



Oregon Legislature
900 Court St. NE
Salem, OR 97301

February 5, 2024

To the Esteemed Chair, Vice Chair, and Esteemed Members of the Committee,

I hope this letter finds you well. I am writing to you today to shed light on a critical issue affecting a significant portion of our Oregonian community: the mental health and substance abuse challenges faced by individuals who are Deaf, DeafBlind, or Hard of Hearing (DDBHH).

As an advocate for the DDBHH community and Executive Director of Bridges Oregon, Inc., a statewide nonprofit organization dedicated to serving DDBHH Oregonians facing communication barriers, it is my responsibility to bring attention to the pressing needs of this underserved population.

The 2016 [Community-based Needs Assessment \(CNA\) of Oregon's Deaf and Hard of Hearing](#), supported by the 2015 Oregon Legislature, revealed alarming statistics regarding mental health disparities within this community. A staggering 37.5% of respondents reported being unable to access mental health services, and over half (55.1%) expressed emotional distress related to their hearing loss or deafness. Furthermore, the assessment highlighted the severe shortage of mental health providers fluent in American Sign Language (ASL) and trained to address the unique needs of DDBHH individuals.

It is crucial to recognize that existing legislation, including Oregon Revised Statute Chapters 659, 659a, 279a, and 279b, as well as the Americans with Disabilities Act's Title II, mandates the inclusion and accommodation of individuals with disabilities, including those who are DDBHH, in all facets of service provision.

Therefore, I urge the Committee to prioritize funding and resources to address the mental health and substance abuse needs of the DDBHH community. This includes allocating resources for specialized training programs for mental health providers, expanding access to culturally and linguistically appropriate services, and promoting research to better understand and address these disparities.

Additionally, I emphasize the importance of intersectional approaches that recognize the diverse identities within the DDBHH community, including race, ethnicity, gender, sexual

orientation, and socioeconomic status, in addressing mental health and substance abuse issues effectively.

I believe that by investing in the mental health and well-being of the DDBHH community, we can foster a more inclusive and equitable Oregon for all residents. I am committed to collaborating with you and your colleagues to advocate for policies and initiatives that prioritize the needs of this vulnerable population.

Thank you for your attention to this matter. I am eager to continue this dialogue and work together to create positive change.

Sincerely,



Chad A. Ludwig, MSW, ADAC, OHCI, CDI
Executive Director

cc: Oregon Association of the Deaf
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