

Michigan Interpreter Needs Assessment

Data Report

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Key Terms and Acronyms

This report uses terminology and acronyms specific to the field of sign language interpreting and Michigan state agencies. The following glossary provides brief explanations for these terms to ensure clarity for all readers. Terms are listed alphabetically for ease of reference.

AA – Associate of Arts

A two-year college degree. In interpreting, two-year programs are the most common type of higher education training for ASL interpreters.

ADA – Americans with Disabilities Act

A federal civil rights law that requires equal access for people with disabilities, including the right to effective communication through qualified interpreters in many settings such as schools, hospitals, and workplaces.

ASL – American Sign Language

A complete, natural language used by many Deaf, DeafBlind, and Hard of Hearing people in the United States. ASL has its own grammar and structure, distinct from English.

BA – Bachelor of Arts

A four-year college degree. In interpreting, many professional pathways now require or encourage a bachelor's degree.

BCHS – Bureau of Community and Health Systems

A division of Michigan's Department of Health and Human Services that oversees healthcare facilities and services.

BEI – Board for Evaluation of Interpreters

A testing and certification system used in Michigan and some other states to assess interpreter skill levels. There are three certification levels including: Basic, Advanced, and Master. These are also commonly known as BEI I, II, and III respectively.

BSBP – Bureau of Services for Blind Persons

A state bureau within Michigan's Department of Labor and Economic Opportunity (LEO) that provides services and support for Michigan's DeafBlind/ low vision residents.

CCIE – Commission on Collegiate Interpreter Education

A national body that accredits interpreter training programs to ensure high standards in training future interpreters.

CDI / CDIs – Certified Deaf Interpreter(s)

A national certification for interpreters issued by the Registry of Interpreters for the Deaf (RID) for Deaf professionals who have specialized training to interpret, often teaming with hearing interpreters. CDIs are especially important in complex, sensitive, or cross-cultural settings.

CLIP-R – Conditional Legal Interpreting Permit: Relay

A national certification for Deaf interpreters in legal settings previously offered by the Registry of Interpreters for the Deaf. Michigan still references CLIP-R in connection with legal interpreting endorsement standards.

CODA – Child of Deaf Adult(s)

A person raised by one or more Deaf parents. Many CODAs grow up bilingual in ASL and English and some later become professional interpreters.

CEU / CEUs – Continuing Education Unit(s)

Credit hours interpreters earn through workshops or training to maintain certification and professional skills.

CIT – Conference of Interpreter Trainers

A national professional organization focused on research and best practices in interpreter education.

DDBHH – Deaf, DeafBlind, and Hard of Hearing

A term used throughout this report to refer collectively to community members who rely on sign language interpreters for communication access.

EIPA – Educational Interpreter Performance Assessment

A test used to measure the skills of interpreters working in K-12 school settings. Many states, including Michigan, set minimum EIPA performance scores for educational interpreters.

ITP / ITPs – Interpreter Training Program(s)

College programs, often at the associate or bachelor's level, that prepare students to become professional ASL interpreters.

LARA – Michigan Department of Licensing and Regulatory Affairs

The state department responsible for credentialing interpreters in Michigan and overseeing interpreter regulations.

LEO – Michigan Department of Labor and Economic Opportunity

A state department that houses the Bureau of Services for Blind Persons (BSBP) and other programs connected to workforce and vocational services.

MDE – Michigan Department of Education

The state education agency that oversees K-12 schools.

MINA – Michigan Interpreter Needs Assessment

The name of this statewide project to study interpreting services, workforce needs, and community experiences in Michigan.

MIRID – Michigan Registry of Interpreters for the Deaf

The Michigan state chapter of the national Registry of Interpreters for the Deaf (RID) organization.

NAIE – National Association of Interpreters in Education

A national professional organization for ASL interpreters who work in educational settings, which provides professional development, standards of practice guidelines, and a Code of Ethics.

NIC – National Interpreter Certification

A national certification for hearing interpreters issued by the Registry of Interpreters for the Deaf (RID).

QI – Qualified Interpreter

The QI Program is for interpreters who meet Michigan's state standards to provide interpreting services in a given setting. This is a legal designation under the Deaf Persons' Interpreters Act.

RID – Registry of Interpreters for the Deaf

The largest national professional organization for interpreters, which provides certification, professional development, and a Code of Professional Conduct.

SC:L – Specialist Certificate: Legal

A national certification for hearing interpreters in legal settings previously offered by the Registry of Interpreters for the Deaf. Michigan still references SC:L in connection with legal interpreting endorsement standards.

TEP – Test of English Proficiency

An entry-level written test required as the first step toward BEI interpreter certification.

VRI – Video Remote Interpreting

Interpreting services delivered remotely through video technology. Originally defined for situations where the Deaf and hearing consumers are in the same room, but the interpreter connects by video. VRI now more broadly includes settings where all participants may be remote as well such as online webinars, meetings, and other events.

VRS – Video Relay Service

A federally funded service that provides ASL interpreters for phone calls between Deaf and hearing callers.

1. About This Project

Executive Summary

The Michigan Interpreter Needs Assessment (MINA) is a statewide study centering Deaf, DeafBlind, and Hard of Hearing (DDBHH) individuals and interpreters to better understand Michigan's interpreting systems including: the career entry pathway, access to interpreters in a variety of contexts, and the impact of the regulatory systems on interpreting services.

This investigation utilized a mixed-method approach through surveys, focus groups, and individual stakeholder interviews. The survey was accessible in both English and American Sign Language (ASL) to maximize community participation. The majority of feedback came from Michigan's DDBHH residents, hearing and Deaf interpreters living or working in Michigan, interpreter educators, and those who want to become professional interpreters. The findings from the study revealed key challenge areas that will be expanded upon throughout the report.

A. Barriers to Entry: Graduation to Certification Gap

B. Video Remote Interpreting Accessibility

C. Regulatory Accountability & Oversight

D. Regional Disparities in Access

E. Unsustainable Interpreter Economics

F. Challenges in Specialized Settings

Key Recommendations

Extensive community input and data analysis identified seven priorities where Michigan can strengthen its interpreting ecosystem and improve communication access for DDBHH residents. These recommendations represent the most frequently cited solutions within state's regulatory authority and partnership capacity:

1. **Address Regulatory Barriers to Entry:** Establish provisional options for pre-certified graduates and alternative pathways for Deaf interpreters. Partner with interpreter training programs to create rules for supervised work experience.
2. **Establish Accountability in Healthcare:** Develop clear regulatory protocols to prevent inappropriate use of video remote interpreting services, and create an audit system for healthcare facility compliance. Collaborate with other applicable state agencies and policymakers to mandate annual training requirements for healthcare staff on DDBHH communication needs.
3. **Modernize Regulatory Infrastructure:** Prioritize upgrading the state certification management system from a paper-based process to an online portal housing applications, renewals, continuing education tracking, endorsements, and payments. Revise administrative rules on continuing education to provide flexibility across a multi-year cycle rather than annual.
4. **Address Economic Sustainability Through Data Collection:** Commission a statewide wage and benefits analysis across different contexts and experience levels to inform future policy decisions. Work with the Michigan Department of Labor and Economic Opportunity (LEO) to explore apprenticeship grants and rural travel or location bonuses for interpreters serving rural counties.
5. **Expand Geographic Access Through Partnership:** Foster collaboration between the Michigan Registry of Interpreters for the Deaf (MIRID), interpreter agencies, and independent contractors to develop regional networks. Build a statewide platform where assignment requests can be distributed to all potential interpreters, particularly in underserved areas like Western and Northern Michigan. Collaborate with other state agencies and policymakers to invest in interpreter training programs in underserved regions.
6. **Strengthen Oversight and Accountability Systems:** Establish a confidential, bilingual (ASL/English) grievance system and explore creating a Deaf ombudsperson role to support complaint processing and audits. Coordinate with the Michigan Department of Education (MDE) to ensure schools are providing qualified interpreters through regular audits and ongoing quality assurance for schools hiring substitute underqualified interpreters. Develop state-produced educational materials for hiring entities on their legal obligations.
7. **Support Specialized Workforce Development:** Pre-approve specialized training that satisfies endorsement requirements and establish formal mentorship standards. Partner with interpreting organizations to increase access to professional development in medical, legal, and DeafBlind specializations.

Historical Regulatory Trends in the Field

The landscape of sign language interpreting services in Michigan has evolved since the passage of the Deaf Persons' Interpreters Act in 1982, yet challenges persist in meeting the communication needs of the state's DDBHH population. It is essential to examine the evolution of such challenges in the field that have contributed to inequities and unintended barriers undermining effective communication access for DDBHH individuals.

The interpreting field has become more professionalized over the past 60 years, largely rooted in response to federal mandates like Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (Public Law 94-142). These laws have worked in tandem to protect DDBHH and other individuals with disabilities from discrimination in federally-funded programs, public services and education.

Once legal requirements for providing interpreters were established, essentially creating a minimum standard of quality, the field shifted towards professionalizing interpreters with training and certification. The professionalization of interpreting advanced significantly in 1964 with the establishment of the Registry of Interpreters for the Deaf (RID), which went on to award the first interpreter certifications by 1972.^{1,2} Federal laws did not explicitly include a definition of a “qualified” interpreter until 1990 with the Americans with Disabilities Act (ADA) and its later amendments and guidelines.

ADA Requirements: Effective Communication

“A ‘qualified’ interpreter means someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary.”³

The ADA emphasis of a qualified interpreter as the legal standard neither requires someone to obtain formal education or certification. Because the federal definition is broad, states have developed their own regulations and minimum requirements for sign language interpreters, particularly in specific settings like K-12 education, legal, or healthcare environments.⁴

While the interpreting field has developed in response to state standards in an effort to professionalize the workforce, the fragmented development of interpreter education, certification, and state regulation has led to uneven standards and access across the country.^{5,6} The MINA study findings offers insights into how these historical and structural patterns may be contributing to persistent gaps in access, quality, and interpreter workforce sustainability.

Methodology

The Michigan Interpreter Needs Assessment used a mixed-methods approach that combined surveys, focus groups, and in-depth interviews to evaluate Michigan's interpreter service ecosystem. The data collection focused on understanding current challenges and identifying solutions to make the system more equitable, responsive, and sustainable. This approach ensured broad geographic representation, inclusion of diverse voices, and alignment with state-level priorities to inform future decision-making.



Research Activities by Phase

Instrument Development (November 2024 – March 2025)

- Created survey tools and interview guides focused on interpreter quality, access, and certification.
- Solicited feedback from advisory stakeholders and piloted tools to ensure clarity and accessibility in ASL.

Data Collection (April 2025 – June 2025)

- Disseminated online survey to solicit responses from DDBHH individuals and interpreters yielding 356 responses. The survey was distributed in both English and ASL.
- Conducted 11 individual interviews and 6 focus groups statewide that included DDBHH individuals, hearing and Deaf interpreters, and interpreter educators.

Data Analysis (June 2025 - August 2025)

- Qualitative analysis of focus groups, interviews, and open-ended survey responses to identify community priorities, common concerns, key challenge areas, and proposed solutions.
- Quantitative analysis of survey responses to examine demographic and geographic representation, interpreter workforce characteristics, and trends in how DDBHH individuals access and use interpreters in their daily lives.

Disclaimers

Development of Report

The Michigan Department of Licensing and Regulatory Affairs (LARA) has partnered with Innivee Strategies to conduct this study. The data report presents findings and conclusions from an independent analysis prepared by Innivee Strategies. The findings and conclusions do not represent the opinions of LARA or the Michigan Board of Interpreters for Deaf, DeafBlind, and Hard of Hearing.

Department Efforts at Time of Publication

While participants in the MINA study raised a wide range of issues and ideas, this report highlights the most persistent and consistently identified challenges. At the time of publication, LARA had already begun addressing several of these areas including, but not limited to: revisions to administrative rules, creating greater opportunities for Deaf interpreter certification, exploring mentoring opportunities for students training to be interpreters, initiating efforts to improve test scores, increasing testing availability, and modernizing the certification management information system.

Terminology

Certain terminology may be nuanced or applied differently by Michigan's regulatory system versus the community at-large. Examples of terminology that may appear throughout this report that have varying use by community or context include, but are not limited to: *certification*, *certified*, *license*, *qualified*, *standards*, *underqualified*, *unqualified*, and *waiver*. By acknowledging these variations, this report seeks to honor both the legal definitions and the community's terms. Readers are encouraged to keep these terms in mind when reviewing this report.

2. Data Collection

Survey Participants

The online survey yielded a total of 356 responses, with **61%** (217) from the **interpreting community** combining aspiring interpreters, deaf interpreters, and hearing interpreters. The **DDBHH community** accounted for **34.5%** (123) of responses. A small group (**4.5%**) of other individuals who self-identified as family members, interpreting agency staff, interpreter educators, and CODAs (Child of Deaf Adults) were also included in the survey. Additional demographics can be found in **Appendix B: Supplemental MINA Survey Findings**.

Community Identity	Percentage	Responses
Hearing Interpreter	53.65%	191
Deaf Person	26.4%	94
Hard of Hearing Person	7.02%	25
Aspiring Interpreter	6.74%	24
Other	4.49%	16
DeafBlind/ Low-Vision Person	1.11%	4
Deaf Interpreter	0.56%	2

Table 1. Survey Question: Which of the following best describes you?

Survey Highlights - DDBHH Community

- A vast **majority (82%)** of DDBHH respondents preferred in-person access to ASL interpreters as their accommodation, making it a dominant choice over all other options.
- **1 out of 3** DDBHH individuals reported having arrived at appointments to find that no interpreter was available, despite having made prior requests for interpreter services.
- Nearly **two-thirds (64.8%)** of DDBHH respondents reported encountering issues with VRI services at least somewhat often.
- **Healthcare, education, and employment** were the top three settings DDBHH individuals use interpreters.

Survey Highlights - Interpreters

- Based on Michigan Online Interpreter System (MOIS) data from May 2025, just over **one-third (37%)** of interpreters living in Michigan responded to the MINA survey, showing a strong participation rate.⁷
- **Over half (57%)** of surveyed interpreters attended an interpreter training program in Michigan.
- Approximately **two-thirds (63.2%)** of interpreter respondents had 10+ years of experience.
- **1 in 3** interpreters reported no prior experience with DeafBlind/low vision consumers.
- Nearly **50%** of interpreters primarily work in Southeast Michigan counties.

Data Limitations

MINA was designed in collaboration with LARA to capture a valuable snapshot of Michigan's interpreting landscape. While the mixed-methods design provided a rich, multi-perspective understanding of interpreter service needs and gaps in Michigan, certain limitations should be acknowledged:

- ❖ **Stakeholders:** The project scope of work focused on the target populations of DDBHH community members and interpreters. MINA was not intended to capture broader input by additional key stakeholders such as: hiring entities, interpreting coordination agencies, service organizations, hearing consumers, or DDBHH children, as well as their parents and educators. While these perspectives are important, they were outside the scope of this project. Respondents to this project asked to directly involve these stakeholders.
- ❖ **Participation:** The project scope allowed for virtual data collection and participation; in-person data collection was not offered. Limiting participation to virtual formats may impact who was able to take part in the study. Participation also relied on voluntary responses, thus individuals with strong opinions may be overrepresented, while those with more moderate or disengaged perspectives may be underrepresented.
- ❖ **Current Landscape:** The data provides only a current snapshot of Michigan's regulatory landscape for interpreters and does not allow for comparison of service pool size or quality over time. However, it establishes an important baseline from which future data collection can track changes and measure progress.
- ❖ **Representation:** Diverse demographic representation may be lacking in areas such as gender and racial/ethnic identities for both DDBHH and interpreter groups. Additionally, the data sample included minimal perspectives from early-career interpreters and DDBHH individuals living in rural areas.

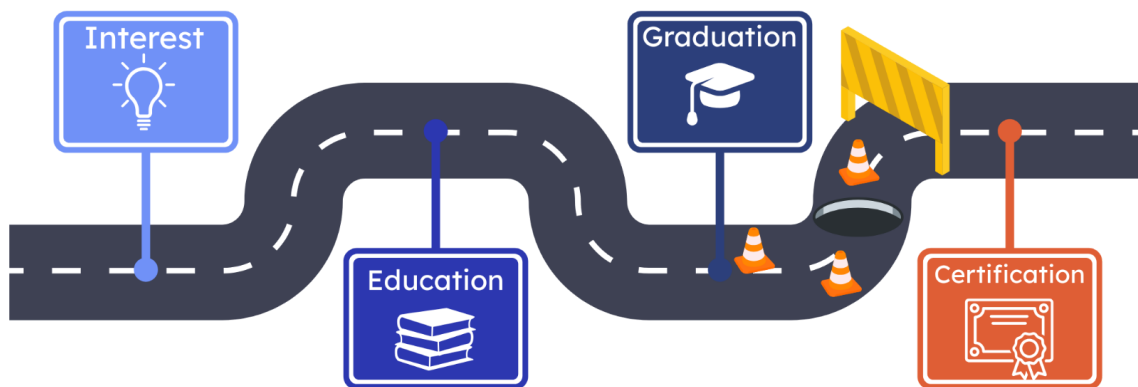
These limitations do not invalidate the findings; rather, they highlight the need for ongoing, iterative data collection that expands outreach to underrepresented groups and improves longitudinal tracking to better inform strategies and compare progress.

3. Key Challenge Areas

The following key challenge areas were identified using participant comments in individual interviews, focus group discussions, and open-ended survey questions. Themes were drawn from recurring patterns and issues that surfaced consistently between interpreters and DDBHH community members. **Interpreters** overwhelmingly identified Michigan's state certification rules and infrastructure, testing barriers, graduation-to-work gaps, and advancement into specialized work as persistent obstacles to progressing within the profession. **DDBHH** stakeholders primarily emphasized the overuse of Video Remote Interpreting (VRI) services, rural service area gaps, and the absence of accountability and enforcement from the state.

3A. Barriers to Entry: Graduation to Certification Gap

Michigan's main pathway for becoming an interpreter for most hearing individuals includes early exposure and interest, formal interpreter education, graduation, and obtaining certification. The most common barrier to entry identified by participants in the survey comments, individual interviews, and focus groups emphasized the gap between graduating from an Interpreter Training Program (ITP) and attaining certification.



Participants raised concerns that ITP graduates face multiple challenges such as limited training and preparedness, the absence of a structured pre-certification pathway to work under direct supervision, and testing barriers. Together, these challenges contributed to graduates choosing to leave the state or profession to seek opportunities.

Limited Training and Preparedness

Currently, there are four verified Interpreter Training Programs (ITPs) available in Michigan. Michigan's ITPs are located at Lansing Community College, Madonna University, Mott Community College, and Oakland Community College.^{8,9,10} Madonna University is a private institution and the only four-year program while the remaining three are two-year programs.

Participants with a vested interest in ITP programs and preparing emerging interpreters shared their concerns with the limited training available through two-year programs and additional support needed post-graduation to obtain certification. Research studies in the interpreting field have shown that graduates of two-year programs often demonstrate lower levels of readiness and slower rates of certification attainment.^{11,12} Even though two-year programs provide less comprehensive preparation for certification and practice, they continue to make up the majority of the interpreter training programs in Michigan and nationwide.⁹

Michigan's interpreting community, including many interpreter educators, identified the need to increase four-year ITP programs, formalized mentoring and supervision, and updated regulations for post-graduation/pre-certification work opportunities to support emerging interpreters.

"It's extremely difficult for students to get practice after graduation due to not having any type of licensing that allows us to interpret before being certified to give us the experience and feedback needed to pass certification exams."

- **Aspiring Interpreter**

"I believe there should be more training opportunities focused on preparing interpreters for national-level certification, such as the NIC or BEI, especially following the completion of an Interpreter Training Program."

- **Hearing Interpreter**

"I feel that Michigan does not create a compelling environment to stay in and pursue work after graduating. Nearby states like Illinois, Indiana and Ohio make it more favorable to get experience and build interpreting skills."

- **Aspiring Interpreter**

"Students cannot work without certification but cannot get experience to become certifiable."

- **Interpreter Educator**

Fact Sheet: Interpreter Training Programs

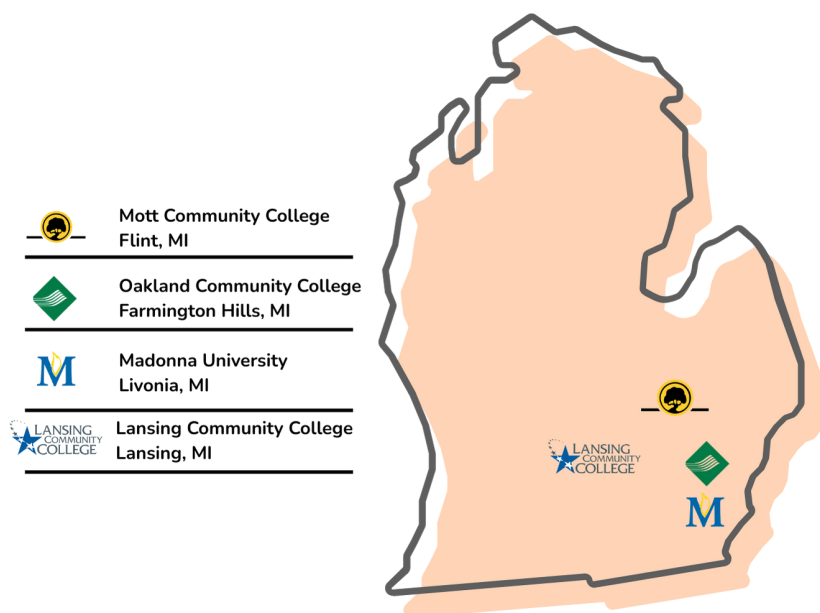
Table 2. Number of Available & Accredited ITPs: Michigan vs. National

	Michigan		National	
	ITP Programs	CCIE Accredited Programs	ITP Programs	CCIE Accredited Programs
2-Year Programs	3	1*	76	4
4-Year Programs	1	0	49	15
Graduate Programs	0	0	6	0
Totals	4	1	131	19

Data Sources: Michigan Board of Interpreters for Deaf, DeafBlind, and Hard of Hearing,⁸ Conference of Interpreter Trainers,⁹ and Commission on Collegiate Interpreter Education.¹⁰

*Oakland Community College is the only CCIE-accredited program in the state of Michigan and one of four two-year programs in the nation.

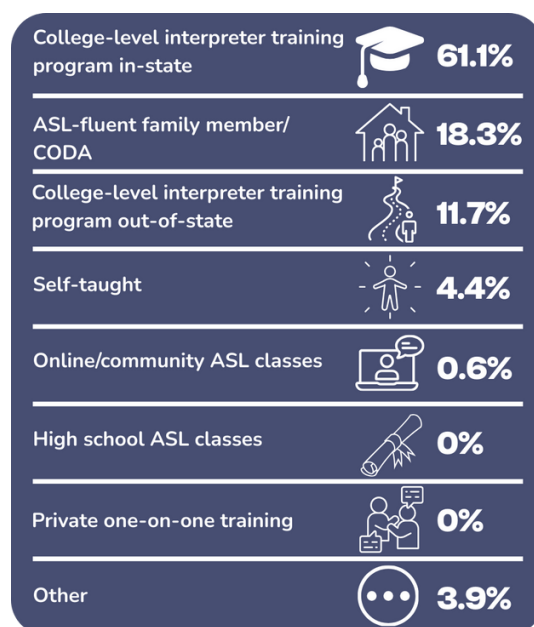
Figure 1. Geographic Distribution of ITPs in Michigan



Data Sources: Michigan Board of Interpreters for Deaf, DeafBlind, and Hard of Hearing,⁸ Conference of Interpreter Trainers.⁹

Note: There were no available ITPs in the Upper Peninsula of Michigan at the time of publication.

Figure 2. Where Interpreters Received Their Training



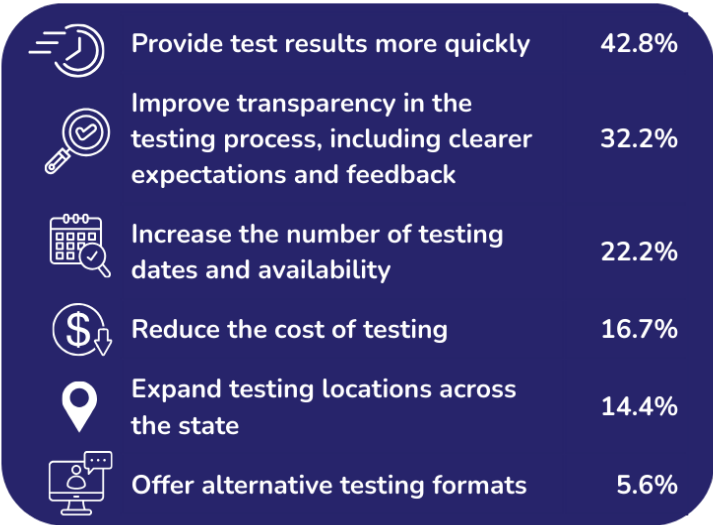
Data Source: MINA Survey Question: Where did you receive your training for ASL interpreting?

Testing Barriers

Once a student graduates from an ITP, the next step on the pathway is to obtain certification by successfully completing one of three testing pathways that Michigan relies on for first-time credential holders: Registry of Interpreters for the Deaf (RID), Michigan’s Board for Evaluation of Interpreters (BEI), or the Educational Interpreter Performance Assessment (EIPA). While multiple testing pathways open opportunities for interpreters to prove their knowledge and skills, participants expressed their growing concerns with the complexity and variability of each test causing unintentional barriers for entry-to-practice.

When interpreters were surveyed on what improvements they would like to see in the state testing process, **nearly half of respondents (42.8%) wanted to see test results to be provided more quickly.** Other priorities included improved transparency in the testing process including clearer expectations and feedback (32.2%) and to increase the number of testing dates and availability (22.2%). Survey comments and interviews more specifically and repeatedly cited improvements needed for scheduling testing dates for BEI exams through the state, accessing EIPA exams in Southeast Michigan, and more timely results from BEI, RID, and EIPA performance exams.

Figure 3. Survey Question: What improvements would you like to see in your state’s ASL interpreter testing process?



Evidence from testing entities further validates recent trends in testing result delays. For example, between 2022-2024 RID’s testing administrator was in a beta testing period for both the National Interpreter Certification (NIC) and Certified Deaf Interpreter (CDI) performance exams.¹³ During this time, testing candidates experienced delays in results ranging between 1-2 years. Between 2024-2025, EIPA has acknowledged its own delays in results with an average turnaround time for grading performance exams reported around one year.^{14,15}

In addition to concerns about testing availability and result timelines, participants frequently shared frustrations about the BEI exams and the expectations surrounding successful performance, particularly with the BEI Advanced exam. According to recent Michigan BEI data, 33% of candidates passed the BEI Basic while only 13% passed the BEI Advanced.⁷ Participants pointed to a variety of concerns with the BEI exams including perceived lack of transparency around how the exams are scored, the reliability of raters, and the absence of meaningful feedback after unsuccessful attempts. Interpreters from all stages in their career desired more test preparation resources and constructive feedback on which skill areas are commonly weak among test-takers to strengthen their competencies in practice.

Testimonials

"Results for educational interpreting tests are taking a year to grade. This is resulting in students working other jobs and leaving the field."

- **Hearing Interpreter**

"There is a lot of doubt amongst interpreters on the validity and scoring/grading structure...In truth, many of us feel distrust towards the exam."

- **Hearing Interpreter**

"I would love better/more detailed feedback on the BEI cert. exams to guide my deliberate practice."

- **Hearing Interpreter**

Unique Challenges for Deaf Interpreters

While the above barriers to entry are typical of aspiring hearing interpreters, participants also emphasized major challenges unique to aspiring Deaf interpreters such as limited access to formal training and certification pathways. Most training opportunities that are focused on Deaf interpreters were mentioned as out-of-state or short term workshops only. While there are multiple certification and testing pathways available for hearing interpreters, respondents highlighted that there is only one pathway available for Deaf interpreters in the state through the RID Certified Deaf Interpreter (CDI). Additionally, Michigan's existing state-certified Deaf interpreter pool is small with some who are not residents of the state leaving little opportunity for in-state mentorship, support, and supervision.

Testimonials

"It's very hard to find interpreters- especially CDIs. CDIs are critical for communication access and a huge need- we simply do not have enough."

- **Deaf Community Member**

"Very limited opportunities to expand the pool of CDIs. Many Deaf want to become CDIs but have no idea where to start."

- **Deaf Community Member**

"The only way to get certified is through RID for CDI, BEI does not recognize Deaf interpreters. BEI also does not require a BA degree, but hearing interpreters can get a BEI with only an AA. Meaning there are higher restrictions for Deaf people to have a BA degree in Michigan - and it's tough for deaf people to get a BA degree in Michigan!"

- **Deaf Community Member**

"There is a lot of potential in Michigan to find opportunities to create mentoring for CDIs- the problem is that many hearing interpreters don't know how to work with CDIs."

- **Deaf Community Member**

Community Proposed Solutions

Regulatory Infrastructure Improvements

- Simplify eligibility framework for internship practice opportunities and provisional work opportunities for pre-certified interpreters
- Establish alternative pathway for Deaf interpreters outside of the RID CDI
- Develop online portal system for applications, renewals, endorsement submissions, and CEU tracking
- Create flexible CEU cycles, moving from annual to longer renewal periods
- Update BEI TEP eligibility for ITP students to take prior to graduation

Testing & Certification Support

- Expand testing dates and locations to reduce wait times including access to EIPA testing in Southeast Michigan and increase the amount of testing dates for BEI performance exams
- Provide more detailed feedback on BEI exams, especially for BEI Advanced candidates
- Offer test preparation and informational sessions, with priority focus on BEI exams.
- Create pre-approval process for continuing education that satisfies endorsement requirements
- Develop in-state professional development opportunities for test preparation and specialized skills

Formal Training & Mentorship Programs

- Invest in Interpreter Training Programs in underserved regions of the state and increase four-year program options through public universities
- Investigate formal mentorship programs, including structured apprenticeships or residency-style supervision models, similar to other practice professions, for emerging interpreters
- Establish paid mentorship opportunities for specialized endorsements (medical, legal, DeafBlind)
- Create regional mentor networks to ensure availability across the state

3B. Video Remote Interpreting Accessibility

Participants reported that Video Remote Interpreting (VRI), while useful in limited contexts, has become the default solution in healthcare settings—causing significant communication barriers, especially for DeafBlind and low-vision individuals (See *Challenges in Specialized Settings: DeafBlind*). Nearly two-thirds of DDBHH individuals reported frequent malfunctions when using VRI services.

65% of DDBHH survey respondents reported encountering issues with VRI services at least somewhat often.

The over-reliance with ineffective and unreliable VRI services could cause violations of DDBHH patients' rights and potential medical errors. DDBHH respondents described technology failures resulting in **delayed or denied access to medical appointments, advocacy fatigue, and resulting avoidance to healthcare services altogether.**

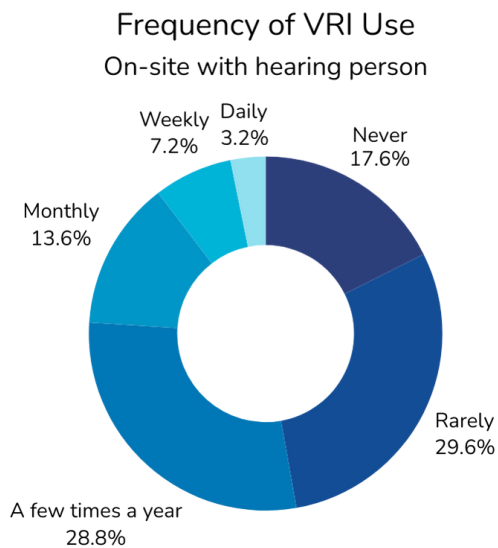


Figure 3. Survey Question: How often do you use VRI services where you and the hearing party are in person but the ASL interpreter is participating virtually on a screen?

Frequency of VRI Issues Encountered

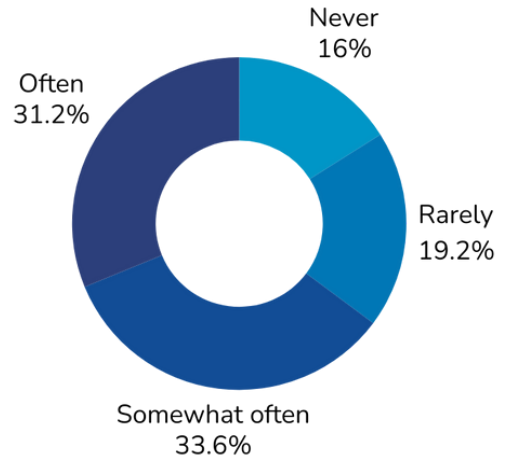


Figure 4. Survey Question: How often do you encounter issues utilizing Video Remote Interpreting (VRI) where there is an ASL interpreter on the computer screen?

Testimonials

"The state needs to update/enforce every doctor and health center staff on understanding how to get an interpreter..."

- **Deaf Community Member**

"Hospitals/doctor offices feel using VRI works for "ALL" and the Deaf person has no choice in the decision making."

- **Community Member**

"Organizations are forcing us to use VRI. It's our decision to use live in person interpreter. They know they can get away cuz there no 'enforcement' regulations in the rules."

- **Deaf Community Member**

"ADA law entitles me to get or have qualified ASL interpreter but yet they still do not understand why VRI doesn't work effectively all the time. They [doctors/nurses] do see the freezing, blurry pictures and delayed communications...but they still say they have no choice. Getting frustrated trying to educate them and yet they don't listen!"

- **Deaf Community Member**

Community Proposed Solutions

Healthcare System Accountability

- Establish clear protocols for healthcare institutions to prevent inappropriate VRI use, particularly for DeafBlind individuals
- Create systematic audit process for healthcare facilities on qualified interpreter compliance
- Develop consequences and enforcement mechanisms for VRI misuse

Provider Education & Training

- Mandate annual training for all healthcare professionals and staff on working with DDBHH patients and qualified interpreters
- Create state-produced educational materials for healthcare entities on their legal obligations
- Provide training on recognizing when in-person interpreters are medically necessary

System Improvements

- Address hospital exclusivity contracts that limit interpreter options for DDBHH patients
- Expand pool of interpreters with medical and mental health endorsements through targeted professional development

3C. Regulatory Accountability & Oversight

The regulatory context in Michigan is extensive, and many survey participants gave accolades to the state for maintaining quality standards for interpreters. At the same time, both DDBHH individuals and interpreters emphasized the need for systematic oversight beyond credential checking. A consistent concern was the lack of accountability for hiring entities, particularly in schools and healthcare settings, which has led to inconsistent practices statewide. Without formal authority, interpreters and DDBHH individuals are often left to educate or advocate for improvements to the systemic oversight. These advocacy efforts rarely resolve continued denials of services or the assignment of unqualified interpreters. Many DDBHH individuals expressed frustration over the ongoing burden to advocate for their interpreting access needs.

A particular point of contention is the use of waivers to justify interpreters working outside of their qualified scope. When referring to interpreters working in schools, participants described individuals being hired to serve as interpreters without meeting the state's minimum EIPA 4.0 requirement. They also described individuals who score between a 3.5-3.9 (aka "a substitute underqualified" interpreter) or even those with no credentials at all, as being permitted to interpret. In this context, the term "waiver" was used to describe those lacking minimum qualifications altogether or some credentials but below the minimum standard. Similarly, DDBHH individuals reported being asked to sign waivers when interpreters lacked the proper state endorsement (e.g., medical/mental health or DeafBlind). These practices are perceived to undermine the quality assurance and the integrity of the profession by shifting the burden of risk onto the community, rather than ensuring compliance by hiring entities.

To address these ongoing concerns, participants called for greater authoritative guidance and enforcement from the state directed at hiring entities. In addition to stronger oversight, participants recommended a responsive and anonymous complaint system to track both interpreter misconduct and service provision failures by hiring entities. Another proposed solution was for the state to conduct regular audits, especially of school districts and schools hiring substitute underqualified interpreters, and healthcare facilities for VRI compliance. Strengthening enforcement mechanisms were widely seen as necessary steps to protect access and uphold professional standards.

Testimonials

“While the interpreting quality in Michigan is better than most states due to the licensing standards, it is hard to find interpreters with ethical standards that align with the interpreting code of ethics.”

-Deaf Community Member

“Many entities still don’t understand that interpreters are accommodations, not optional services. Some suggest patients pay for their own interpreters or assume that family members can serve as interpreters.”

- Deaf Community Member

“There is a lack of oversight on agencies for the people and their skill set that are being sent out on these assignments, as well as ethical violations, which tarnish the reputations of interpreters to those in the Deaf community and foster a culture of mistrust.”

-Hearing Interpreter

Community Proposed Solutions

Complaint & Reporting System

- Establish confidential grievance process accessible in both English and ASL
- Hire Deaf ombudsperson position at the state to support complaint processing and outreach
- Create responsive system for addressing both interpreter misconduct and service provision failures by hiring entities

Educational Resources & Outreach

- Develop state-produced materials for hiring entities on obligations to provide qualified interpreters
- Create training for DDBHH consumers on their rights and how to recognize qualified interpreters under state law
- Establish clear guidance on rule enforcement for different settings

Enforcement Mechanisms

- Conduct regular audits of school districts
- Implement systematic oversight of healthcare facilities for VRI compliance
- Create authoritative guidance from state directed at hiring entities on rule enforcement

3D. Regional Disparities in Access

Across Michigan, access to sign language interpreters was reported to vary drastically depending on the geographic region of the state. Southeast Michigan benefits from a higher concentration of interpreters which likely stem from the proximity to urban environments, access to interpreter training programs, and a larger presence of DDBHH residents. Regions like Western and Northern Michigan were described as “service deserts” that experience persistent shortages limiting timely access to quality interpreting services. Regional disparities resulted in **delayed or denied services, limited community engagement, and a lack of equitable communication access** in healthcare, education, legal, and everyday life contexts.

Geographic challenges were reported to be rooted in lack of regional infrastructure for coordination of interpreting services, travel barriers deterring interpreters from more populous regions from taking jobs in rural areas, and lack of available interpreter training programs in rural areas to create a pipeline of locally sourced interpreters. Given the severe shortage and high demand in Western Michigan, a separate dedicated needs assessment may be warranted to further investigate root causes and proposed solutions such as financial incentives, interpreter education programs, and regular tracking of service availability in the region.

According to surveyed interpreters, the top five counties of residence include Oakland (22%), Wayne (7.9%), Genesee (7.3%), Ingham (6.3%) and Macomb (5.8%). This accounts for nearly half of interpreters (49.3%) concentrated in the Southeastern Region across 5 neighboring counties.

Where Interpreters Primarily Work by Region

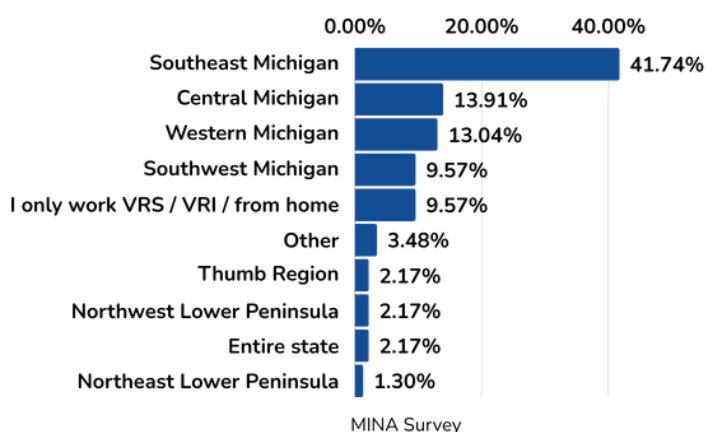


Figure 5. Survey Question: What area of the state do you primarily provide interpreting services in?

Interpreter Commute Hours per Week

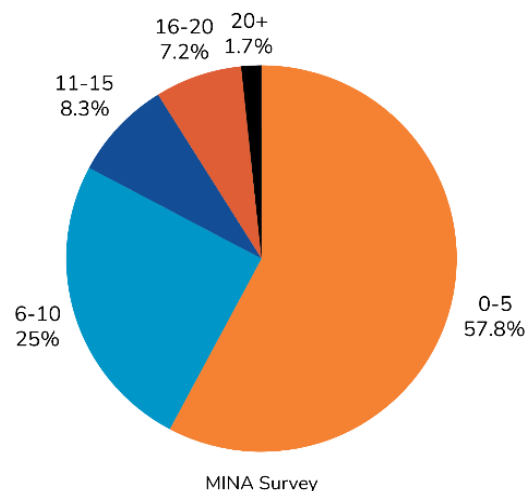


Figure 6. Survey Question: On average, how many hours per week do you spend commuting to interpreting assignments?

Testimonials

"I was forced to complete my entire associate's degree program without an interpreter. The college contacted an interpreting agency but they couldn't find anyone. Even when I provided several agency contacts, they still couldn't find an interpreter. My degree had to be self-taught due to no interpreter availability in my county to access my classes."

-Deaf Community Member

"I am one of two interpreters that service my area...I am past retirement age and will be ending my career soon. The need is great. I do not feel I can leave a deaf community without services."

-Hearing Interpreter

"The Qualified Interpreter Program was supposed to improve services for the Deaf Community. However, it has caused undue hardships and added barriers to language access, especially in rural areas of the state."

-Community Member

Community Proposed Solutions

Geographic Expansion Initiatives

- Provide travel stipends, mileage reimbursement, or location bonuses for interpreters serving rural counties
- Consider state tax credits or student loan forgiveness for interpreters committing to designated shortage areas
- Invest in interpreter education programs in underserved regions, particularly Western and Northern Michigan

Infrastructure Development

- Establish regional hubs or interpreter networks in underserved areas with centralized scheduling
- Create statewide interpreter request databases for real-time matching to rural assignments
- Encourage shared staffing models or agency partnerships across regions

Local Capacity Building

- Provide scholarships for rural residents to complete interpreter training with commitment to return to their areas
- Support expansion of existing interpreter education programs to serve broader geographic regions
- Develop distance learning options for interpreter education in remote areas

3E. Unsustainable Interpreter Economics

Across survey comments, interviews, and focus groups, interpreters and DDBHH community members are concerned with the growing shortage of available interpreters both qualified, and specialized interpreters. The shortage of qualified interpreters in Michigan mimics a national trend in the interpreting field that has struggled to keep pace with the rising demand for services. DDBHH respondents shared how they have faced the shortage of qualified interpreters in their day-to-day experiences while interpreters offered reasons they find the profession increasingly unsustainable in Michigan.

Interpreting Years of Experience

0 - 3 YEARS 8.3%
4 - 7 YEARS 10%
8 - 10 YEARS 13.9%
10+ YEARS 67.8%

Figure 7. Survey Question: How many years of interpreting experience do you have?

Interpreter Retirement Timeline

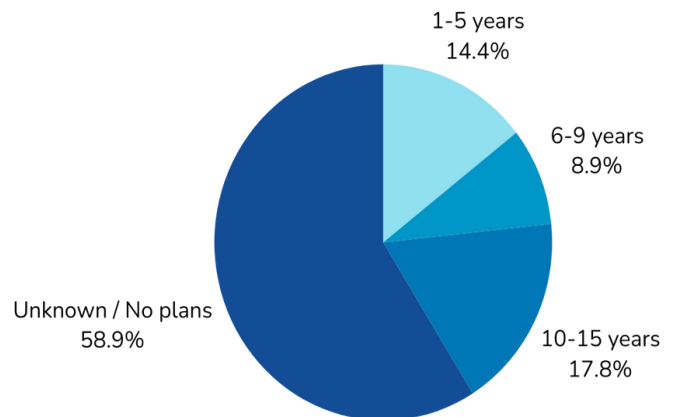


Figure 8. Survey Question: How long do you anticipate remaining in the ASL interpreting field?

The MINA survey revealed an experienced, but aging, interpreting workforce with two-thirds (67.8%) of interpreters surveyed having 10+ years of experience in the field, with 1 in 3 interpreters over the age of 51. Interpreters in mid- to late-career are more likely to have the advanced skills and credentials needed for high-risk settings. However, with expertise concentrated in a shrinking workforce risks the loss of institutional knowledge could leave a widespread gap in mentoring and specialized skills. When asked how long interpreters anticipated remaining in the field, nearly **1 in 4 interpreters (23.3%) indicated they plan to leave the field within the next 10 years**. Without a strong incoming pipeline, the state risks losing a substantial portion of its qualified specialist interpreter pool.

Over half of interpreters surveyed identified access to **professional development opportunities (52.8%)** and **increased pay or benefits (50.6%)** as the most critical supports needed to sustain and grow their careers in Michigan. This shows that interpreters are eager to grow professionally, but need systems that make advancement economically viable. Desired professional development ranged from topics that help support regulatory minimum requirements and foundational skills. Topics such as test preparation, ethics, specialized skills (K-12, legal, DeafBlind), and formal mentoring programs were among the most frequently mentioned among interpreters.

Interpreter Identified Resource Priorities



Figure 9. Survey Question: What resources do you feel would most support you or your ASL interpreting practice?

Tensions around interpreter compensation surfaced as an area of disagreement between DDBHH individuals and interpreters. Some DDBHH individuals perceived interpreter rates as excessively high and questioned the justification for such costs. In contrast, many interpreters expressed concern that pay rates are below regional standards and are not commensurate with their training, credentials, experience, or the financial costs of maintaining their practice (e.g., continuing education, travel, testing). Interpreters also noted that hiring entities and interpreter coordination agencies were also a barrier to fair wages, citing overuse of unqualified or underqualified interpreters that inadvertently drove down competitive rates. Other wage-related concerns included limited or no compensation for travel/mileage to rural areas, last-minute cancellations without pay, and other unsupportive business practices. This divide highlighted the need for greater transparency and mutual understanding, including a more structured framework that outlines comparable compensation for interpreters.

Testimonials

“There is a national shortage of interpreters. We need to generate awareness and find ways such as grant opportunities to attract, prepare, and retain more interpreters in the field, especially interpreters of color.”

- **Community Member**

“There is no agreement on the type of compensation interpreters receive. Therefore, there are a lot of agencies out there that are bidding low, thus driving down the expectation of the cost of providing ASL interpreters. Often, these are the agencies that hire recent ITP graduates or individuals who have been mentored but lack the experience or qualifications to interpret at the levels and assignments for which they are.”

- **Hearing Interpreter**

"I am concerned about the significant increase in the shortage of interpreters over the next 5 to 10 years, as many interpreters will retire. We do not have enough interpreters to replace them. Additionally, as the shortage of interpreters grows, there will be increased reliance on VRI, which may lead to a decrease in the quality of service. This is because more interpreters will be sourced from outside the state and may not be familiar with local context information, such as city names."

- **Deaf Community Member**

"I'm a strong proponent of a fee schedule that honors and recognizes the years of credentialed service as well as education..."

- **Hearing Interpreter**

Community Proposed Solutions

Workforce Sustainability

- Conduct statewide wage and benefits analysis comparing interpreter compensation across contexts, experience levels, and credentials
- Address hiring entity and agency practices that undermine fair compensation
- Create transparent framework outlining comparable compensation standards for interpreters

Professional Development Investment

- Increase access to high-quality professional development opportunities within Michigan
- Provide financial support for interpreters pursuing specialized training and endorsements
- Establish formal continuing education programs that satisfy requirements

Recruitment & Retention

- Offer financial incentives for interpreters willing to serve in shortage areas
- Create career advancement pathways that make specialization economically viable
- Develop succession planning to address upcoming retirements and knowledge transfer

3F. Challenges in Specialized Settings

Findings revealed challenges across specialized settings, particularly in areas where communication access for DDBHH community members is most vulnerable. **Healthcare settings** emerged as a dominant category where training or interventions may be necessary to ensure effective communication. **Two-thirds of all survey respondents** ranked healthcare facilities as the top priority for greater education and awareness about communicating with the DDBHH community. DDBHH individuals also ranked healthcare as the setting where they most frequently use interpreters, while interpreters ranked among their top three primary work environments.

Deaf Awareness Training Most Needed
Top 5 Settings

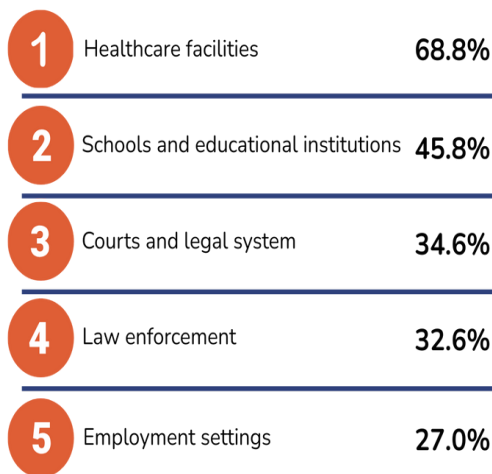


Figure 10. Survey Question: In which settings do you feel most education is needed on communicating with the Deaf Community.

Interpreter Primary Work Setting

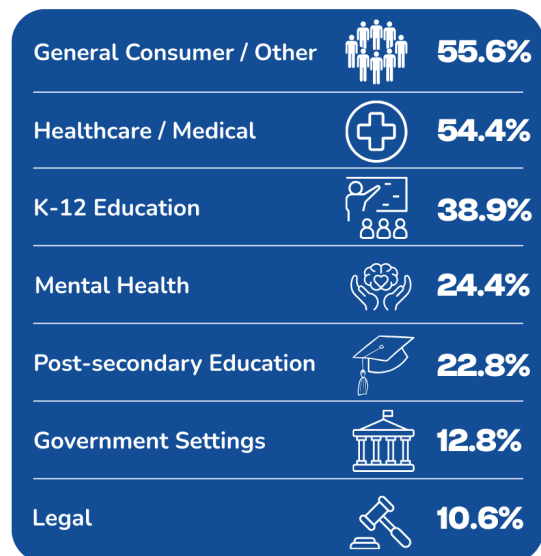


Figure 11. Survey Question: Choose the top 3 settings where you provide the majority of your ASL interpreting services.

Interpreter Use By Setting

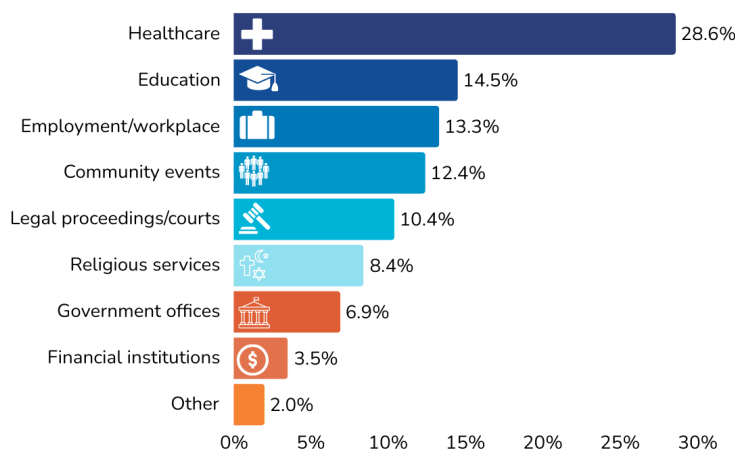


Figure 12. Survey Question: In what settings do you most often use an ASL interpreter?

Common Barriers to Interpreter Specialization

Interpreters shared significant challenges when seeking to specialize in high-risk settings such as obtaining Michigan's endorsements to work in medical/mental health and legal settings or working with DeafBlind consumers. Interpreters generally reported that the required endorsements were difficult to obtain. Examples of common specialization concerns:

- Lack of clarity on the approval process for what professional development opportunities will satisfy endorsement requirements or how to pre-approve training.
- Lack of specialized training and professional development opportunities within the state. Many have to seek training outside of Michigan without financial support.
- Lack of a centralized, online system to track the minimum number of specialized training hours to satisfy the endorsement continuing education cycle.

Challenges in meeting specialized skills without respective infrastructure may result in fewer interpreters pursuing or maintaining these credentials, which could further narrow the pool of qualified interpreters in these critical service areas. Because Michigan requires specialized endorsements for certain settings, interpreters pointed to three settings that they experienced pressing challenges: K-12 education, healthcare, and legal settings. Additional challenges for DeafBlind interpreting, in a variety of settings, will also be expanded upon due to its specialization.

K-12 Education

Education was reported as a top concern for ensuring access to qualified interpreters. Many respondents called for accountability and oversight of school districts who employ individuals with no credentials or substitute underqualified credentials. Schools may be hiring individuals who are not qualified for their role with no formal credentials by also classifying hired staff as paraprofessionals as a means to bypass regulatory requirements for K-12 educational interpreters. According to the National Association of Interpreters in Education (NAIE), this common strategy avoids hiring individuals who meet state interpreter standards or paying them comparable wages.¹⁶ This practice may conflict with IDEA and ADA requirements or further compromise a DDBHH student's access to effective communication.

Top Concerns

1. Shortage of qualified educational interpreters to meet demands in rural areas.
2. No direct supervision of substitute underqualified interpreters or inexperienced interpreters (e.g. recent graduates of ITPs) to ensure DDBHH student access.
3. Lack of accountability of school districts hiring unqualified or underqualified interpreters.
4. Lack of oversight when school districts hire staff under the paraprofessionals category doing the same work as interpreters to avoid educational interpreter requirements.
5. Need for ongoing availability of specialized training for all interpreters working in K-12 education.

Community Proposed Solutions

Regulatory Enforcement

- Update rules and regulations regarding interpreters working in K-12 settings
- Create oversight system to prevent schools from hiring unqualified staff as "paraprofessionals"
- Establish accountability measures for districts hiring substitute underqualified interpreters

Workforce Development

- Provide supervision and mentorship for recent graduates entering K-12 educational interpreting
- Increase availability of specialized training for educational interpreters
- Address shortages through targeted recruitment in rural areas

Healthcare

In healthcare environments, the misuse of VRI and shortage of qualified in-person interpreters put the safety, informed consent, and emotional well-being of Deaf patients at severe risk. DDBHH individuals reported frequent encounters of inaccessible communication. Participants described experiences of long hospital stays without access to interpreters, being denied information about medications, and enduring traumatic treatment due to communication failures.

Even when a qualified interpreter is available with proper endorsements, hospitals may be limiting their interpreter pool with exclusivity contracts for interpreting services. The risks of adverse health outcomes may be primarily attributed to the lack of accountability on healthcare institutions to comply with accessibility laws, and the need to increase the pool of interpreters with medical and mental health endorsements.

Top Concerns

1. Over-reliance of VRI services with insufficient oversight or consequences for noncompliance.
2. Lack of healthcare provider training on DDBHH communication needs and working with interpreters.
3. Hospital exclusivity contracts limiting options for DDBHH patients accessing interpreters who best meet their communication needs.
4. Limited pool of interpreters with medical/mental health endorsement, especially in rural areas.
5. DDBHH individuals reported multiple times of appointment cancellations due to no qualified interpreters, and particularly with those who require interpreters with the DeafBlind endorsement. Postponed appointments were also not guaranteed interpreters and the cycle continues, delaying access to healthcare for months at a time.

Community Proposed Solutions

Service Access & Quality

- Expand pool of interpreters with medical and mental health endorsements through targeted training
- Improve coordination efforts to address appointment cancellations due to interpreter unavailability
- Ensure access to DeafBlind-endorsed interpreters for specialized medical needs

System Reform

- Implement oversight of VRI services with clear protocols for appropriate use
- Address hospital exclusivity contracts limiting interpreter choice
- Create consequences for healthcare providers who repeatedly fail to provide adequate communication access

Legal

Legal settings is another critical area with a shortage of interpreters with endorsements who can provide effective communication access. Michigan's legal endorsement either requires an interpreter to have a specialized legal interpreter certification or pursue a set of alternative qualifications (i.e. upper-level generalist certification, degree, training, observation/mentoring hours). The specialist certification pathway includes RID's SC:L or CLIP-R, both of which have been in moratorium since January 1, 2016. Interpreters seeking the legal endorsement's alternative pathway have experienced issues finding available mentors, conflicts with scheduling required observation hours, loss of income to obtain required hours voluntarily, etc. Interpreters also reported legal interpreting training opportunities for ASL interpreters were mostly available out-of-state, which exponentially increased the costs to attend. DHHDB community members reported concerns and experiences with the shortage of legal-endorsed interpreters. They emphasized the lack of qualified interpreters was "very disempowering" and created barriers to fully participating in their own cases.

Top Concerns

1. Lack of clarity on legal training pre-approval process and the need for a list of already-approved legal training.
2. Limited pool of interpreters with legal endorsement to serve statewide needs.
3. Difficulty with scheduling required hours for satisfying legal endorsement with willing and available mentors.
4. Ability to afford giving up work to obtain required observation/mentoring hours for endorsement, especially for full-time employees.
5. High costs of out-of-state training to satisfy requirements with minimal opportunities in-state for legal interpreting skill development.

Community Proposed Solutions

Endorsement Process Improvement

- Create clear guidance and pre-approval process for legal training requirements
- Develop list of pre-approved legal training opportunities
- Establish structured mentorship program with available legal mentors and scheduling flexibility

Capacity Building

- Expand pool of interpreters with legal endorsements through in-state training opportunities
- Address high costs of out-of-state legal training through financial support
- Create pathways for interpreters to afford required observation and mentoring hours

Professional Development

- Increase availability of legal interpreting skill development within Michigan
- Provide clarity on minimum criteria for training hours to satisfy endorsement requirements
- Support interpreters in balancing full-time work with endorsement requirements

DeafBlind

While Michigan's endorsement framework places DeafBlind interpreting alongside other specialized areas, such as medical and legal, the DeafBlind community faces distinct and layered barriers to access. DeafBlind individuals consistently reported that finding qualified interpreters with the DeafBlind endorsement and other specialized endorsements is far more difficult. Even when an interpreter is secured, many arrive unprepared or uncomfortable with providing tactile interpretation, forcing DeafBlind individuals to either educate interpreters on the spot or, in some cases, proceed without full access. Survey data among interpreters showed that over two-thirds reported either never (35%) or only rarely (33%) interpreted for DeafBlind or low-vision individuals.

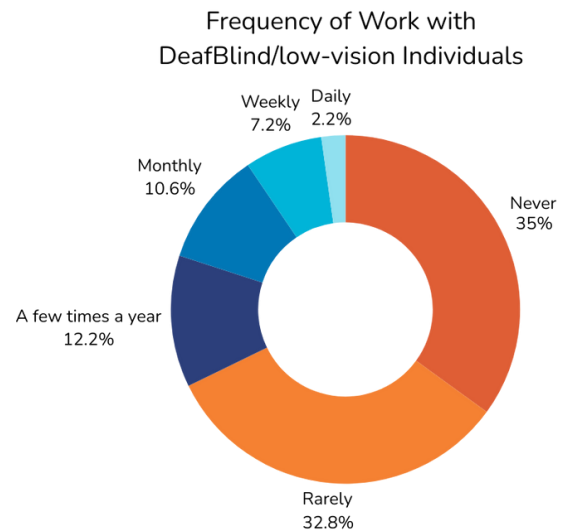


Figure 13. Survey Question: How often do you interpret for DeafBlind or low vision individuals?

DeafBlind participants emphasized how repeated barriers continue to create exhaustion, missed healthcare appointments, job instability, and exclusion from community participation. One participant noted how access challenges have been compounded with changes to Michigan's former infrastructure for DeafBlind services leaving minimal staffing within the Bureau of Services for Blind Persons (BSBP). Most DeafBlind individuals had experienced misuse of technologies like VRI, which is ineffective for many DeafBlind individuals. These barriers mirror broader shortages in specialized interpreters but are uniquely magnified for DeafBlind consumers. Without systemic reforms in interpreter training, endorsement clarity, and service coordination, DeafBlind residents remain among the most underserved populations in the state's interpreting system.

Top Concerns

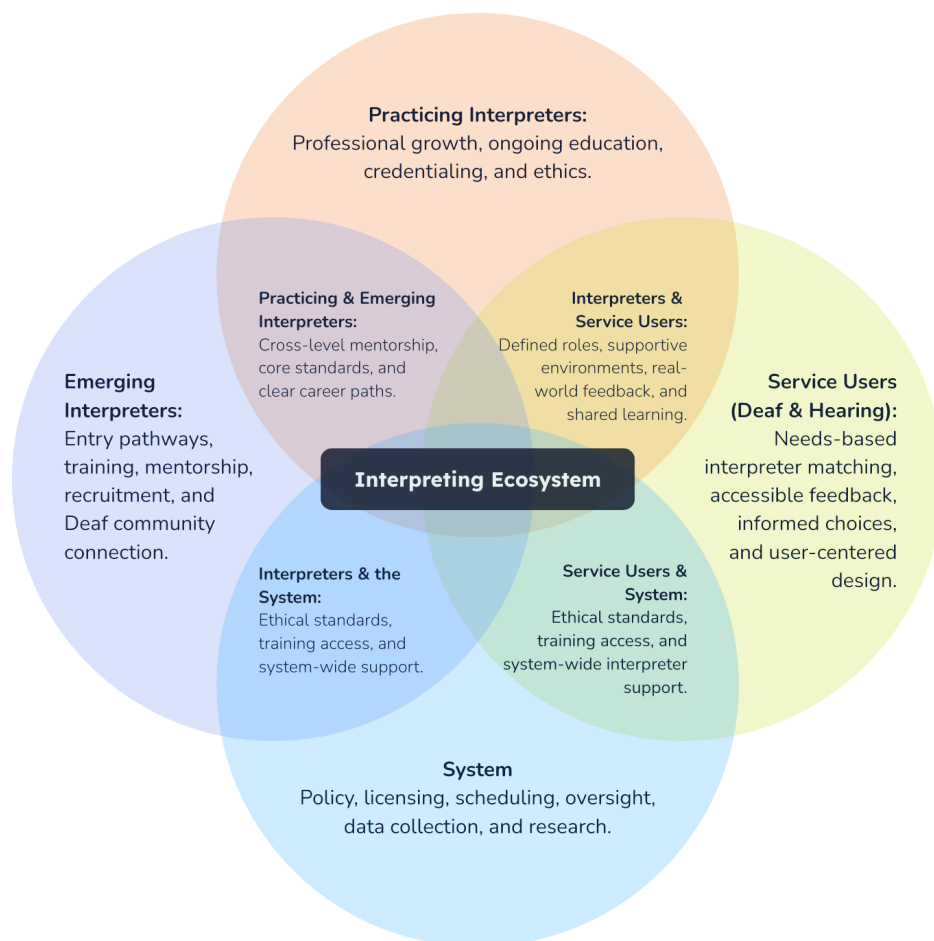
1. Routine medical or legal appointments often face 3–6 month delays or frequent cancellations due to the lack of DeafBlind-endorsed interpreters.
2. Many interpreters claim readiness to serve DeafBlind individuals but are not fully prepared, leading to ineffective communication and requiring consumers to train interpreters in real-time.
3. Hospitals, agencies, and service providers frequently attempt to substitute VRI in place of in-person interpreters for DeafBlind individuals that require tactile communication.
4. BSBP has minimal staff to serve the entire state, leaving consumers without reliable advocacy or coordination.
5. Interpreters often lack understanding of varying degrees of blindness and DeafBlind culture (e.g., tactile vs. close vision needs, CHARGE syndrome vs. Usher's syndrome), resulting in mismatched or inadequate services.

4. Creating a Healthy Sustainable Workforce

Interpreting Ecosystem Framework

Innivee Strategies has developed an Interpreting Ecosystem Framework as a way to assess the overall health, sustainability, and equity of a state's interpreting system. Rather than describing interpreter quality as the outcome of a single policy or program, the framework emphasizes that it is the result of multiple, interconnected components working together like an ecosystem.¹⁷ The model is built around four pillars: emerging interpreters and pipeline development, practicing interpreters and workforce sustainability, service and access quality as experienced by DDBHH and hearing users, and a coordinated system of accountability. When these pillars are aligned, they reinforce one another to create a stronger and more sustainable interpreter system.

Figure 14. Interpreting Ecosystem Framework¹⁷



The framework provides a context to understand how different parts of Michigan's interpreting system can work together to support maintaining quality interpreting services. A healthy ecosystem depends on strong regulatory infrastructure, meaningful accountability, sustainable workforce development, and informed consumers and hiring entities. It also represents how gaps in one area can create ripple effects across the whole system. For example, if Michigan's pipeline of new interpreters is limited by inconsistent training and education, or no pathways to continue building their skills post-graduation, the qualified interpreter workforce shortage can widen causing unintended consequences on DDBHH consumers experiencing delayed or ineffective services.

Similarly, when interpreters lack mentorship, sustainable pay, and access to training for specialized settings, outcomes could lead to burnout or limit interpreter availability to serve in critical settings such as healthcare, K-12, or DeafBlind access. Finally, without coordinated, centralized oversight and accountability, Michigan's policies may unintentionally burden consumers with enforcement rather than the state. By approaching the system holistically, Michigan has an opportunity not just to address shortages, but to strengthen every part of the ecosystem in a sustainable way.

5. Conclusion

The Michigan Interpreter Needs Assessment confirms that Michigan's interpreting system has many strengths from the state's existing legal structure and regulatory framework, strong existing community of interpreters, interpreter education programs, and a diverse DDBHH community to lean to for expertise.

Innivee Strategies extends its gratitude to everyone in the Michigan Department of Licensing and Regulatory Affairs; Michigan Board of Interpreters for Deaf, DeafBlind, and Hard of Hearing; and Bureau of Community Health Systems for their investment in the needs assessment. Innivee Strategies shares its sincere thanks to all the community members who shared their honest and raw opinions, experiences, and courageous perspectives that made this project possible. Our team is grateful to those who were involved in this project for their continued commitment to equitable access and positive change.

Appendix A: List of MINA Survey Questions

ALL SURVEY RESPONDENTS

- Which of the following best describes you?
- What is your primary language of use?
- Which county do you live in?
- What is your age?
- Which race/ethnicity do you most identify with?
- Please select the gender identity that best fits you.
- What is your current employment status?
- What is the highest level of education you have completed?
- Generally, what is the relationship between the Deaf community and ASL interpreters in your state?
- What else would you like us to know about your experiences, concerns, and ideas about ASL interpreting services in your state? Respond in ASL, spoken, or written English.
- In which settings do you feel more education is needed on communicating with the Deaf community?

DDBHH + DEAF INTERPRETERS ONLY

- When communicating with hearing people, what are your preferred accommodations?
- In what settings do you most often use an ASL interpreter?
- How often do you use Video Remote Interpreting (VRI) services where you and the hearing party are in person but the ASL interpreter is participating virtually on a screen?
- How often do you encounter issues utilizing Video Remote Interpreting (VRI) where there is an ASL interpreter on a screen?
- Imagine that all service providers in your area have Video Remote Interpreting (VRI) technology, equipment, and internet connectivity that works smoothly and reliably. In which situations would you prefer to use VRI instead of another communication method or accommodation?
- Based on your experience and observations of the skills among ASL interpreters in your state, how would you rate the quality of the interpreter pool?
- When making a request for ASL interpreting accommodations, how confident are you that you will get your request filled?
- When you make a request for ASL interpreting accommodations, how confident are you that your request will be filled with an ASL interpreter that will satisfy your needs and/or meet your expectations for quality?
- What challenges do you encounter when requesting an ASL interpreter?

INTERPRETERS ONLY

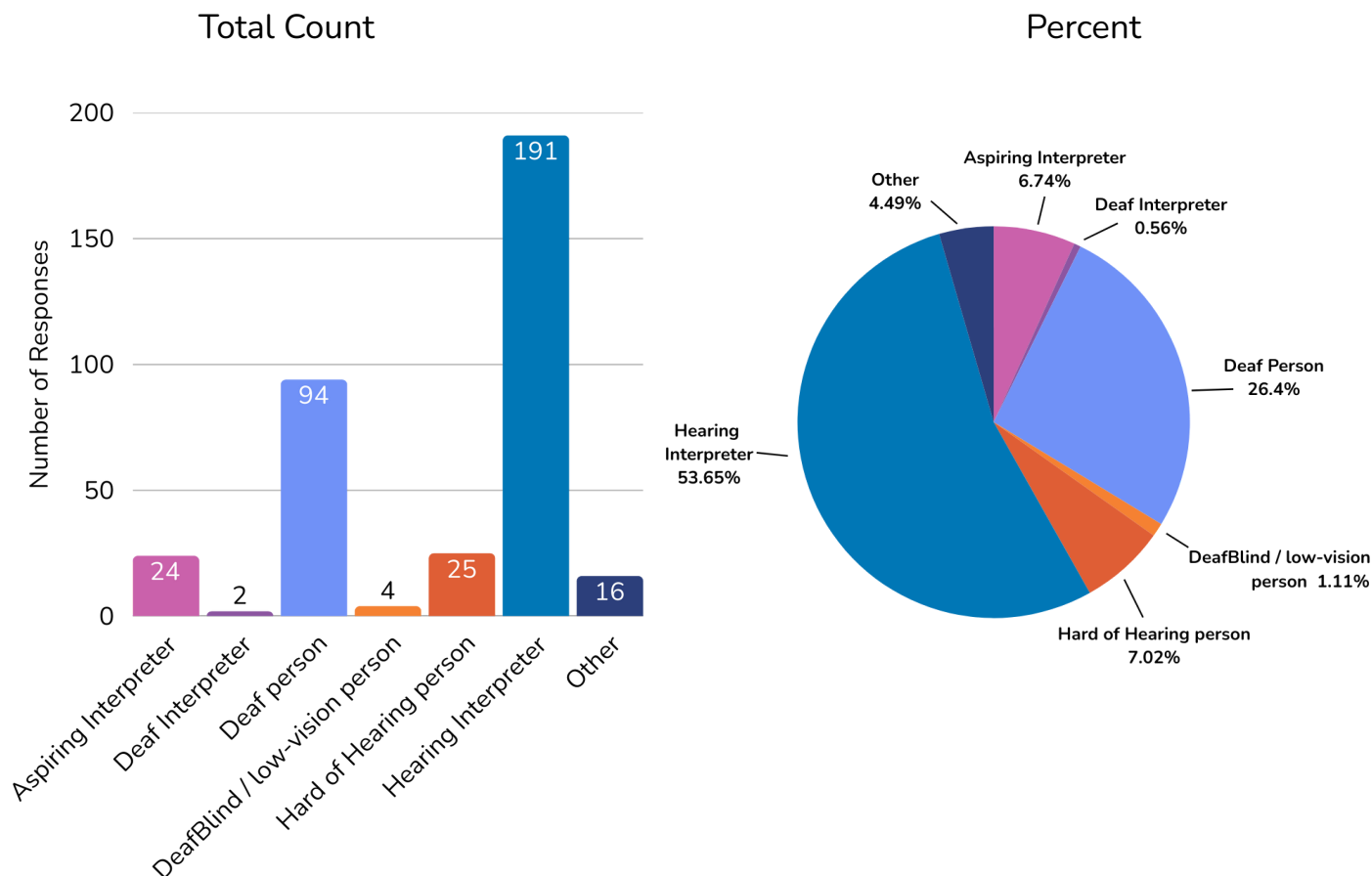
- Are you a certified interpreter under the State of Michigan Qualified Interpreter program?
- How many years of interpreting experience do you have?
- How long do you anticipate remaining in the ASL interpreting field?
- Where did you receive your training for ASL interpreting? Select all that apply.
- Did you graduate from an Interpreter Training Program (ITP) in the state of Michigan?
- Which of the following credentials do you hold?
- Which credentials are you interested in obtaining that you do not currently have? (select all that apply)
- What, if any, other states do you hold interpreting certifications or licenses?
- What area of the state do you primarily provide interpreting services in?
- Approximately how many hours per week are you actively engaged in VRI or remote ASL interpreting work, such as hands-up time and teaming? Do not include prep time or drive time.
- Based on your previous answer, how many of these hours are related to services provided in Michigan?
- On average, how many hours per week do you spend commuting to interpreting assignments?
- Choose the top 3 settings where you provide the majority of your ASL interpreting services.
- How often do you interpret for DeafBlind or low vision individuals?
- What resources do you feel would most support you or your ASL interpreting practice?
- What improvements would you like to see in your state's ASL interpreter testing process?

Appendix B: Supplemental MINA Survey Findings

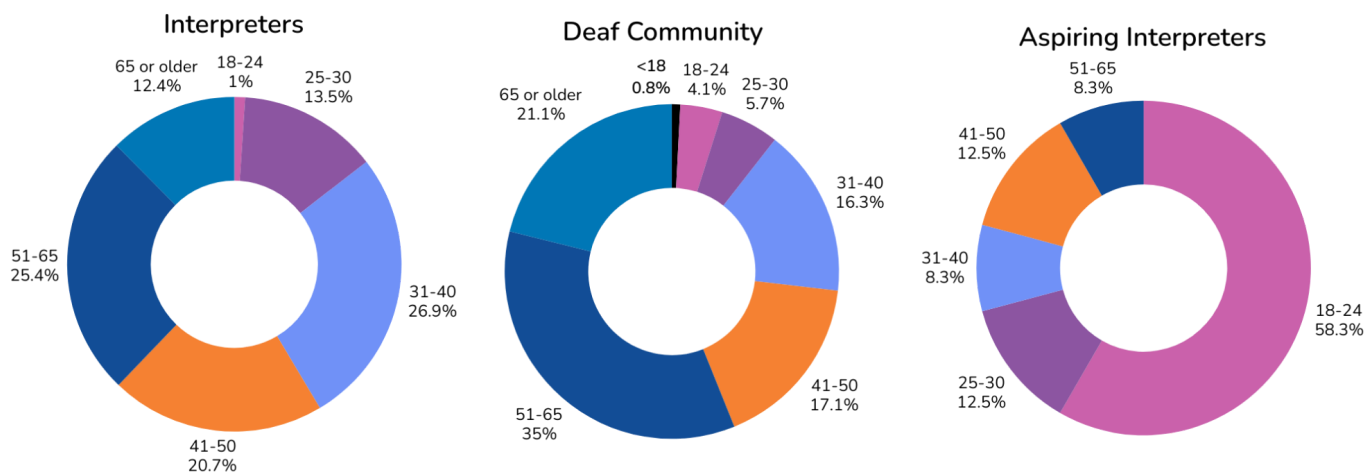
“Deaf Community” includes those who identify as Deaf, DeafBlind / low vision, or Hard of Hearing.

“Interpreters” includes hearing interpreters and deaf interpreters.

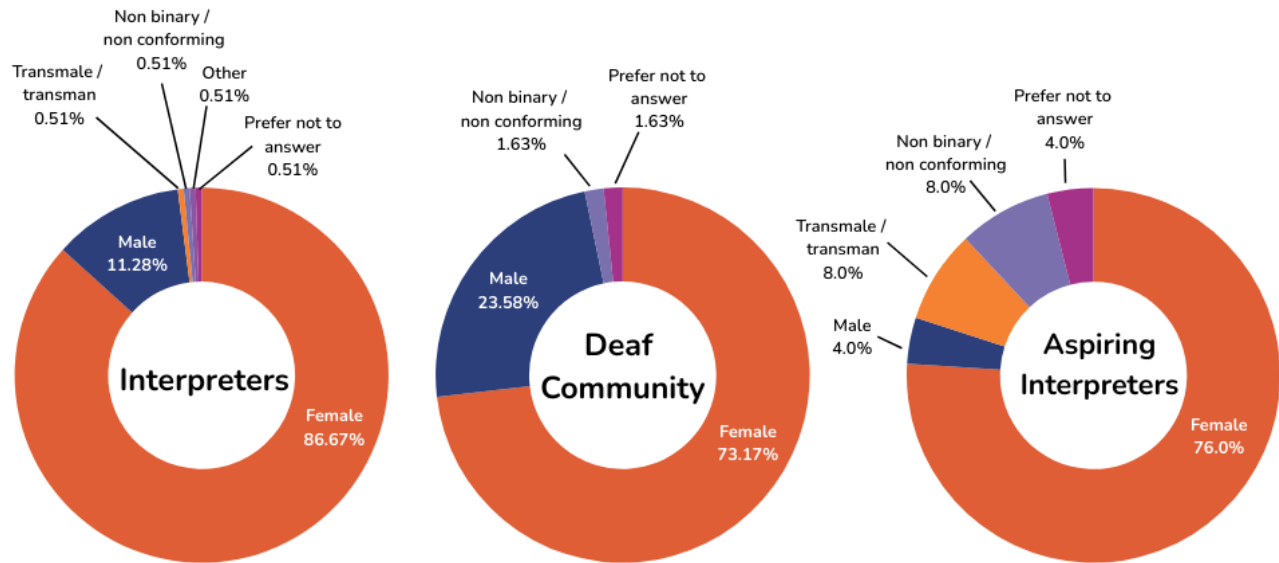
Community Identity



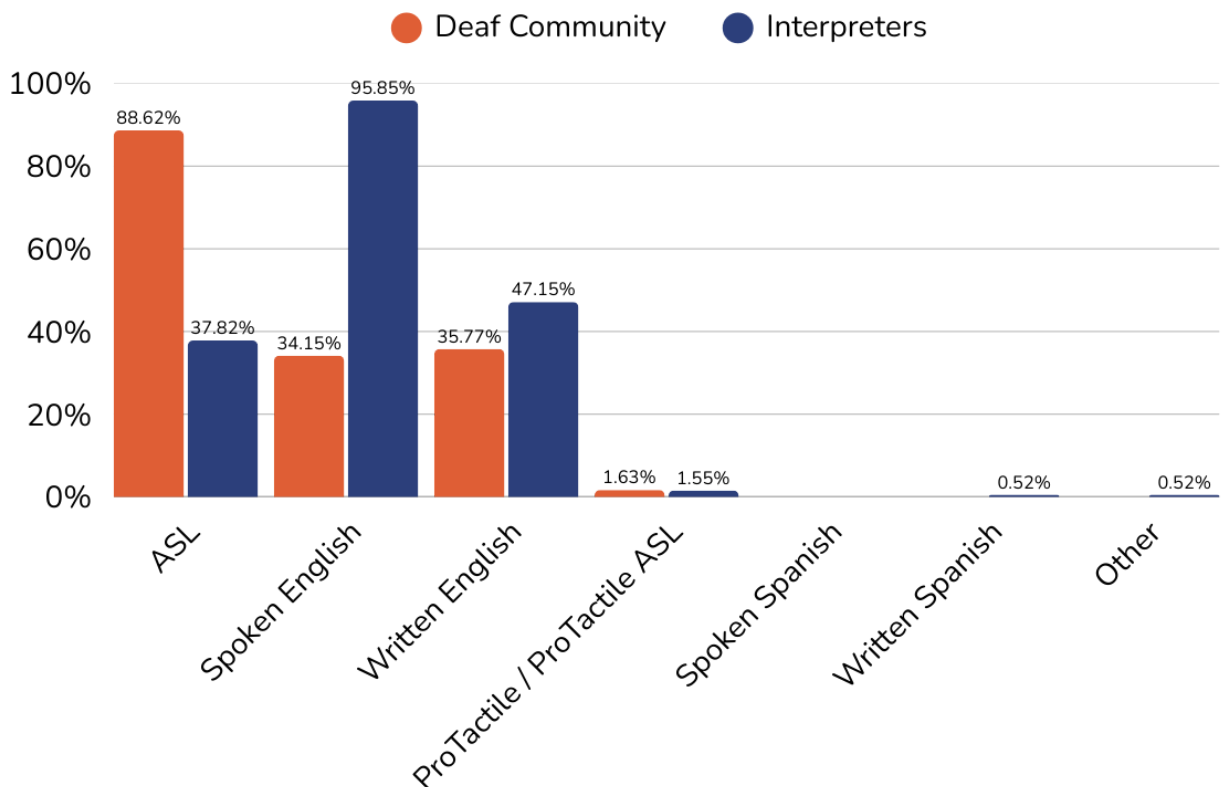
Age



Gender Identity



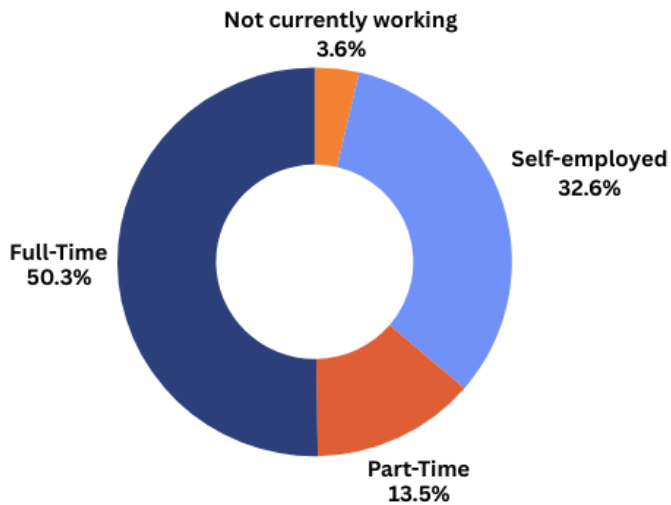
Primary Language



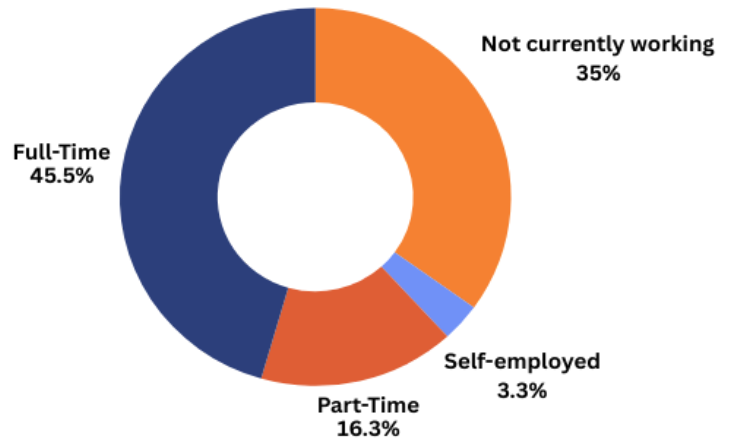
Note: Participants able to select multiple answers and may not reflect a single primary language preference.

Employment

Interpreters

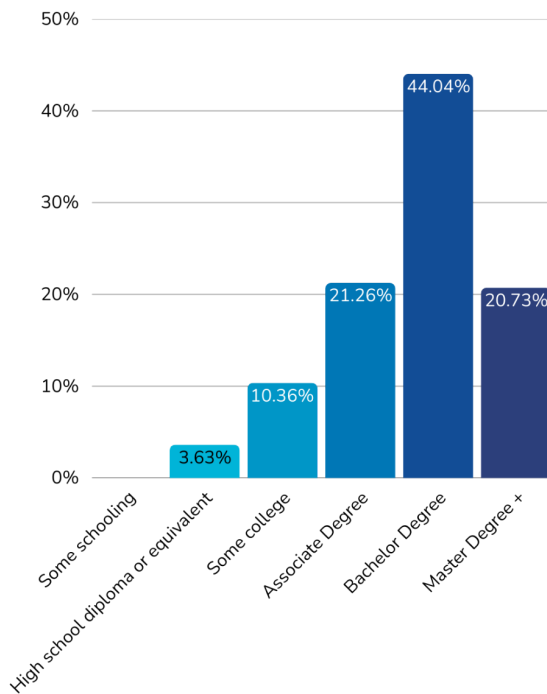


Deaf Community

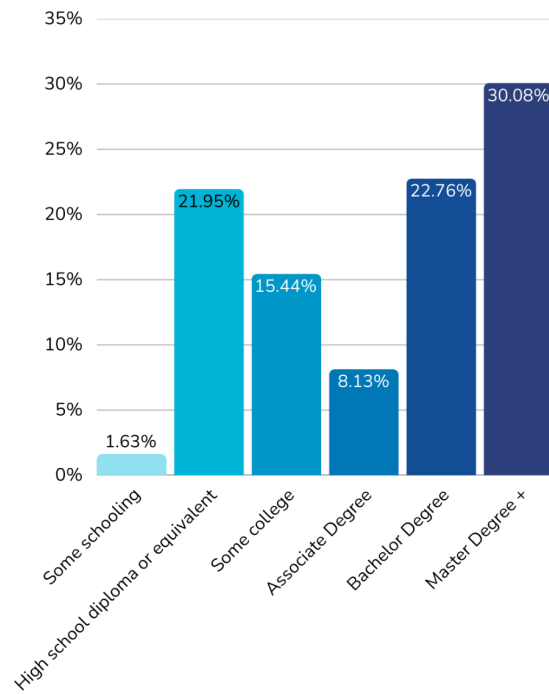


Highest Level of Education

Interpreters

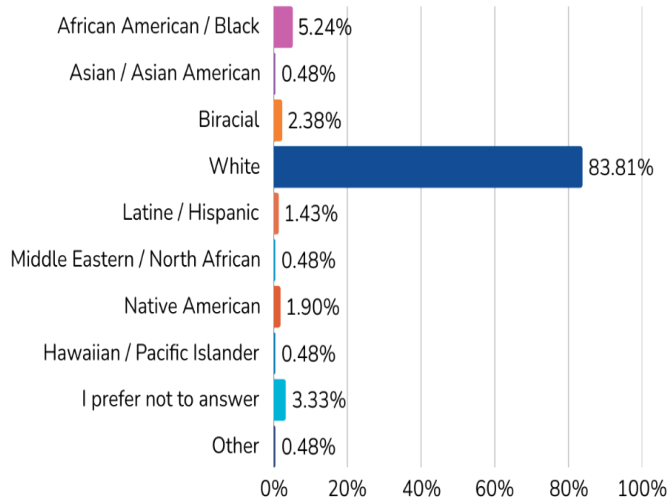


Deaf Community

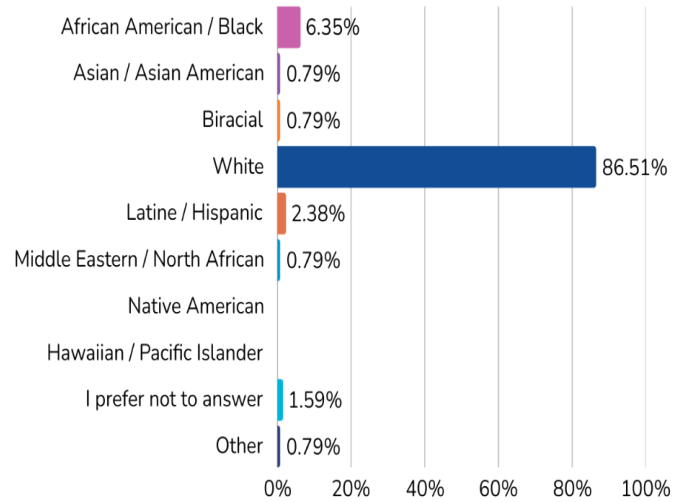


Race / Ethnicity

Interpreters

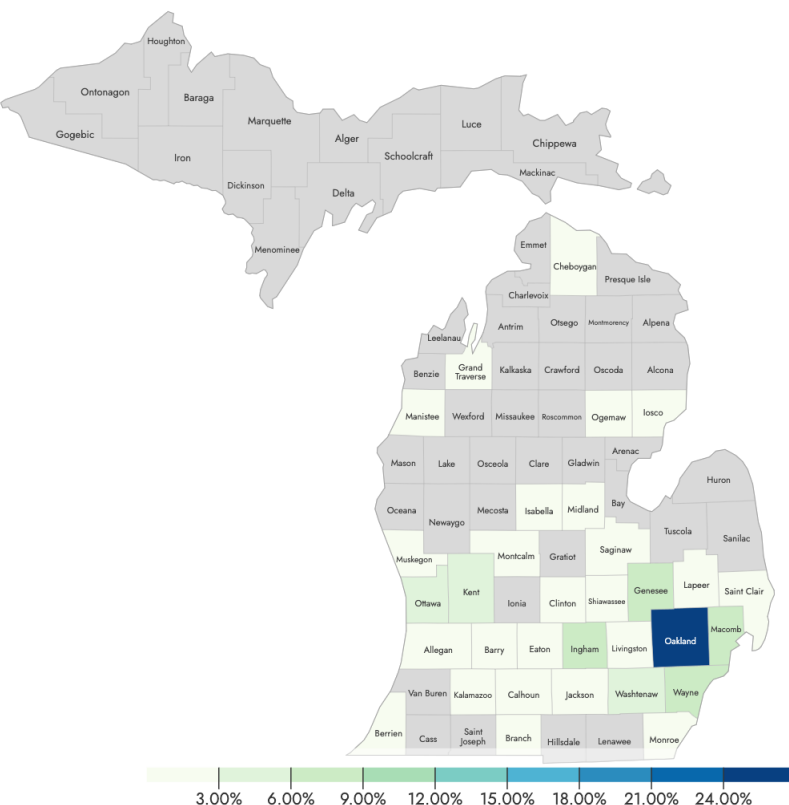


Deaf Community

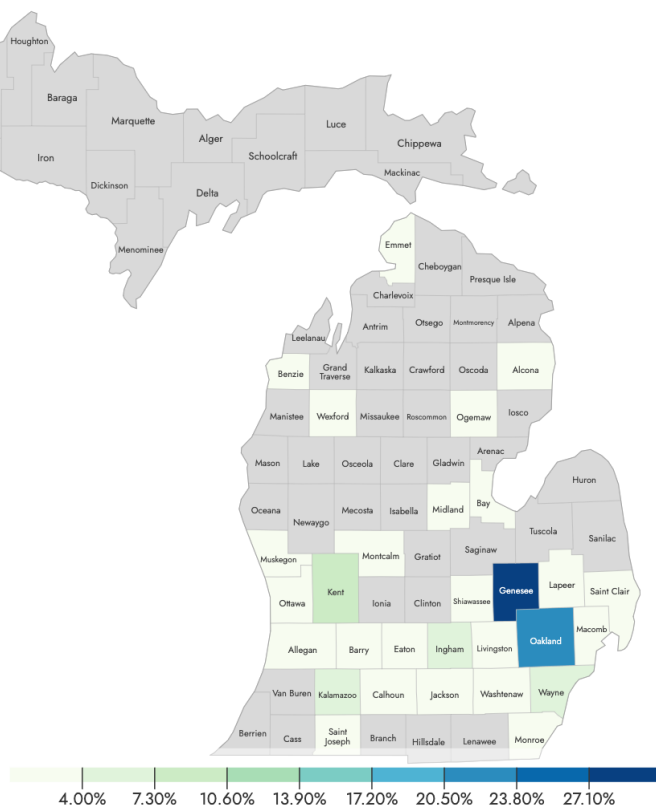


Geographic Distribution

Interpreters

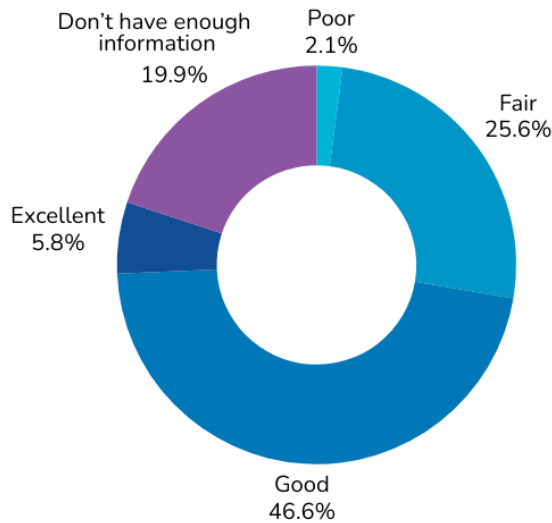


Deaf Community

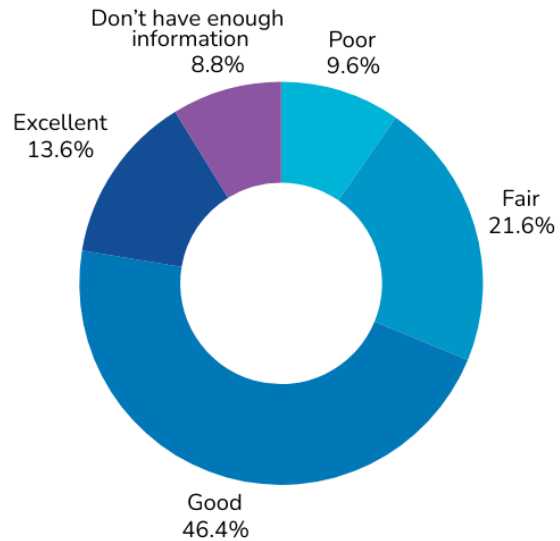


Rating of Interpreter-Deaf Community Relationship

Interpreters



Deaf Community



Deaf Community - Use of Interpreting Services

Preferred Accommodations



In-person ASL interpreter 82.4%



Reading lips / using speech / gesturing 30.4%



Using a pen and paper / a phone to write messages back and forth 29.6%



A video remote interpreter (VRI) 15.2%



Communication Access Realtime Translation (CART) 13.6%



A Certified Deaf Interpreter (CDI) 10.4%

Acceptable Uses of Reliable VRI



Until an in-person interpreter arrives 35.2%



VRI should only be used as a very last resort 18.4%



For a medical appointment/visit under 2 hours 13.6%



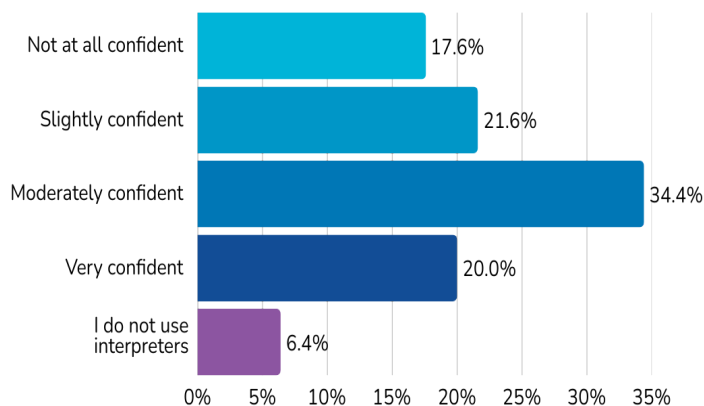
Emergency care situations until an in-person interpreter arrives 9.6%



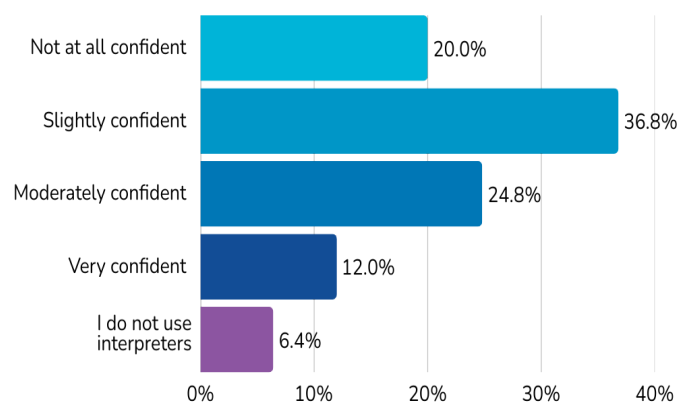
Emergency care situations 4.8%

Deaf Community - Confidence With Interpreting Services

Confidence in Receiving Interpreter When Requested



Confidence in Interpreter Meeting Needs

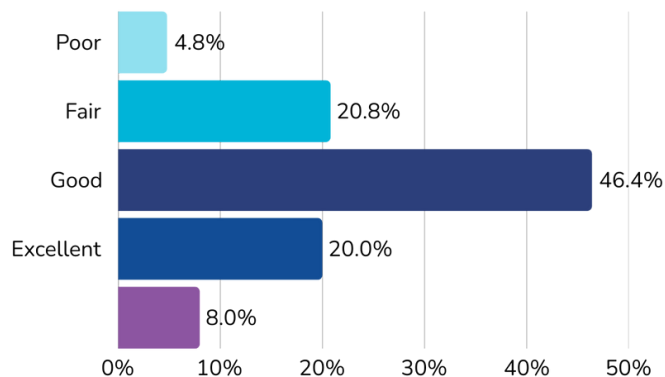


Deaf Community - Interpreter Quality Rating & Top Challenges

Challenges Encountered When Requesting an Interpreter

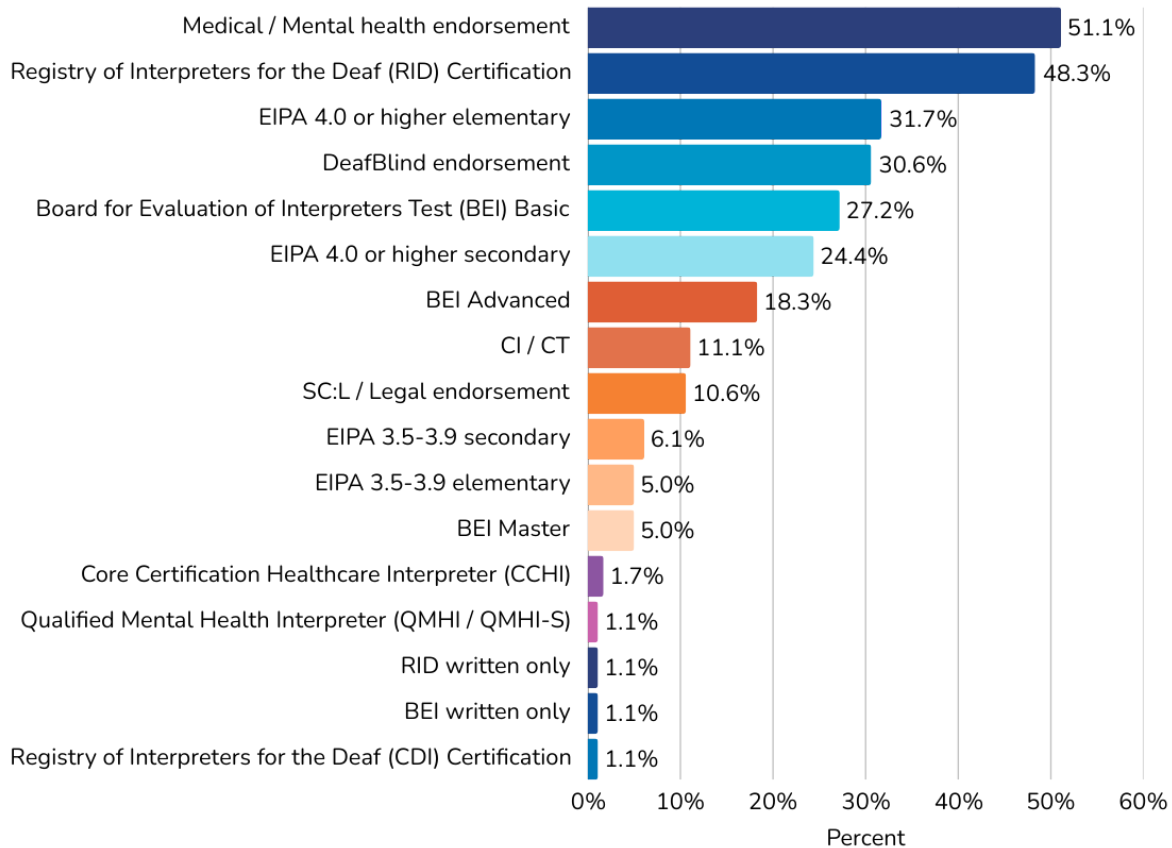


Statewide Interpreter Pool Quality



Interpreters - Professional Credentials

Credentials Held by Interpreters



Note: Multiple selections allowed

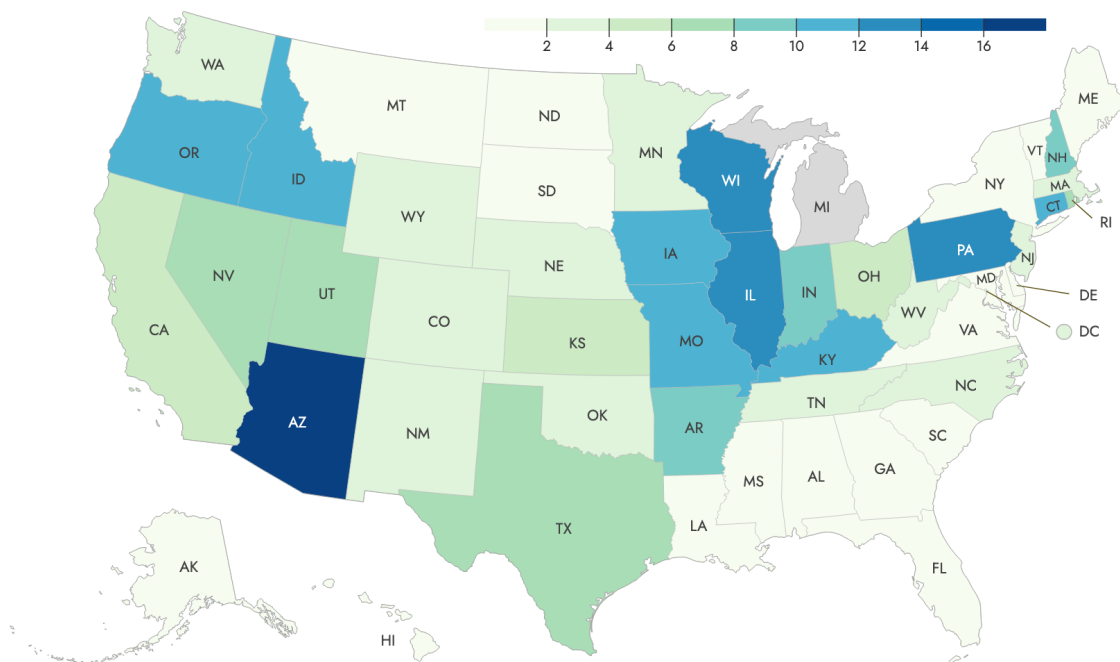
Top 5 Credentials Desired (Interpreters with less than 10 years experience)

- 1 BEI Advanced 21.3%
- 2 Registry of Interpreters for the Deaf (RID) Certification 15.0%
- 3 Medical/Mental Health Endorsement 13.8%
- 4 BEI Master 8.8%
- 5 Legal Endorsement 7.5%

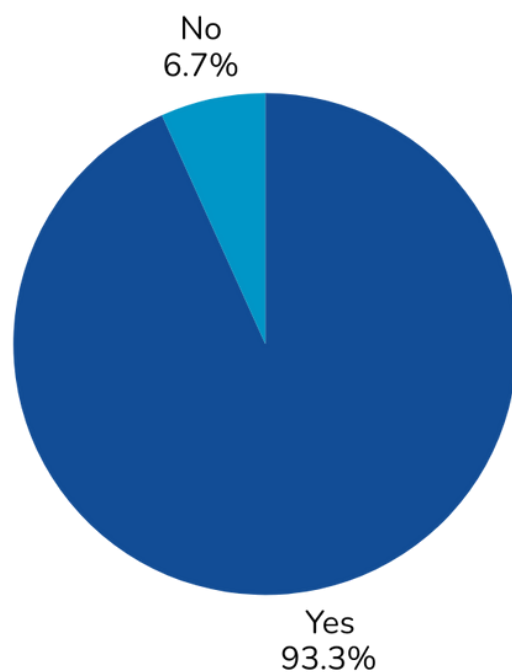
Top 5 Credentials Desired (Interpreters with 10+ years experience)

- 1 Core Certification Healthcare Interpreter (CCHI) 12.5%
- 2 BEI Master 11.0%
- 3 Legal Endorsement 10.0%
- 4 Qualified Mental Health Interpreter (QMHI) Certification 8.5%
- 5 Medical/Mental Health Endorsement 6.5%

Interpreters - Certified/Licensed in Another State

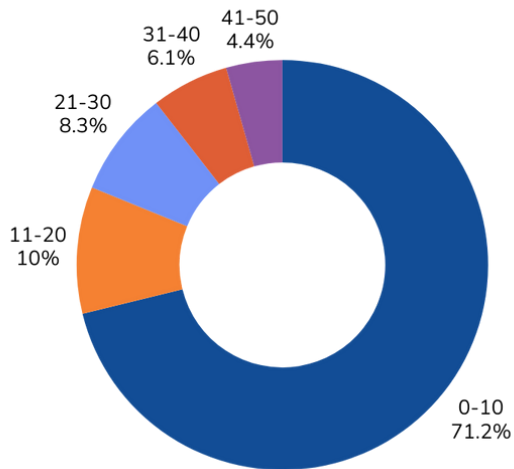


Interpreter Respondents Certified Under Michigan QI Program

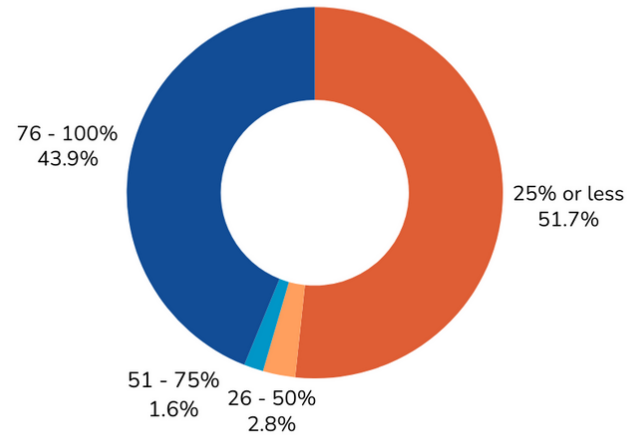


Interpreters - Video Remote Interpreting Trends

Typical VRI Hours Per Week



Percentage of VRI hours provided to Michigan



Appendix C: RID, BEI, & EIPA Testing Pathways

Disclaimer: Below are examples of pathways for testing and certification candidates **without** any prior academic or professional credentials and are starting from the Michigan context.

RID Pathway



Michigan BEI Pathway



EIPA Pathway



References

- 1 Humphrey, J. H., & Alcorn, B. J. (2007). *So you want to be an interpreter?: An introduction to sign language interpreting* (4th ed.). H & H Publishing.
- 2 Fant, L. (1990). *Silver threads: A personal look at the first twenty five years of the Registry of Interpreters for the Deaf*. Registry of Interpreters for the Deaf.
- 3 U.S. Department of Justice. (2020). *ADA requirements: Effective communication*. Washington, D.C.: US Department of Justice Civil Rights Division.
ada.gov/resources/effective-communication/
- 4 National Deaf Center on Postsecondary Outcomes. (2025). *Hiring qualified interpreters: Interpreter qualifications and credentials*. University of Texas at Austin.
nationaldeafcenter.org/resources/access-accommodations/coordinating-services/interpreting/hiring-qualified-interpreters/
- 5 Witter-Merithew, A., & Johnson, L. (2004). Market disorder within the field of sign language interpreting: Professionalization implications. *Journal of Interpretation*. RID Publishing.
- 6 National Association of Interpreters in Education. (2023). *A case for national certification: Sign language interpreters working in K-12 education*.
naiedu.org/2023/08/02/white-paper-a-case-for-national-certification/
- 7 Michigan Licensing and Regulatory Affairs. (May 13, 2025). *Qualified Interpreter (QI) Program*. PowerPoint slides shared directly with Innivee Strategies.
- 8 Michigan Board of Interpreters for the Deaf, DeafBlind, and Hard of Hearing. (n.d.). *Interpreter shortage investigation subcommittee report*. (Authored by J. Cech). Report shared directly to Innivee Strategies.
- 9 Conference of Interpreter Trainers. (2025). *Interpreter program directory*. Published online at citsl.org/resources/directory/.
- 10 Commission on Collegiate Interpreter Education. (2025). *Accredited programs*. Published online at ccie-accreditation.org/accredited-programs.html

- 11 Cogen, C., & Cokely, D. (2015). *Preparing interpreters for tomorrow: Report on a study of emerging trends in interpreting and implications for interpreter education*. National Interpreter Education Center.
interpretereducation.org/wp-content/uploads/2016/02/NIEC_Trends_Report_2_2016.pdf
- 12 Garrett, B., & Girardin, E. (2020). Embracing the Next Generation of Interpreters: A Call to Action for the Registry of Interpreters for the Deaf. *Journal of Interpretation*: Vol. 28: Iss. 2, Article 2. digitalcommons.unf.edu/joi/vol28/iss2/2
- 13 Center for the Assessment of Sign Language Interpretation. (2022-2024). *News updates* [Web archive]. Published online at: casli.org/category/news/
- 14 EIPA Diagnostic Center, Boys Town National Research Hospital. (n.d.). *Announcements*. Accessed June 30, 2025. Published online at classroominterpreting.org/announcements.
- 15 EIPA Diagnostic Center, Boys Town National Research Hospital. (n.d.). *Announcements*. Archived dates between August 2024 - August 2025, Internet Archive Wayback Machine. Published online at web.archive.org/web/20250401000000*/https://www.classroominterpreting.org/announcements
- 16 National Association of Interpreters in Education. (2023). *A case for national certification: Sign language interpreters working in K-12 education*. Published online at naiedu.org/2023/08/02/white-paper-a-case-for-national-certification/
- 17 Innivee Strategies. (2025). *Transforming Interpreting Maine (TIME): Needs Assessment Report for the Maine Department of Health and Human Services*. Published online at: inniveestrategies.com/innivee-strategies-celebrates-release-of-transforming-interpreting-maine-time-report/

Gratitude

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The Michigan Health & Hospital Association (MHA), a statewide leader representing all community hospitals in Michigan. MHA represents the interests of its member hospitals and health systems in both the legislative and regulatory arenas on key issues and supports their efforts to provide quality, cost-effective and accessible care. You can learn more at mha.org.