn's Dakotamart of Pierre. We thank all of our supporters of this project - Lynn's Dakotamart of Pierre, Coop Printing of Pierre and everyone who purchased tickets in hopes of winning a Christmas present for themselves or someone else.

Thank you for your continued support of Coalition activities. It is very important to us to have you as part of our organization - working to protect the civil rights of all people with disabilities.

Let's focus on the best for 2018. We are here to support you all the way. And we need you to do all we are working to do - we cannot do it without your support.

See you next time!

Tom Kober

Executive Director Notes...

It's December 28th. Another year is quickly drawing to an end. A new year will soon begin.

I'll be honest, I've been holding up this newsletter. Why? Because I've been struggling with what to write. I like to write. Some say I am good at it. Yet, for whatever reasons - the words have not come easily.

Buyer's remorse, holiday hangover (not the literal kind), the blues - it would be easy to point to one of those and say, "You are the reason." I can't really say that. I can't point to one specific reason. Maybe that's it - as we end this year and approach a new year, I find myself feeling "uncertain."

Yet in the midst of uncertainty, I am finding clarity. Sounds a bit contradictory, right? Here's what I mean...

If I listen to the news, read the majority of blogs and posts on Facebook - the uncertainty grows. Much of what I hear and read is finding ways to talk "at" each other and talk "about" each other, rather than "with" each other. It seeks to divide us rather than unite us.

So I've made very definite decisions in the past few weeks. That's where clarity has come into the picture.

I've chosen to be very selective about what I read and listen to these days. No, I'm not crawling under the covers, hoping for a better time. I'm listening to facts, not opinions, and then using the mind I was given to determine where I stand on matters of importance to me.

I read the points of views of others who differ in their thinking from me (as long as they focus on facts and not attacks on persons who think differently). And I'm asking others to do likewise.

Then I add in my beliefs, my values, and I'm making choices that feel right for me as I seek to "live out" what I "say" is important, rather than just "say" it is important.

I'm talking with elders who have lived much more of life than I. I'm seeking to learn if these times are so different from others. Maybe all generations have felt uncertainty. The causes

may have been different, yet the feelings the same. The only way to know is to listen to those who have lived through difficult times before us.

I'm putting my time and energy towards making a difference. I believe I have a responsibility to leave a positive impact on the world - both near and far. So, I'm seeking to do that... I have little doubt that I do better with this some days than others.

Let me give you an example of what I'm talking about...

The other evening I had an opportunity to visit one on one with an elder. I'd known of him for years. I had not known much of his story. We spoke of his childhood, not an easy one, his married life, children, career and much more. He asked me some questions about my life. And then came a question I wasn't expecting...

The question was, "What do you think of our President?" Wow! I took a moment, and then I responded, "I think the best I can say is he makes me nervous." He said, "I think I hit a touchy subject." I said, "It's OK."

I explained that what makes me nervous is that we seem to have lost our ability to "see one another as being in this together." The parties - both parties - see themselves as having all the answers and not needing to work with each other (or anyone else), especially when they are "in control". That's not how I think our system of government, nor our path for survival, flourishes. He agreed...

Then he said, "Well, this president is sure making me money." And I said, "I can't argue with that..." The economy is working well for those who have (and I'm one of those)... I didn't say more because I needed to take some time with this one...

Is that what's important, that it's working for me? What about it working for others - those who do not have...

So, uncertainty, clarity, two parts of the same coin! What I know for certain is as a child once said, "if we all hold hands, we cannot fight." Maybe that's a way to start the new year...

Shelly

State Plans for CHIP as Federal CHIP Funds Run Out

Kaiser Family Foundation
(Updated December 2017)

Federal funding for the Children's Health Insurance Program (CHIP) expired on September 30, 2017. CHIP covers 8.9 million children in working families who earn too much to qualify for Medicaid but cannot afford or access private coverage. This fact sheet provides an overview of state plans for CHIP as they grow closer to exhausting federal funds amid continued delay of Congressional action to extend funding. It is based on data collected from state Medicaid and CHIP officials by the Kaiser Family Foundation (KFF) and Health Management Associates (HMA) during November 2017, which updates data earlier reported in Summer 2017. The findings show that about three-quarters of states anticipate exhausting funding by the end of March 2018 and that several states have begun or will begin notifying families about coverage reductions before the end of 2017. As such, further delay in Congressional action is likely to result in confusion among families that could lead to coverage losses and administrative costs even if funding is extended in the next few weeks.

WHEN WILL STATES RUN OUT OF FUNDING? A third of states anticipate exhausting funding by the end of January 2018.

Among the 48 states that provided an estimate of when they will exhaust federal funds, including 38 states that provided an update in November 2017, 16 states projected they will exhaust federal funds by the end of January 2018, and an additional 21 states projected they will exhaust federal funds by the end of March 2018. State projections are fluid and change as enrollment and costs fluctuate and states receive redistribution funds.

The majority of states will face a budget shortfall without an extension of federal funds because nearly all states assumed continued federal CHIP funding in their state fiscal year (SFY) 2018 state budgets. Because state budgets for SFY2018 have already been adopted, special legislative sessions and/or Governor action will likely be needed to address these shortfalls.

WHAT ARE STATE OPTIONS TO RESPOND TO THE LOSS OF FEDERAL FUNDS? State options to respond to the loss of federal CHIP funds vary based on how they have

Implemented their CHIP program. States have implemented their CHIP programs by creating a separate CHIP program, through a CHIP-funded Medicaid expansion, or using a combination of both approaches. Regardless of how states implement their program, they receive the enhanced (relative to Medicaid) matching rate for CHIP coverage, which was further increased by 23 percentage points under the Affordable Care Act (ACA). As of FY2016, about four in ten children covered through CHIP were in separate CHIP programs, and six in ten were in CHIP-funded Medicaid expansions.

States are not required to maintain separate CHIP coverage. States with separate CHIP programs can transition enrollees to Medicaid at the lower federal Medicaid match rate or discontinue coverage. Some states have state laws that require them to close the program and/or discontinue coverage if federal funds decrease. For example, Arizona must freeze enrollment if the federal match rate decreases, West Virginia must close the program if federal funding levels fall below the levels allotted in 1997, and Colorado cannot access provider taxes it uses to support coverage for some CHIP children without federal match.

States are required to maintain CHIP-funded Medicaid expansion coverage under the ACA maintenance of effort (MOE) requirement. They will face increased costs since they will receive the lower federal Medicaid match rate for this coverage.

WHAT ARE CURRENT STATE PLANS FOR ADDRESSING THE LOSS OF FEDERAL FUNDS?

Many states with separate CHIP programs are planning to reduce coverage in response to the loss of federal funding, and several plan to begin notifying families before the end of the year. Overall, 14 of the 24 states that reported November 2017 data and have a separate CHIP program indicated plans to reduce or limit separate CHIP coverage for children or pregnant women, while most of the remaining 10 states reported they had not yet determined specific plans for reducing coverage.

A total of 14 states reported plans to terminate or phase out coverage for children, including 5 states that plan to

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State Plans for CHIP...

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end coverage by the end of January 2018.

In addition, three states plan to take action in February (AL, OK, and WV), one state plans to take action in March (SD). The additional five states (MS, NC, ND, PA, and WY) plan to take action later or did not indicate a date for planned action. States will begin notifying families of the upcoming changes one month or more in advance of the planned action date. As of December 6, 2017, at least three states had begun informing families about potential changes. Colorado sent a warning to families about potential coverage losses and Utah and Oklahoma had posted notices on their websites warning of potential coverage reductions.

Seven states reported plans to close new enrollment for children or establish a cap on the total number of children that can enroll in their separate CHIP program.

Connecticut reported it will close enrollment or establish an enrollment cap on December 20th, 2017, and Alabama, North Carolina, and Virginia reported plans to close enrollment or establish an enrollment cap in January. Mississippi, Pennsylvania, and Utah also reported plans to take this action but did not specify planned dates of action.

In addition, several states reported plans to reduce CHIP coverage for pregnant women. Colorado and Virginia both plan to terminate or phase out coverage for enrolled pregnant women on January 31, 2018. Virginia also plans to close new enrollment for pregnant women or establish an enrollment cap on January 1, 2018. Oklahoma has also indicated plans to terminate coverage for pregnant women covered through its unborn child option as of February 28, 2018.

Several states indicated plans to transition children from separate CHIP programs to Medicaid. For example, Oregon, which anticipates exhausting its federal CHIP funds in December 2017, plans to transition children to Medicaid on January 1, 2018. In addition, Idaho and Louisiana indicated plans to transition children in February. States will face increased state costs for children transitioned from CHIP to Medicaid because they will receive the lower federal Medicaid match rate for this coverage.

States with CHIP-funded Medicaid

expansion coverage must determine how they will fund the increased cost of covering these children at the lower federal Medicaid match rate. States can address these shortfalls by reducing costs in Medicaid, making reductions in other areas of the budget, or increasing revenues. States will face challenges replacing federal dollars since many were already facing shortfalls heading into SFY2018.

HOW WILL COVERAGE REDUCTIONS AND CHANGES AFFECT FAMILIES AND STATES? Reductions in CHIP coverage will result in coverage losses for children and negative effects on children's health and family finances. If states close enrollment and/or discontinue coverage for children in separate CHIP programs, some children could shift to their parents' employer-sponsored plans or Marketplace plans, but others would become uninsured. Previously, some states closed enrollment in CHIP for limited periods in response to state budget pressures, and studies show that this led to coverage losses, left eligible individuals without access to coverage, and had negative effects on health and family finances.

Implementing program changes to CHIP will also require administrative time and costs for states. States reported having to take an array of actions to implement program changes. States need to build in time to conduct these actions as they plan to make program changes. In addition, states face administrative costs associated with these actions... CMS indicated that states must factor such costs associated with the close out of the program into calculations of use of remaining federal funds.

WHAT ACTIONS REMAIN FOR CONGRESS TO EXTEND FUNDING? Multiple steps still remain for Congress to extend federal CHIP funding. As of early December 2017, the House had passed a bill to extend CHIP funding. In early October 2017, the Senate Finance Committee reported a bill out of committee to extend funding. However, the full Senate has not yet taken up action to extend funding. Final legislation still requires passage by the full Senate, resolution of any differences between the House and Senate bills, and signature by the President.

(For the complete fact sheet and more, go to the Kaiser Family Foundation website.)

Confronting the Realities of Another Lean Year

A column by Gov. Dennis Daugaard

For Immediate Release: Friday,
December 8, 2017

The Capitol Building was a busy place on Dec. 5 when lawmakers came to town for the annual Budget Address. They packed the state House early that afternoon to hear about our current economic situation and my proposal for the upcoming budget year.

With revenue trending below projections, I doubt legislators were surprised when I explained we face another lean year. The projected tax revenue for this budget year will leave us \$20 million short. To compound that, we have 450 more students enrolled in our schools than anticipated. This is a good problem. Higher student enrollment means our state is growing. But it's a problem that adds another \$10 million to the gap for this fiscal year.

The revenue shortfall and enrollment growth must be combined with emergency costs that will need to be covered. Unaddressed, this would leave us \$34 million in the red this year. We need to fill that hole to balance in fiscal year 2018, and then adopt a balanced budget for the 2019 fiscal year.

I am proposing we fill the current year gap by reducing expenses where we are able, and using one-time cash sources, including funds from our reserves. This would still leave our reserves at a healthy level of 10 percent of our general fund spending.

For the upcoming fiscal year, I cannot recommend inflationary increases for education, Medicaid providers or state employees. Inflationary increases would cost about \$58 million and we have only \$32 million in new recurring revenue.

Still, although we cannot afford inflationary increases, I am proposing we dedicate the majority of new recurring revenue to those three priority areas. I am recommending the largest funding increase go to K-12 education to cover next year's higher enrollment.

Second, I propose we complete a plan, begun two years ago, to better reimburse community-based Medicaid providers for actual costs. This will allow us to keep our promise to those who serve the most vulnerable in our state.

And for state employees, I am recommending a very modest amount to keep some employee pay, which is already lower than market, from falling even further behind.

Although the situation is not ideal, we must remember that our state has been through tougher times. It was just seven years ago that we were facing major shortfalls because of the recession and had to balance the budget with across-the-board cuts. Our situation is not as dire today and I am not calling for cuts.

Also, this experience is not unique to South Dakota. Many governors and legislatures across the country are seeing soft revenues. Recently, Montana and Oklahoma have had to call special sessions to address budget shortfalls. Moreover, others have not been willing to confront their fiscal reality. According to Moody's, nearly a dozen states began their fiscal year without a budget in place.

In South Dakota, we have been willing to make the difficult decisions and that has put us in an enviable position. We have structural balance, a healthy level of reserves, AAA status with all three credit rating agencies and one of the strongest pension plans in the nation. I'm very proud of these achievements. They reflect the discipline and maturity that South Dakotans expect of their elected officials. We should never take that for granted.

24th Annual Disability Awareness Day

**Wednesday
February 14, 2018**

8:30 am to 2:30 pm

**Capitol Rotunda
Pierre**

With Lives at Stake, It's Time to Require Certification and More Training for Sign Language Interpreters

By Eric Patterson, Interpreting Department Manager at Deaf Action Center in Dallas

Sign language was once viewed as a symbol of oppression due to a misperception of it being rudimentary.

But for persons who are deaf or hard of hearing, a sign language has since been transformed into a symbol of unity, providing dignity, opportunity - and where practiced correctly - equality for the deaf community.

And there's the rub. Too often, in too many places, the deaf community continues to have to endure sign language malpractice.

In September, on live local television as Hurricane Irma barreled at 180-plus miles per hour toward the Florida coast, an unqualified American Sign Language interpreter translated incoherent and incomplete information for deaf persons in the audience in Manatee County, as officials told residents that there would be mandatory evacuation of residents living near the county's coastline, an area that included dozens of deaf residents.

The interpreter was a well-intentioned local lifeguard who has a brother who is deaf and was asked last-minute to sign for an update to the media rather than have no one signing. The county had asked Florida government officials for an interpreter, but one was unavailable.

So, instead of clear instructions in ASL, which depend heavily on facial expressions depending on grammar, especially to emphasize intensity, deaf television viewers in Manatee County were given expressionless translations, such as "Help you at that time too use bear big." It was a communications disaster for deaf viewers.

All governments should be prepared to have a certified interpreter in times of emergencies, and, certainly, more must be done to address a national shortage of American Sign Language interpreters.

American Sign Language (ASL) interpretation problems like this one are growing by the day. These problems stem from the increasing population of uncertified and underexperienced interpreters who, instead of clarifying

"Congratulations"

Colette Wagoner of Pierre

**Winner of the Weatherby
12-gauge shotgun**



***"Thank You" to all who bought
chances to win!***

***"Thank You" Lynn's Dakotamart
of Pierre***

***"Thank You" Coop Printing
of Pierre***

communications, too often create *miscommunications* that lead to unintended consequences.

In Texas, where my organization Deaf Action Center is headquartered, I oversee day to day activities of the DAC interpreting department and provide communication access between the hearing, deaf, and hard of hearing individuals through sign language interpreters, oral interpreters, deaf/blind interpreters, and real-time captioners in the Dallas-Fort Worth metro area.

Individuals who wish to become certified interpreters must acquire an associate's degree before they are eligible for the Board for Evaluation of Interpreters' testing requirements. It is encouraged that students obtain their associate's through a two-year interpreting training program offered by local accredited community colleges. Through those training programs individuals must pass a series of ASL and interpreting classes, complete an internship with a minimum number of hours, and at the end of their second year take the Board of Evaluation Interpreters' Test, or the "BEI." If they pass the BEI, they become certified interpreters with a Basic (entry level) certification which, as in other fields, is a minimum standard which allows them to practice in only specific

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With Lives at Stake...

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kinds of work.

Upon certification, interpreters are required to follow professional guidelines, and if they fail to meet those guidelines, they can be reprimanded or even lose their certification. This strict system is ultimately designed to provide a critical service to the deaf community in a consistent and reliable way.

But the world of interpretation services has hit a snag, and it begins with a glaring hole in the Americans with Disabilities Act. The ADA does not specify that an interpreter has to be certified by any standard to interpret in a professional setting. It only states that an interpreter must be "qualified."

What does "qualified" mean? For agencies cutting corners on hiring interpreters, "qualified" can mean anything they want it to mean. The same goes for independent interpreters.

As services of all kinds move to open online marketplaces, professional services like ASL interpretation have become democratized in such a way that the quality and reliability of the service has seen a dramatic decline.

In the way ridesharing has lowered cab fares, translation service prices have also decreased, but without a mandate on standard qualifications to be an interpreter, the deaf community cannot always rely on an interpreter to do the job he or she is paid to do. And since these interpreters are not certified, they are not beholden to any rules or regulations to keep them honest or professional.

This trend not only affected the deaf community, it has threatened the livelihoods of certified interpreters, many of whom have dedicated their lives to providing professional sign language services to persons who are deaf and hard of hearing.

In order to compete with a growing pool of uncertified "professionals," today's career-focused certified ASL interpreters must create an online profile like everyone else, an easily fabricated method which often results in the best of the best getting mixed in with the worst of the worst. If they don't play the game, they risk never being hired again. Without clear guidelines, it is difficult for those hiring interpreting services to differentiate between

qualified and non-qualified practitioners.

For those who are deaf, finding a good interpreter in 2017 can be like a game of Russian Roulette. Organizations like Deaf Action Center are trying to fight this trend by providing 24/7 certified interpretations services, but reversing the trend is not likely to happen without public and legislative input.

While the Americans with Disabilities Act of 1990 does require organizations to meet the needs of people who are deaf or hard of hearing, not all organizations follow the rules, and attempting to prosecute these organizations on the basis of discrimination costs time and money without a clear, foreseeable legal outcome.

In addition, determining what does or does not "meet the needs" of a person who is deaf or hard of hearing can be interpreted vaguely, and it can be argued that not all contexts require a certified interpreter to be present.

The law is quite simply different in different places, and without a universal standard in place, the problems faced by persons who are deaf and hard of hearing, and the interpreters themselves, will continue to grow at an unmanageable rate, causing communication breakdowns and frustrations on both ends of a conversation in even the most mundane contexts.

But there's another issue, and this one involves the training that even certified interpreters receive. No training program will ever be perfect, but there are two weaknesses that should and can be addressed to improve the abilities of interpreters and subsequently the quality of their interpretations.

The first weakness is language immersion. There's a big difference between grammar and usage in ASL and English. Just like learning Spanish, ASL requires immersion into the language to truly learn fluency and fluidity. The deaf community is a tight community, and ASL variations, vernaculars, and shortcuts are being developed all the time. Immersion is the only way to learn these.

The second weakness is cultural awareness. Deaf culture is a rich and thriving ecosystem, but students fresh out of their BEI test often have little understanding or direct observation of that culture outside of professional settings.

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Frequently Asked Questions from the Intersection of Disability and Sexual Assault

A survivor of sexual assault with a cognitive disability has been referred for counseling, but our staff has no experience working with people with cognitive disabilities. What can we do?

Begin by treating each person according to chronological age, and with respect for life experiences and perspectives. People with cognitive disabilities can receive the same benefits from counseling as any other survivors. It may take longer to process emotions. Be flexible about the number and length of counseling sessions allowed.

Reassure the survivor that she/he did nothing wrong. Avoid asking leading questions, as people with cognitive disabilities may be eager to please and may have been encouraged to be compliant to authority figures. Consistency and familiar routines (e.g., meeting at the same time on the same day of the week) may be helpful to people with cognitive disabilities. Shorter or more frequent sessions may also be helpful in processing feelings and experiences.

Contact your local provider of services to people with intellectual/developmental disabilities for training and/or technical assistance in providing counseling or services to people with cognitive disabilities.

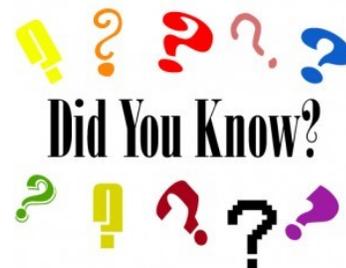
We want to serve the Deaf community, but we do not have anybody on staff who knows sign language. What can we do?

Shelter or other crisis services can be very isolating for someone who is deaf. This isolation can feel re-traumatizing or trigger memories of abuse, and deaf survivors may choose to leave because of communication barriers. Having a good understanding of Deaf culture and an open attitude is a helpful start to effectively work with Deaf abuse survivors.

A qualified interpreter is critical to effective communication unless the person who is deaf specifically requests written communication or lip reading. Crisis agencies are required to provide an interpreter if a person who is deaf requests it, but are not required to do so 24 hours a day. Work with the survivor to pick the most important circumstances for an

Interpreter (i.e., counseling, assessment, support group, shelter meetings, group social times).

While some Deaf people are fluent in written English, it is generally a second language for people who sign. Most people who are deaf can write at a primary level, but effective communication through written language may be limited. Resources for finding interpreting services are your state rehabilitation agency and nonprofit agencies that provide services to people who are deaf and the larger disability community.



ADA Question

May an employer ask an applicant to provide medical certification that s/he can perform a physical agility or physical fitness test?

Yes. Although an employer cannot ask disability-related questions, it may give the applicant a description of the agility or fitness test and ask the applicant to have a private physician simply state whether s/he can safely perform the test.

If coming to Pierre to visit session,

All regularly scheduled committee meetings are held in the morning, unless otherwise noted.

Times shown are Central Time.

The full Senate and full House generally meet in the afternoon.

Visitor seating for viewing the Senate and House is on the 4th floor, accessible by elevator or stairs.

With Lives at Stake...

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Without an adequate awareness of deaf culture, interpreters often find themselves unknowingly misunderstanding or offending the very population they serve.

We can begin to make up for these deficiencies by requiring an additional immersion and mentorship. With a requisite amount of hours spent socializing with those who are deaf, and with the guidance of a mentor who is deaf, students will learn more than they ever would have in the classroom.

Some interpreting training programs take it a step further by using deaf faculty to teach interpreting courses, providing direct cultural enrichment that otherwise may be lacking within the classroom. This type of practice is effective but, unfortunately, not as prevalent. From personal experience, it is clear to me that Deaf individuals' expertise within this profession is often dismissed or overlooked, as we are the ones considered disabled and in need of rescue from societies' knights in shining armor: the interpreters. With this enhanced awareness, students will be prepared to interpret in any situation, especially in sensitive contexts like the hospital room or a high-stakes business deal - and hurricane preparations - in which clarity is key.

The entire process of training and hiring ASL interpreters needs reform. We must agree on a clear set of mandatory qualifications and procedures, and we must provide better training for those dedicating their lives to providing exceptional interpretations services. Interpreters and those in the deaf community deserve a long-term solution, and we must deliver it to them, or else we will keep signing past each other.

(Reprinted from the December 2017 CSD Neighborhood newsletter)

NOTE: South Dakota does have interpreter certification. The Department of Human Services implemented interpreter certification policies and procedures. Along with South Dakota Certification level III, IV, and V, South Dakota recognizes national certification (RID & NAD), EIPA (Educational Interpreter Proficiency Assessment) with a score of 3.5 or higher, and will be issuing provisional certification for graduates of an accredited IT (Interpreter Training) Program. All certifications require initial and annual registration. All interpreter certification testing must be taken through the national organization (RID) or through EIPA. To learn more about it, contact Katie Gran at Katie.Gran@state.sd.us

This newsletter is an official publication of the Coalition (South Dakota Coalition of Citizens with Disabilities). We welcome letters, manuscripts, news articles and other items of interest. They will be considered for possible publication within future editions. This publication is mailed, electronically or in hard copy, to all Coalition members and other interested parties. It is also located on our website at www.sd-ccd.org.

Many of the articles in this publication are reprinted from other sources. It's a way to share with our readers an example of the information being presented to leaders and other members of the public locally and nationwide. The opinions expressed in these articles do not necessarily represent the opinion of the Coalition - its membership, board or staff. Its appearance in this publication does not constitute the Coalition's position in regard to any issue or item, unless expressly stated as such.

The Coalition is a strong supporter of "People First" language - supporting its use in written and spoken communication. Some of the articles used in this publication may contain language that is not consistent with "People First" language. The language used by authors of articles that are not consistent with "People First" language is not a reflection of the Coalition's preference.



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Equality



The assumption is that **everyone benefits from the same supports.**
This is equal treatment.

Equity



Everyone gets the supports they need.
This is the concept of affirmative action, thus producing equity.

Justice



All 3 can see the game without supports because **the cause(s) of the inequity was addressed.**
The systemic barrier has been removed.