

ROUGHLY-EDITED REALTIME TEXT FILE
FLORIDA COORDINATING COUNCIL
FOR THE DEAF AND HARD OF HEARING (FCCDHH)

Quarterly Meeting
Kissimmee, Florida
Friday, November 4, 2022
9:00 a.m. - 12:00 p.m. ET
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>> CHAIR ASHTON: Good morning. Today is Friday, November 4th, and this is the meeting of the Florida Coordinating Council for the Deaf and Hard-of-Hearing. Meeting today, 9:00 to 12:00. We will do a call to order now, 9:00, and we will do a roll call starting with Mary.

>> MARY HODGES: Good morning. This is Mary Hodges, Department of Elder Affairs, Tallahassee.

>> CINDY SIMON: Good morning, everybody. Cindy Simon representing audiologists from South Florida.

>> KAREN GOLDBERG: Good morning, everyone. This is Karen Goldberg representing HLAA Florida, Hearing Loss Association of America.

>> CHRIS LITTLEWOOD: Good morning. This is Chris Littlewood representing the Association of Late-Deafened Adults.

>> CHAIR ASHTON: Good morning. This is Glenna Ashton representing Florida Association of the Deaf, and I'm the Chair.

>> VICE CHAIR PARKER: Good morning. Cory Parker, Department of Education Vocational Rehabilitation, Tallahassee, Vice Chair.

>> GINA HALLIBURTON: Good morning. I'm going to talk real slow because our interpreter is working her pants off. This is Gina Halliburton. This is Gina Halliburton representing the Florida Registry of Interpreters For the Deaf.

>> SEAN ISAAC: Good morning. This is Sean Isaac representing the Florida Department of Health.

>> ANGELA GREEN: Good morning. This is Angie Green representing the Florida Department of Health, and I'm the liaison for the Florida Coordinating Council for the Deaf and Hard-of-Hearing.

>> KHYATI MASTER: Good morning. This is Khyati Master with the Florida Department of Health in Tallahassee, Florida.

>> CHAIR ASHTON: Debbe?

>> DEBBE HAGNER: Good morning. This is Debbe Hagner. I represent HLA Florida and I live in Port Richey, Florida.

>> CHAIR ASHTON: Is there anyone else? John Jackson? Okay.

>> SEAN ISAAC: Excuse me, Glenna. I'd like to remind everyone on the phone to please mute your lines. Otherwise we're going to hear an echo. Mute your Zoom and your phones.

>> CHAIR ASHTON: Okay. On today's agenda, we have the bylaws. I would like to change that to the report because that is time sensitive. We need to have that completed today, so I'm going to change it to the report to focus on the biennial report. And I would like to also commend people who did their homework and sent it to Sean to be shared. I'm thrilled I won't have to go out and buy a bigger whip. Okay. So hopefully we'll make real progress today with the report.

A reminder that we do have a break. Somebody help me track the time, and we have a speaker 10:30 to 11:30, someone from the Florida Hands & Voices, parents of deaf and hard-of-hearing children choosing any way they want to raise their children with regard to communication and education settings. I'm hoping that we can also recruit that person to join the Council, too, and then we'll finish up with Tallahassee plans. I wanted to let you know that Betty Easley Conference Center, we used to go there and walk to the cafe, the cafe is no more. It's closed. So don't make plans to eat there. It's not there, you have to go out. Okay? Okay. So is there anything that needs to be addressed before we dive in to the report?

>> KAREN GOLDBERG: Hi. I'm typing up letters now, just FYI. That's my homework. In school.

>> CHAIR ASHTON: Okay. So where we left off was on the second page, on the section on Senior Citizens. And Cindy had made a change saying that those losing their hearing go through a grieving process and often don't get the help needed or use resources available. They need to learn to use strategies and technologies to become adaptive, empowered and proactive in living a new way of social interaction and accessible communication. Which was from the National Council on Aging. And she suggested changing the whole thing to it has been shown that many of these issues may be helped with the use of hearing devices, period. I feel like we should say more than just hearing devices. There are other resources also. Comments?

>> CINDY SIMON: So the thought with hearing devices is I didn't want to limit anybody to hearing aids or cochlear implants. It could be anything. Even the apps are a device to help you know what's going on. So I was trying to use a broad term that would encompass any of it.

>> CHAIR ASHTON: Well, I'm thinking in terms of even therapy, because we see that hearing loss affects mental health a lot, you know, even therapy, joining ALDA or HLAA, all that kind of things, other than hearing devices is what I want to add a sentence about that, be more broad in seeking different kinds of help. Cindy.

>> CINDY SIMON: Then maybe what you need to add is one more sentence. I usually write best practices have shown that hearing devices, along with therapy with a mental health professional gets the best -- you know, will give the best outcomes.

>> CHAIR ASHTON: Okay. So I will work on adding a sentence that will mention other resources.

>> GINA HALLIBURTON: Would it be easier if we just screen share what the document is, and everybody just look at it, and then move on? Would that be easier? Because we did that before in another meeting.

>> CHAIR ASHTON: We would need a third screen for that because we have CART and we have Zoom. We would need a third screen for that, because we would have to replace one of them, and we can't do that. Everybody has a hard copy. We all have that.

All right. Now, the next section is the new section on OTC that Cindy wrote up last night. And was it sent to the whole Council or just to me? I don't remember.

>> CINDY SIMON: I think Sean said he sent it to everybody.

>> CHAIR ASHTON: Debbe?

>> DEBBE HAGNER: The interpreter is having a hard time hearing you and the Council.

>> CHAIR ASHTON: Okay.

>> SEAN ISAAC: What about now? Can she hear us now? Can you hear us now?

>> INTERPRETER: Yeah, we can hear you very clear. Glenna is probably the hardest to hear. I don't know why, but --

>> GINA HALLIBURTON: Were the edited copies sent to everybody? Because I don't have them.

>> KAREN GOLDBERG: What's your question? I'm sorry.

>> GINA HALLIBURTON: She said everybody has a hard copy. I said of the edited ones? The original. The original. We don't have --

>> CHAIR ASHTON: No. This one's the one in the folder.

>> KAREN GOLDBERG: In the future, Sean, is it possible to have a third screen? Because there's like

something that I would love to project the letter so that we could just take a look at it, and I mean, I could go around and show everyone and just keep circling, but --

>> SEAN ISAAC: Just one letter?

>> KAREN GOLDBERG: No. No. No. I mean, I changed one of the letters, and it has a whole new format, which I'm going to adopt to the other letters. But I just want to make sure everybody's good with it.

>> VICE CHAIR PARKER: Can you send that to Sean and send that to me? Because I'm going to take over some of the letters we're looking at.

>> CHAIR ASHTON: Wait. Wait. Let me explain. We're going to work on what -- hopefully complete the report, at least. Whatever work does not get done, the Executive Committee will do it. Okay? So that we can finish the report, finish the bylaws, finish the letters. The executive committee is allowed to work together as long as one or two of us are working with the staff, we can complete the work. So whatever we don't get done today, the executive committee will finish.

>> VICE CHAIR PARKER: Right.

>> CHAIR ASHTON: But not the two of us, no. We can't, but the two of us with them or one of us with them, we're always with them, we can complete the work, okay? So whatever we don't finish today, we will finish. So we want to send anything, you need to send it today. If you send it afterwards, it's not considered shareable, because it becomes the Council instead of just the committee.

>> VICE CHAIR PARKER: So instead of re-creating the wheel so that Karen has what edits that you make, you can send to Sean and Angie, and then they can send to me and Glenna, and then I know that that particular format and that particular letter is complete, and then we can move on or copy, copy, copy, copy if we don't get to them today.

>> CHAIR ASHTON: And it has to be today during Council time. After that, we can't.

>> VICE CHAIR PARKER: Okay. Thank you.

>> CHRIS LITTLEWOOD: I'm not trying to throw another wrench in the wheel, but I just need to remind everybody that we need to be consistent in what we do. I'm hearing some people say we need to send stuff to Sean, some people saying we need to send it to Angie, some people saying we need to send it to Angie and Sean. So we just need to determine how that's going to happen. I think in most cases, it's going directly to Angie, maybe cc'ing Sean. I don't know.

>> VICE CHAIR PARKER: No. No. No. Both of them. They're both on staff.

>> CHRIS LITTLEWOOD: Fine. If we want to have it both, that's fine, I'm just saying whatever we do needs

to be consistent. Additionally, whatever edits the executive committee is doing, or whatever, that's terrific. However, anything that's being sent out of the office, or that's being published, like the biennial report, needs full Council approval. We have to vote on that. So that can be done by E-mail, but, you know, my name's on it. Everybody's name is on it that's in here. We have to vote on it. We've always voted on the biennial report, the final product.

>> CHAIR ASHTON: We gotta finish the report today so we can vote on it today, because by E-mail, I was told we can't do that.

>> CHRIS LITTLEWOOD: Well, it's not reasonable to say that it's done today.

>> CHAIR ASHTON: All right. Time out. I don't want to spend time discussing, discussing, discussing. We need to focus on editing only. And I'm going to use my power as the Chair, if someone goes blah, blah, blah, I'm going to cut them off. Okay? Okay.

Now back to the senior citizen section. Debbe, are you with us?

So on the Senior Citizen section, we have made 1 change, and I will add one sentence.

>> DEBBE HAGNER: This is Debbe. I am following the CART and the interpreters. I am getting no sound.

>> CHAIR ASHTON: Technology is wonderful! Not.

>> SEAN ISAAC: The interpreter, can you hear us? Interpreter online, can you hear us?

>> INTERPRETER: We can only read CART. We cannot hear. We have no audio.

>> SEAN ISAAC: Janelle, you called in, but you can't hear us?

>> INTERPRETER: I called in -- both the interpreter and I called in, but neither one of us -- we could hear you faintly, but now I don't hear a single word.

>> SEAN ISAAC: We can hear you when you talk on the phone, Janelle.

>> INTERPRETER: We are solely relying on CART at the moment.

>> SEAN ISAAC: Testing. 1-2. We're testing.

>> INTERPRETER: I hear you now, and Debbe is saying -- [echo].

>> SEAN ISAAC: Janelle, are you on Zoom and is your microphone muted on Zoom?

>> INTERPRETER: Phone is on because she has to talk to us on her phone, so that one we've moved, so that will lessen the feedback.

>> What's going on is that phone, when they talk, it's going into that mic, and it's coming out of the there, so it's rotating back in.

>> But this phone's microphone is muted.

>> I'm saying, but you can hear out of the it, right? So the sound is going into the mic, and it's coming out of the thing and it's rotating back through that mic.

>> INTERPRETER: So we have to take the mic away from the speaker?

>> No. No. No. That phone. The sound is coming out of the this phone. It's going into this mic.

When you hear that, it comes out of the there.

>> INTERPRETER: So where can we put the mic?

>> CHAIR ASHTON: Five-minute break. You can continue working on -- people! Time out! Five-minute break while they work on the tech problems. So we can work on the letters and also take the time to read the OTC part that Cindy wrote, so that -- I only saw one change to make, that's all. So that way we can move on to the next section. Okay? So take the time to write and read.

>> SEAN ISAAC: Debbe, can you do a mic check? Test. Can you talk into your phone? Are you on mute, Debbe?

Okay. Debbe, can you test it one more time? Can you speak into the phone. Debbe, can you hear us?

Can you speak into the phone?

>> SEAN ISAAC: Okay. Can you hear us? Debbe, can you speak into the phone?

>> DEBBE HAGNER: Can you hear me? This is Debbe. Can you hear me now?

>> SEAN ISAAC: I can. Thank you. And then Janelle, can you speak into the phone?

>> INTERPRETER: Yes. I can hear you. Yes, can you hear me?

>> SEAN ISAAC: We can. Can you all do a microphone test here? Angie.

>> ANGELA GREEN: Can you hear me? Are you able to hear me now?

>> GINA HALLIBURTON: This is Gina, Debbe, can you hear?

>> DEBBE HAGNER: The sound is so soft. It's not clear. It's distant.

>> Hi. This is Khyati. Can you hear me? Hi. This is Khyati. Can you hear me?

>> They're saying they're still hearing feedback and overlapping sound.

>> Hi, Debbe. This is Angie. Can you hear me? Can you hear me now, Debbe?

>> GINA HALLIBURTON: Can you hear me?

>> INTERPRETER: We're getting a so-so, Gina. Maybe a little closer. That possible? One more time.

>> VICE CHAIR PARKER: Hello. This is Cory.

>> CHAIR ASHTON: This is Glenna. Good.

Okay. This is Glenna. Let's get back. Okay. I'm hoping you all read the OTC paper that Cindy wrote.

The only thing I saw to change is she used the word "you" as if she was writing to the audience, and we have to change it to be more neutral. Whatever. Did anybody notice anything else with the OTC? Okay. We will take care of printing it and maybe make it shorter to make it fit, if necessary. Thank you, Cindy, for doing the work. Let's move on. Okay. On the healthcare section, I kept everything the same, but I added one more paragraph, since the last report, we had a full page on COVID. So this year, because of the change, atmosphere, reduced it to one paragraph and that one paragraph says as a result of the COVID-19 pandemic and recent disasters such as Hurricane Ian, mental health has become a rising issue, even within the wide range of the deaf and hard-of-hearing communities. Accessibility is equally applicable here, too, especially with the need for direct communication with qualified mental health professionals. Any comments?

>> VICE CHAIR PARKER: I have some changes suggested. When you look at where it says mental health has become, take out has become and says is a rising issue. Let me finish. Is a rising issue with deaf and hard-of-hearing communities, period. Accessibility is applicable, with the need for direct communication with qualified mental health professionals. I'm just taking out some things. This is for you to see.

>> CHAIR ASHTON: I see what you're doing, you're taking out a few words to make it more action-direct, less passive writing. I got that. Everybody got that? Okay. Writing the change. Okay. Thank you. Any other -- anything else with healthcare?

>> CINDY SIMON: I would just like to say in general that it makes me nervous when all we're doing is repeating and giving a small update what we've had in the past. It's not really showing anything new, so not now, but in the future, I would suggest everybody be ready with fresh articles, even changing topics so that it's always new and fresh, and if they pull out, oh, look, they only repeated this, four lines extra. We used to change topics and do all of that, and maybe next year we can look at doing that in advance and deciding on that. So it's not the same ol' same ol'.

>> CHAIR ASHTON: Well, the reason it's the same ol' same ol' is that the Council doesn't have much opportunity to work on the things.

Okay. Move on to page 4. The red part I changed myself. Instead of saying there was a slight improvement, I changed it to say there was increased -- no, wrong. I changed it to say with the most recent disaster, Hurricane Ian, there were -- there was increased usage of certified deaf interpreters. Instead of saying there was a slight improvement, I dropped that and changed it with the most recent disaster, Hurricane Ian, there was increased usage of CDIs, blah, blah, blah. Cindy.

>> CINDY SIMON: This is just a little grammatical. In the last paragraph, the text to 911 is implemented.

So instead of by the end of February, I continued it with almost blank counties, whatever that updated one is, and the 67 in Florida having incorporated text, not have, but have. They have been having. I mean, it just sounded better.

>> CHAIR ASHTON: Are you talking about the last paragraph?

>> CINDY SIMON: Yeah. If you change it so it reads text to 911 is implemented locally at the county level in the State of Florida, with almost blank out of the 67 counties in Florida having incorporated text to 911 in some capacity. I also just deleted above, just for the sake of words, generally the majority have no direct access because we're talking about how they're having access --

>> CHAIR ASHTON: So it's really one word, from have to having. That's all, really, right?

>> CINDY SIMON: Yeah. And I also deleted by the end of February 2021. We just said it's implemented --

>> CHAIR ASHTON: Oh, yeah, we have to -- do you have new numbers on how many counties now?

>> CHRIS LITTLEWOOD: I do on my hard drive in my office. I can send it to E-mail to Angie and Sean so that we have it to add to the report next week. We are much better off than we have been in the past. I think we're now at about 60 of 67 counties, so there has been significant improvement. I have a lot of comments on this entire section for improvement. However, I still think this is a rather counterproductive way of doing it. It seems like we could send the edits through the office and so long as it's through the office and shared with everybody, it's in the Sunshine, and it's not a violation, and that's the best way to be doing this. I looked back again at the Sunshine Law presentation, and it says that the only problem is if things are shared or commented on in private. If you're sharing it with everybody, then it's in the Sunshine and we should be able to do it that way. The only major comment I have on this section is really a grammatical thing that's no big deal. I make plenty them myself, but in the second paragraph it says, about the fourth or fifth line down, it says, this includes the lack or use of unqualified interpreters. That sounds like we want to use more unqualified interpreters. And that sentence needs to be rewritten.

>> VICE CHAIR PARKER: What are your suggestions?

>> CHRIS LITTLEWOOD: Well, I would say that --

>> VICE CHAIR PARKER: Qualified, not unqualified.

>> CHRIS LITTLEWOOD: Well, to start with, yes.

>> CHAIR ASHTON: Two sentences go together. There have been several well publicized communication barriers negatively impacting, and then we gave examples, unqualified captions, so those two sentences that go together. We're saying negative impacts, how, and then we gave examples.

>> CHRIS LITTLEWOOD: But as it's written now, it's a double negative where you have the word "lack" and the word "unqualified" in the same part of the sentence.

>> CHAIR ASHTON: Okay. So to clarify, we have to say lack of qualified interpreters or use of unqualified interpreters. Okay.

>> CHRIS LITTLEWOOD: Exactly. There should also be --

>> CHAIR ASHTON: Gina.

>> GINA HALLIBURTON: One thing, it would be really helpful if we're doing this if we used the line feature so we could find what line people are talking about. It's been very hard for me to jump around and find where someone is commenting on, where, you know, whatever they're talking about. Two is what Cory and Cindy were saying in the edit I sent over 50 percent of the passive statements were changed to active, and so that -- I think that's very important that we have more active statements. And the one I sent, over half them were changed to active statements. And the third thing, and then I'm through, is being consistent with deaf, hyphen, blind. We should take out the hyphen, because the move is towards having deaf blind to show us the whole person. It's not like a hyphenated married name. I have my name and my husband's name, okay? So just be more consistent.

>> CHAIR ASHTON: Thank you, Gina. Passive changed to active. Deaf blind, Cory already addressed that yesterday, so I already wrote remove the hyphen. Cory.

>> VICE CHAIR PARKER: If you go back up to the first paragraph, the last sentence of this page. If you go back up to first paragraph, the last sentence where it says other necessary communication strategies, my suggestion is to change that to methodologies. It's just a suggestion. Instead of strategies, change it to methodologies. Go ahead, Cindy.

>> CINDY SIMON: Just in general, in the world where they learn -- I just finished teaching this to my class, they're called strategies. In all the textbooks, they're called strategies, because if you change, there's no one methodology, but there's different strategies to be employed, depending on degree of hearing loss, who you're communicating with, and every textbook calls it strategy. I don't care if you want to change it to methodology, but I'm just saying if anyone ever had a class or a course, it's going to be called strategy.

>> VICE CHAIR PARKER: Okay. It was a suggestion. I'm open to that. Maybe we can leave it. That was appropriate. Okay. My second one is the next paragraph. When you look at the second sentence, when you look at public safety incidents, I'm changing it to all which affects, taking out have, which all which affects the deaf and hard-of-hearing community, period. And taking out the rest of the sentence, as much as or

more than it has everyone else in the state. That's just me. I don't think the rest of it was needed in the sentence.

>> CHRIS LITTLEWOOD: Again, I prefer to only make global comments at this time, but I would say, following up on what Gina said regarding people that are deaf blind, we need to make sure that we're consistent throughout the entire report related to the term hearing loss or deaf or hard of hearing. I see in some places where it's capital "D" deaf, and other places where it's lower "d" deaf. Obviously they have different meanings, and some places it includes people that are hard of hearing, some places it does not, so we need to say what we're going to do collectively at the very beginning of the report and then be consistent throughout.

>> CHAIR ASHTON: Okay. I'll make a note of that to change passive to active and to make sure we are consistent with the labeling all the way through. Cindy.

>> CINDY SIMON: The last thing, and in the interest of the number of words, you can keep it or not, but in the third paragraph, the very last sentence, since we have -- I would delete the last sentence. Generally, the majority of deaf and hard-of-hearing citizens have no direct access to 911 through voice calls. I might disagree regarding hard-of-hearing citizens. I would just delete that sentence all together because now we have so many -- most of the counties have.

>> VICE CHAIR PARKER: I'm with that.

>> CHRIS LITTLEWOOD: That's an important sentence. That can stay.

>> CINDY SIMON: Okay. Whichever.

>> CHAIR ASHTON: Because it might be around 60, but we don't know if it's 60 cities or 60 counties or, you know, it could be a mixture, so there could be some cities that still don't have anything. So there's a difference. It could be cities or counties. If it was a full county thing, that would be one thing, but if it's just a city and the rest of the county doesn't have it, then they'll have the problem.

>> CINDY SIMON: I understand. But I'm not sure it's correct to say that the majority of the hard-of-hearing citizens have no direct access, because most of them do. So maybe those with more severe hearing loss.

>> CHAIR ASHTON: Maybe just eliminate the word "majority".

>> CINDY SIMON: Or many deaf and hard-of-hearing citizens.

>> CHRIS LITTLEWOOD: If you don't use your voice, people don't have direct access to 911.

>> CINDY SIMON: I agree. But the majority of hard-of-hearing use their voice. That's the point there. And someone's going to read and go, well, my grandmother has a hearing loss and she would call 911. That's why I'm saying that. So you can say many deaf and hard of hearing.

>> CHAIR ASHTON: I'm going to change it to just many, but I'm leaving it, because voice calls, definitely a lot of deaf and still a lot of hard-of-hearing people whose voice has changed. I mean, I thought I speak pretty good, but when you go through technology, it doesn't understand me.

>> CHRIS LITTLEWOOD: And it's not full duplex, because even if somebody uses their voice, they may not be able to hear the comments that are made back by the dispatcher.

>> CINDY SIMON: And so, but the thing is, there are many who do and can, and that's why we're going to change it to just many and leave it there.

>> CHAIR ASHTON: Done. Okay. That was the last page. Now we can go back over if we had any other thoughts about any of the pages or OTC. We actually have a few minutes for that. Mary.

>> MARY HODGES: I sent in an article for older adults and hearing loss, and I was hoping that we could take a brief look at it. There is a paragraph that I really would like to see if you all can agree that it may be included. I know the picture is a turnoff. Cindy's already told me that the picture's a turnoff. But if you can look at this, it's in your packet. And it was -- the only reason it's important to me is because somehow I thought that I had an assignment to do this, and maybe I didn't, but I thought I did, and I did it. And I actually sent this around. It went through leadership. It went through our communications office and it was approved to be presented to the Council. So that's why I want to make sure that you all do look at it and see if there's any part of it you can agree that is important to this report.

>> GINA HALLIBURTON: Mary, I'm smiling, because yes, you were assigned that, but it was for the EMOT Committee to include in our -- in our information that we were going to send out. That was your assignment.

>> MARY HODGES: Thank you! Because I was like, maybe I'm going nuts! Okay. But at any rate, the paragraph that I'm referring to is the second paragraph. In this document. It talks about the effect of difficulty hearing.

>> CHAIR ASHTON: Yes, Mary, you're right. I did read that, and we can -- it just depends on do we stay with four pages or do we expand to five and six pages? And the report, we tend to try to be general so that -- one part I would be interested in including what we talk about Medicare and Medicaid. I'm pretty sure the legislature is not aware of how hearing aids are not really covered in a way, so Medicare/Medicaid section would be something to include, but we would have to kind of like summarize there. From my understanding, we have the money now to expand to six pages, whereas before, we were limited to four pages. But you're saying that we have \$17,000, so we could use that to expand the report. Six pages. Do we still want to do

pictures, graphs and whatnot? For example, if we expand to six pages, then the statistics could be done, little graph things, and then the senior section could be like a highlighted main section, using Mary's report. And then the OTC. Those two would be the highlighted sections, senior citizens, using Mary's thing combined with statistics, and statistics could be graphs, and we have two highlighted parts, senior citizen and OTC, which are actually related anyway. And that would be one way to expand the report. Cindy. Cindy, then Cory.

>> CINDY SIMON: Just remember, in the past, we've done it as a trifold, which would give you six pages. So it doesn't mean we can't go back to a trifold if we can fit this in one folded spot. We may have to reduce some words, but that would still give you the six. That's the first. And I just want -- and I think I told Mary, a little correction on the first page about the third item, bone-anchored hearing aid is really implanted in the mastoid, so you can say the bone behind the ear rather than in the skull. That's a little off-putting. But the mastoid bone is where the bone-anchored hearing aid is put and if you don't want to use mastoid because of who's getting this, we can just say the bone behind the ear.

>> CHAIR ASHTON: Okay. So what's the point of you saying that? What's the point of you talking about the bone thing? So leave it or take it out or what?

>> CINDY SIMON: No, I wanted to change it from skull to either bone behind the ear or mastoid. Either one. That's the correct placement.

>> CHAIR ASHTON: Oh, okay. Not skull.

>> CINDY SIMON: It's the third item on the bolded items. We can either change it to mastoid or bone behind the ear. Because it's right here.

>> CHAIR ASHTON: Okay. Just say behind the ear. It's more general. You don't want to get too technical.

>> CINDY SIMON: That's why I said bone behind the ear, because it's not a behind-the-ear hearing aid, and I want to separate that. It is an implant.

>> CHAIR ASHTON: Okay. Behind the ear. Let's just leave it behind the ear. Okay. It says bone anchored. It says that right there. Bone anchored. I mean, it's connected to the bone behind the ear. Connected to the bone behind the ear. So it says that. Cory.

>> VICE CHAIR PARKER: Mary, did you have something?

>> CHAIR ASHTON: Mary.

>> MARY HODGES: I was only going to say, and I don't know where this fits, and I'm more inclined to say that we probably need more time, as Chris has indicated, to kind of see where all of this fits together, but I don't

know if this is too technical for the report, that part, but I was only looking at the paragraph above it in terms of what you already have in the report. So I don't know if you want to include all of that. Gina reminded me of the purpose of this, so it may not be that you need all of this in the report.

>> CHAIR ASHTON: Okay. Thank you. Yeah, it's going to be an editing process to see how much we can fit on six pages, if we want to have graphics, if we want to have pictures, that's going to cut down the word count, so we have to do editing. But there's also no reason why we can't post it on the Web site, the whole article. Can we do that?

>> MARY HODGES: The Department would be fine with that.

>> CHAIR ASHTON: Okay. Great. Thank you. Cory.

>> VICE CHAIR PARKER: I know of all the pictures that we have of hearing aids, why do we need to use this one? I'm so sorry, Mary, I'm not trying to criticize you or anything. But why do we need to use this hearing aid picture? Go ahead.

>> MARY HODGES: Please remove the picture. Cindy has already told me that picture is awful.

>> VICE CHAIR PARKER: The picture is awful.

>> MARY HODGES: The picture is awful, and I acknowledge it. So do away with the picture.

>> VICE CHAIR PARKER: I mean, hearing aids now come so many different colors, and they're so beautiful. Debbe has her hand up. Debbe has her hand up, but let me finish. Let me finish. But if we could find a different picture that looks like hearing aids that we use now, that would be good, because that just looks like an OTC hearing aid. An ear mold and a hearing aid. Go ahead, Debbe.

>> CHAIR ASHTON: Debbe.

>> DEBBE HAGNER: This is Debbe Hagner. I was saying that what we could do is any information beyond these four pages can be referred to the Web site as additional information.

>> CHAIR ASHTON: And we can add links for further information.

>> DEBBE HAGNER: Yes. A link. Yes, a footnote.

>> CHAIR ASHTON: Okay. So what we have left to do is editing with the changes that we did make, and we're adding more -- adding OTC, depending on how much we can use of that, depending on word count and with adding Mary's article, especially Medicaid and Medicare part for sure, and expanding to six pages, trifold. Use statistics, change to info graphics, either keep the picture or change the pictures, or whatever, depending what we can find. And then the spotlight will be on senior citizens and OTC. Karen.

>> KAREN GOLDBERG: So I just sent out an article about OTCs and older adults. It had a pretty good

picture. And just so that everybody can take a look at it and how they wrote it up, as well as Mary's, so that will help us with this. The -- I just wanted to clarify, because we really want to get this done probably no later than December, right? We want everything to printer by December. Is that correct?

>> CHAIR ASHTON: Yes.

>> KAREN GOLDBERG: Okay. So is there a subcommittee? I know the two of you always work so hard, Glenna, you and Cory, on this outside or outside the scenes. Is there a way to do some meetings that we can use Zoom and have the whole thing in front of everybody? I know you have to do seven plus one days of notifying for every single Zoom meeting. Is that correct? Seven -- not seven point one, but seven plus one days, which I think is eight, so I don't know why we don't say eight days, but it's always gotta be seven plus one. So if there's a way to just set up while we're here today a series of meetings that we can all commit to, and I will commit to them to be a part of this, and editing, and Cindy, too, I think, because she's good at -- okay.

>> CHAIR ASHTON: We can do a committee meeting on Zoom because we can use that shared document thing where everybody can look at it. The problem is finding a day that the majority of the people will show up, because it will be during the workday, not at night. And that's the problem. And we tried committee meetings before, and, you know, most of them have failed due to lack of attendance, or whatever. So great idea, but, like you said, will you commit to it, whatever that day or time is, that's it, you show up, no matter. Sean? Gina?

>> GINA HALLIBURTON: This really is probably for Sean or Angie or even for Glenna, because back a few months ago, we worked on having a shared drive for this kind of project so that we don't have to spend the money on Zoom and getting together and all that kind of stuff. I don't know what happened with that. We were going to have a shared drive for DOH so that this -- no? Glenna, you're saying no?

>> CHAIR ASHTON: I don't think it's allowed.

>> GINA HALLIBURTON: Sean?

>> SEAN ISAAC: We did ask the DOH attorney about that, and again, that was shared with the committee that that was working outside the frames of public notice, public workshops or something like that, the public has to be aware them. They may not have the opportunity to provide public comment, but they're supposed to be shared.

>> CHAIR ASHTON: Okay. So I'm -- just remember, the holiday season is coming up, but we'll have to go home and look at your calendar and Angie and Sean will have to let us know what they are available to host a

committee meeting and send out three possible days and times and then you guys have to respond right away, and we must have 100 percent response, and 100 percent commitment to show up at that committee meeting, because, you know, if it's only two of us that shows up, we're just going to go ahead, you know.

>> KAREN GOLDBERG: Can we do a Survey Monkey today? Just get it out? I don't know how to set up a Survey Monkey. I know other people do. But let's come up with three days that we're all going to commit to, and I would do it before we leave today. And I'll carve the time out. I mean, I'm not doing a lot of court hearings right now, which is great, so I can have more flexibility, but I'll carve out and protect that time for those meetings. So I would say do it before, because we're all motivated and it's fresh in our mind, and we would do it now, is my recommendation. Do you know how to set up a Survey Monkey?

>> CHAIR ASHTON: Cory?

>> VICE CHAIR PARKER: We can use CART, or I can provide an interpreter from my office, because I'll be joining. That okay?

>> CHAIR ASHTON: For the committee meeting, because of who's on the Council, I would say use CART only because we're very focused on the English wording.

>> VICE CHAIR PARKER: Right.

>> CHAIR ASHTON: So I would just pick using CART only, not interpreters, because we're going to be focused on making the document and the English wording.

>> VICE CHAIR PARKER: That's fine with me. That's fine with me.

>> CHAIR ASHTON: Sean.

>> VICE CHAIR PARKER: I can tell Sean is ready to say something. That's why I'm pointing to you.

>> CHAIR ASHTON: Okay. Now, I would want that committee meeting to be done the month of November, for sure. As soon as possible while it's still fresh in your mind. So look at the date next week, and then the next two weeks. Next week or the week after. That's it. And, you know, those that really want to work on it, it doesn't have to be just the report committee, but those who really -- we can send out to the whole council. So if you really want to work on it and actually do the wordsmithing. Sean.

>> SEAN ISAAC: The question was asked can we do a Survey Monkey today? We're working on that and we'll try to get that out today. Okay?

>> CHAIR ASHTON: Are you allowed to use survey monkey?

>> SEAN ISAAC: Well, the Council at current doesn't have its own Survey Monkey account. However, the Department does have a Survey Monkey that it, I believe, can use, and so we're going to use that.

>> CHAIR ASHTON: Okay. I don't have my calendar with me. I still prefer paper because I have all these other things that I clip to it. So I need to go home to look in my calendar. I can't answer today. I don't know about the others.

>> SEAN ISAAC: When do you want to close it for responses?

>> CHAIR ASHTON: By next week Wednesday? Response by next week Wednesday. To send out the Survey Monkey today, and everybody arrives home and then they have until Wednesday to respond.

>> KAREN GOLDBERG: I think that's a long time. The reality that if we say we're going to do our next meeting --

>> CHAIR ASHTON: No. No. To respond to the dates.

>> KAREN GOLDBERG: I know. I know. If -- but if we set up a date for our next meeting at eight days from -- at least eight days from now, we're fine, and we're all in the room. I mean, I would say, honestly, let's do, like -- it will be up to you, but why don't we do once a week meetings starting November 15th, like on a Tuesday at 4:00. Does that make sense? Like Tuesday the 15th, Tuesday the 22nd -- well, that's the week of Thanksgiving, but I'll be available. Tuesday the 29th. That way, we've hammered out a lot of this program by the end of November. If we could do once a week. Because that gives us ample time to notify the public that we're going to meet Tuesday, 4:00 for the -- does that make sense? Like, we're going to go ahead and say we're going to do it Tuesday for -- each Tuesday at 4:00 from the 15th, 22nd, 29th. It's up to you guys, but I just say let's hammer out dates. That way I can put it in the calendar. Of course, I did suggest the Survey Monkey. We went down that road. I just went down another road, so -- that's Karen.

>> CHAIR ASHTON: Sean.

>> SEAN ISAAC: Each meeting is a contractual budget issue. So we have to keep in mind how many we're doing. If we do three this month and three next month, that's a bit much for our current contract the way it is. So can we get a number of how many meetings?

>> KAREN GOLDBERG: Okay. I would say, here's my thought on this. Here's my opinion. Let's say we meet Tuesday the 15th, Tuesday the 29th, Tuesday, December 13th, and I think we're done by then. That's three meetings. It doesn't have to be exactly that day, but I'm just saying let's go ahead and hammer out. How much does one meeting cost?

>> VICE CHAIR PARKER: Hold on. Hold on. Zoom has a caption feature. Okay? So if Zoom has a caption feature, so does Teams. We don't need to hire CART if we're going to use CART. I'm not saying anything about Tammy. I love you to make money, but I'm just saying that, you know --

>> CHAIR ASHTON: How good is the Zoom captioning?

>> VICE CHAIR PARKER: It's really good. I use it daily in addition to my -- not Zoom. I use Teams.

Another we don't have Zoom at Florida State, but I use Teams often, and it's 85 percent accurate. I mean, you know, a couple of words here and there, but we could guess, you know, just like we do the TTY thing.

But, so to speak, for us it's generally good for us to use for a committee meeting for a couple of hours, and we can repeat if we don't understand. I mean, you know, I'm just thinking, you know.

>> CHAIR ASHTON: Debbe, Debbe, you wanted to say something, Debbe?

>> DEBBE HAGNER: Yeah. I mean, you're going to have poll capabilities. I know in my personal Zoom account, I can have the poll and questions and like a survey, Survey Monkey. I don't know if this Zoom we can add the polls to this account.

>> GINA HALLIBURTON: The time we have spent talking about a date to talk about the report, we could have finished the report.

>> KAREN GOLDBERG: I don't know that that's true, but I hear what you're saying. We've been talking a lot about it, but let's go ahead and set it up, and then we can get whatever else we need done today, but we do need to hammer out the three days. Sean, I was going to ask you again, what does the cost of the meeting? Because you said it's a contractual thing.

>> SEAN ISAAC: It depends on what services we require for that particular meeting. At least -- it is at least roughly 40 to 50 bucks for the announcement, public announcement, I believe. If you all have the flexibility to use interpreters that are perhaps provided by another agency, VR, then the cost is limited and it's not restrictive. If we decide to do CART and interpreting, then it increases. And we already have a certain number of those meetings in our current contract. So if we add more, it grows. I don't have the amount of each meeting off the top of my head, but I can get that to you.

>> CHAIR ASHTON: Karen.

>> KAREN GOLDBERG: So my understanding that, you know, we did -- did we do any virtual meetings this year?

>> SEAN ISAAC: We did a virtual meeting in August.

>> KAREN GOLDBERG: Oh, that was a virtual.

>> SEAN ISAAC: In lieu of face-to-face.

>> KAREN GOLDBERG: Does that save us money?

>> SEAN ISAAC: It does save us money when it comes to travel, but it costs us money in other ways.

>> KAREN GOLDBERG: Okay. So is it within the budget to do three additional committee meetings, an hour to an hour and a half each? Like is it within the budget?

>> CHAIR ASHTON: But we need to be conscious that we need that money for the rest of the year, and we have other committees that might want to use that, so I don't want to expend all that for one thing, because we have other committees that might need, like the bylaws and the letters and all that. I'm willing to try a committee Zoom meeting using Zoom captioning and see how that goes without having to pay for the support services so we can save that money for another time when we have a more mixed group online. Only because we're focused on -- we're not focused on discussion, and back and forth things, we're just focused on going through the document, so I think that can work. And it also will work only if people do their homework and, you know, look for pictures, create the infographics, and figure out how to put things together, and then we send everything to Angie and Sean, and he can share everything as materials ready for the committee meeting, we go through everything and then we say yay nay on suggestions.

>> SEAN ISAAC: For the purposes of moving this meeting forward, if you all will agree that I can -- if you all will allow me to work out the details with the chair and vice chair, we will schedule those meetings.

>> CHAIR ASHTON: Okay. So we need to get a date as soon as possible, and you guys need to do your homework as soon as possible so we can wrap this up.

Okay. It is 10:15 exactly, and it is time for a break, and at 10:30, we have a guest speaker about the Florida Hands & Voices, which is the parent group. I'm hoping she will arrive before 10:30 to set up her PowerPoint and all that. So have a break and be back at 10:25.

[15-minute break].

>> ANGELA GREEN: Here's an E-mail sheet for Florida Hands & Voices, if you want to join their E-mail, so I'm going to pass it around. And there's a pen in here. If anybody wants a pen, take a pen.

>> CHAIR ASHTON: Are we ready? Okay. I'm thrilled to welcome Becca from the Florida Hands & Voices group, which is a rejuvenating group of parents with deaf and hard-of-hearing children. They use a variety of ways to raise their children, connected to communication. Becca. I'm thinking that we should introduce ourselves so she would know what kind of background and organization we come from. Okay?

>> BECCA MOREAU: Oh, I would appreciate that greatly.

>> CHAIR ASHTON: I'm Glenna Ashton. I represent the Florida Association of the Deaf, and I'm the chair in the Florida Association of Deaf, mostly culturally deaf ASL signers and friends and allies. Okay.

>> CHRIS LITTLEWOOD: Hi there. I'm Chris Littlewood from the Association of Late-Deafened Adults. I

really like and see what your organization does around the country. I was not really aware that there was a Florida chapter, so I'm very interested to hear what you have to say. On the Suncoast is the only chapter in Florida, and we are mostly based in Pinellas and Pasco County.

>> KAREN GOLDBERG: Hi. Welcome. I'm Karen Goldberg, and I represent Hearing Loss Association of America Florida.

>> CHAIR ASHTON: Explain a little bit about your organization so she will know.

>> KAREN GOLDBERG: It's an organization for hearing loss.

>> CHAIR ASHTON: Okay. Mostly hard-of-hearing people?

>> KAREN GOLDBERG: Yeah. Mostly it is hard-of-hearing people. We have a wonderful advocacy, and I think HAAA was a big proponent of getting the OTC passed, and we just had our big national convention here in Tampa, so just a wonderful organization. And I'm hard of hearing since childhood.

>> BECCA MOREAU: Thank you.

>> CINDY SIMON: I'm Cindy Simon, and I'm an audiologist, so I think that's self explanatory. But I think when you guys are putting your chapter together, you presented early on to this Council.

>> BECCA MOREAU: Really? I just joined the board within the last month or two.

>> CINDY SIMON: I remember having them to the Council way back, early on.

>> BECCA MOREAU: Oh, yeah, our chapter went silent for a few years, like just before COVID.

>> CINDY SIMON: This is way before.

>> BECCA MOREAU: Yeah.

>> MARY HODGES: My name is Mary Hodges. I'm with the Florida Department of Elder Affairs in Tallahassee, and we do administer programs and services for older adults in the State of Florida.

>> SEAN ISAAC: Good morning and welcome. My name is Sean Isaac. I work with the Florida Department of Health. We help to work with the Council to sponsor some of the services that they provide for the State of Florida, including the hosting of these meetings, virtually and in person, as well as responding to phone calls and E-mails and questions from the general public regarding the deaf and hard-of-hearing community.

>> CHAIR ASHTON: Thank you.

>> ANGELA GREEN: I'm Angie Green. I'm with the Florida Department of Health, and I am the liaison for the Florida Coordinating Council for the Deaf and Hard-of-Hearing.

>> KHYATI MASTER: Hi. My name is Khyati Master, and I'm with the Florida Department of Health.

>> CHAIR ASHTON: As you can see, we represent a wide range of organizations. You see the services, we

have CART, we have interpreters, and we have screens and we have microphones. We cover all communication access, and we represent all the way from hard of hearing to deaf, late deaf, deaf blind. We have other people that's not on the council. We represent a wide range of experiences and expertise that you can use that's of use to us on the Council. So now we want to get the story of the Florida Hands & Voices, your story, too.

>> BECCA MOREAU: Yes. Thank you. Thank you. I want to first, on behalf of the entire Board, thank everybody for inviting us and hearing us out. Good morning. My name is Becca. My -- I'm married now, so my last name is Moreau, and I'm here today to introduce our new Hands & Voices chapter. You can go ahead and click next a few times so we can go past the pictures.

Go ahead to the next slide. Yeah. And then you can press it a few times. We are Florida Hands & Voices, and we believe that what works for your child is what makes the choice right. We are a part of a 26-year-old globally recognized non-profit organization that provides resources, peer support and advocacy in an unbiased manner to families with children who are deaf and hard of hearing. Our parent-driven organization collaborates with professionals like you to grow our group that is unbiased towards communication modes and methods. More than 51 percent of our leadership at Hands & Voices are parents of deaf and hard-of-hearing children. I am very proud to say I am part of that statistic. In fact, there are five of our eight Board members all have deaf and hard-of-hearing children. On top of that, we are extremely diverse. We're spread all over the state. We live in Orange, Bay, Pinellas, Miami-Dade, Palm Beach and St. Johns Counties. We're all at different ranges of ages. Five of us, like I said, are parents of deaf and hard-of-hearing children. One of us is deaf. Two of us speak Spanish fluently, and seven of us use American Sign Language within our own homes. You can go ahead to the next slide. Thank you. First, let me introduce to you further our president. This is her family. The Smiths. You can go through some of the bullet points. She's a mom, a social worker. She's a counselor in a private practice, and she serves as the president here for Florida Hands & Voices. Her husband is Joshua. He's the dad, a second grade math homework expert and coffee connoisseur, and her first born is her daughter Loxie. That's a pretty cool name, I like to think. I haven't heard of it before. It's not short for anything. She failed her newborn hearing test and the family was told don't worry, it was probably just amniotic fluid, so then a year or two later comes along Gideon, their son, and now Cami and Joshua are being told that their second child just failed their newborn hearing test.

Again, the Smiths were just dismissed, saying no, it's just fluid, and the circumstances were downplayed.

When identified, Loxie was three and a half years old and Gideon was just a one and a half-year-old. The Smiths didn't get the opportunity to meet another family with deaf and hard-of-hearing children until Loxie was five. You can go to the next slide. And here is my family. This is my husband and myself, and like I said, I'm on the Board here at Florida Hands & Voices. I'm a stay-at-home mom currently and my background is in early childhood education. This is my husband Harley. He's my life partner, my kids' best friend and the world's best farter -- I mean farther. He's a pretty good dad. Our oldest child with the curly hair, that's Morgan. She has a little bit of a communication delay because she's growing up using ASL. We use total communication in my own household, because Ronnie, my two-year-old and Makenna, my one-year-old, they were both born profoundly deaf, and they were just diagnosed earlier this year with auditory neuropathy spectrum disorder. So with my background in early childhood education, I already kind of understood the importance of American Sign Language, just having as a basis of language. So my three-year-old already knew some. Finding out about their diagnosis, she wasn't shocked when we had to really flood her with more signs for the sake of her sisters. So right now, she has a little bit of a communication delay because she is confusing the grammar of ASL and the grammar of exact English whenever we speak out loud. My husband and I are trying to speak in ASL grammar, so she hears us speaking in ASL grammar, and she confuses it. And then we have Ronnie, who failed her newborn hearing test the first time, but passed it the second time, and it was just dismissed. No worries there. And then along comes Makenna. She was a premie. I had her because I was COVID positive, and so I had her two months early and she was in the NICU, and she failed her newborn hearing test. They dismissed and they told me she was just a premie, it happens, so get it checked. So beyond that, around nine months -- when Ronnie was around nine months, I missed this part, she wasn't responding to her environment appropriately. I startled her to tears when I woke her up. I practiced clapping behind her. I did snap tests to see, and my background, again, is in early childhood education, so I knew something was off there. I took her to an audiologist. They dismissed me and said she's just ignoring me. My nine-month-old was just ignoring me, the loud pans that I'm banging behind her, the cool toys that are playing songs near her. She's just ignoring all of that. So don't worry.

Now my second -- or my third child is born, and she fails her test, and finally some pediatric audiologist decided to do ABR tests on them and told me that, oh, I think they have auditory neuropathy spectrum disorder. So for the last ten, nine, 11 months, I've been learning a lot about their diagnosis, which led me here, to Florida Hands & Voices, because at first I was not offered -- I wasn't offered a lot of help, and on top

of not being offered help, this was such a new diagnosis I'm learning, that there's honestly, not even a lot of stuff out there for me to find. So I put myself in a position here to hopefully reach out and try to find the best help for my children for their future, and that's how we ended up in this meeting here today. Cami and I ended up bonding over how easily our children's failed hearing tests were thrown to the wind. You can go to the next slide. And then go through all of those little bullets. Thank you. I actually switched these up on my side, so this is not the right slide that I'm about to read. If you can keep going through the bullets to the next slide, please, and maybe we can go back to this one. I'm sorry. Like I said, I'm just a mom. And I tried doing this with three babies crawling all over me. Okay. You can click through these, and this is the slide I'll read. Research acknowledges the role of parent-to-parent connections and exposure to adult role models who are deaf and hard-of-hearing to increase overall parent involvement, which has been shown to lead to positive child outcomes. Support is usually extended by professionals first, which usually leads to low attendance at sponsored events, little investment from the desired audience, and an overall lack of participation from families. There's a comfort level that happens very naturally between parents who can relate to each other's experiences of coping with their child's hearing differences and facing the challenges of navigating a service system implemented by professionals. You can go through, because there's going to be a chart, and we'll stop at the chart. When a learning parent receives guidance from an experienced supporting parent, they gain confidence in maintaining the well-being of their child and family. They gain knowledge and advocacy in navigating system, and they'll feel more empowered in making decisions and engaging with their children. More than 40 percent of children with hearing differences have additional exceptionalities, according to Gallaudet University in 2015. Generally, these children are identified as Deaf Plus. It takes a village to raise a child. Now you can go back to the other one. Please. You might just have to keep clicking back through all the bullets. I'm sorry. We're learning. Okay. That's good. Thank you. It takes a village to raise a child. The mental health of dads and moms matter. And I'd like to point out that I put dads first because they tend to stay masked and undermined when it comes to parenting, especially parenting a child with a diagnosis or two. Your typical parent relies on a variety of formal and informal supports to help them with the responsibilities of raising a child. Liberty and Liberte say some formal supports that are typically used by parents include paid day care, house cleaning, paid tutoring, or even takeout restaurants. Typical informal supports include grandparents providing a night out for Mom and Dad, a neighbor cooking meals for a new parent, or even car pooling to social events like soccer games or school dances. These opportunities are slim to none when raising a child who is deaf and hard-of-hearing with

additional exceptionalities. As parents, we've come to terms with the interdependence that comes along with this ride through parenthood. Recently, since revamping our organization, we've gained numerous Deaf Plus families and the response we've gotten is that they've finally felt supported and relieved with the reliable information and connectivity they've received from other families who have similar journeys. Our members tend to feel less alone. First-time parents experience a plethora of new challenges they were never prepared for. We're told that sure, the baby will wake up every three hours. Yeah. Yeah. But when that baby actually cries and wakes you up every three hours and you and your spouse start to argue over whose turn it is to change the diaper and get the baby and make the bottle and you figure out it's your turn so you get up and you're mad because you fall over the fat cat that still gets to sleep peacefully. All the while the baby is still crying in the background, for three or four months, until the baby sleeps through the night. Hopefully. I have three kids. My two-year-old still wakes up throughout the night. It's exhausting. And it adds up. The exhaustion grows, and other concerns linger. Emerson Hospital says fathers can experience heightened anxiety, depressions, OCD or PTSD with paternal post-natal depression. Mothers can experience feeling worried, overwhelmed, sad and self blame with postpartum depression, according to immerse.org. All these feelings begin on the special birthday. The arrival of a new baby is exciting, nerve racking and overwhelming. A failed newborn hearing screening adds in to the chaos of adjusting to parenthood. But don't worry about it, Mom and Dad, it's just fluid. Don't worry about it. It happens to all the preemies. Little did myself and many other parents realize we needed to go from Lamaze classes to ASL classes quick. We can go to a few slides after the parent-to-parent support. We want to be able to be that next step for these families in Florida. No matter how old your child is when they're diagnosed. Fun fact, we are serving kids and teens of all ages. Our mission is to be the answer to a caregiver's "now what?" We offer families the opportunity to have access to the most professional parents in the state, as our organization raises funds, we'll be able to provide family and professional directories, organized by location. We'll be able to provide additional services that are especially unique to the Hands & Voices organization as a whole. Those services include but are not limited to a guide by your side, which is a specially trained parent of a deaf and hard-of-hearing child that helps guide your family through the next steps after being identified, or it could be a parent with an older deaf or hard-of-hearing child that has walked your path before, and they'll extend the unique support that's necessary to feel successful on your path. It could also be a deaf adult who will provide training and support to your family. Another service that we could offer is ASTRA, the advocacy support and training program. ASTRA content is derived from years of direct advocacy, experience, working with families and schools.

Attending advocacy trainings from legal experts, providing trainings, and the Hands & Voices Educational Advocacy Guide Book. Another service we see in our future is Hands & Voices Leadership-to-leadership Program. The L-to-L. Which provides leadership development skills to current leaders and supports the sustainability of our chapter and programs through a proactive approach to leadership development and succession planning. As previously stated, as we raise funds, more of the services will be available. On social media, our returning presence has been successful. So we can go to the next slide. Oh, sorry. I guess there were transitions here, too. And then there's just two pictures that will pop up. We have over 2500 followers on Facebook, so we feel brave enough to finally host our first fundraiser since rebooting. Our family memberships offer private access to a members' only group that will help them connect to other families statewide. We've been able to have virtual meet-ups with the Board and families to hear what the current needs are for them. The Florida Hands & Voices Instagram account reaches over 300 accounts every 30 days, and we spotlight a professional member linking their contact information and location if they'd like. And the best part of all, our desired audiences know we keep all of our inboxes open. So they can reach out with questions, if there's a parent who has a question, our response rate is like 70 percent, and we have E-mails, so our entire Board has E-mails, and everybody goes, if you have an information, it will go to our president. If you have something, an event, it will go to our events. If you have -- but all from the same E-mail. So we have all of our contacts at the end. I'll have it bigger. And -- well, actually, this one doesn't have our contacts bigger, so maybe we should just stay on this page at the end. You can go to the next slide, please. How can we connect and collaborate with you? According to the Coordinating Council Web site, you serve nearly 3 million Floridians affected by hearing loss through providing technical assistance and resources to individuals, government agencies and private and public organizations. We are a resource. Please add us to your Web site, follow us on social media, and give your information -- or give our information to your families. We'd like to become the epicenter for resources to our fellow community. Opportunities exist for professionals to present to our members, and we can connect them to you. We can serve on and participate in meetings, conferences and committees such as what I'm doing here today, and like I said earlier, on behalf of our entire board, we are honored to have been invited here. You can go to the next one. You can go through all those. Thank you. What sets us apart? We serve families who have children with hearing differences of any age. We don't have an upper age limit. We serve all individuals, from birth to 105 years old. We are nonbiased and do not promote any single modality, any single device, language, methodology, any approach over another. We are supportive to anything and everything. What makes the

choice right is what's best for your child. We are a center for information and support. We're not a service provider. Like myself and most of the board, we are just parent volunteers who have a passion for accessibility, education, representation and sharing the joy of raising deaf and hard-of-hearing children. We're different because we do currently -- or because currently we do not receive outside funding. We rely solely on memberships and donations. Here with Florida Hands & Voices, our only limitation is our imagination, and our bank account. And thank you. I'm open for questions, further explaining. Yes.

>> VICE CHAIR PARKER: Hi. This is Cory. Thank you so much for your presentation.

>> BECCA MOREAU: Thank you.

>> VICE CHAIR PARKER: I wanted to ask if you were connected at all or know about Regional Early Acquisition of Language, R-E-A-L through Alabama Institute of Deaf and Blind?

>> BECCA MOREAU: I'm not sure if we have direct connections, but I know that we are going to be at the FEDHH summit, and they're going to be there, or they're hosting it.

>> VICE CHAIR PARKER: Yes. That's next week, right?

>> BECCA MOREAU: Yes.

>> VICE CHAIR PARKER: Make sure you connect with REAL because they will be there.

>> BECCA MOREAU: I think they're providing my family a ticket to go, so I think I personally --

>> VICE CHAIR PARKER: REAL is? Wonderful.

>> BECCA MOREAU: Yeah. So I'm excited to be there as a parent, and then I get to represent Hands & Voices also, so --

>> VICE CHAIR PARKER: Awesome, because they are -- early acquisition of language, REAL, is a really good agency to connect with. They are with the AIDB folks.

>> GINA HALLIBURTON: Becca, thank you. I also want to thank you for your presentation, and ask you to apply for our vacancy of parents with deaf children. If you do not apply --

>> VICE CHAIR PARKER: I was just about to say that!

>> GINA HALLIBURTON: So she understands how important this is!

>> BECCA MOREAU: I haven't heard --

>> GINA HALLIBURTON: If you don't apply, then have one of your parents to apply. Have all them to apply so that we can have that input on our Council. Thank you very much.

>> CHAIR ASHTON: I was planning to ask her at the end. I didn't want to scare her now. But I will follow up and discuss that with you and your Board. Because we need a parent of a deaf/hard-of-hearing child on the

Council. I'll explain more later afterwards.

>> BECCA MOREAU: Okay.

>> CHAIR ASHTON: Also, I'm sure you're already aware of resources from FSDB, Florida School for Deaf Blind. They have a big outreach program. You're already aware of that. Okay. Good.

>> BECCA MOREAU: Yes.

>> CHAIR ASHTON: So I happen to know a few deaf people who work as peer mentors.

>> BECCA MOREAU: Okay. Like the early interventionists?

>> CHAIR ASHTON: There aren't -- at FSDB outreach program, they are deaf adults who work as peer mentors to support the local families with deaf/hard-of-hearing children. So check on that. I know a few deaf friends that do that, and they really enjoy doing that. Cindy.

>> CINDY SIMON: I am completely horrified to hear that doctors are still telling you don't worry about it.

>> CHAIR ASHTON: Yes! Yes! Yes!

>> CINDY SIMON: They used to do that by us, and now every pediatrician is scared to death, and they're sending 12 months old for language delay to make sure they don't have hearing loss. Have you looked into maybe a local pediatric group or other local groups that have meetings, like continuing ed meetings for their members, and maybe you can go and educate them that if your child isn't responding, how important it is to find this out as soon as possible?

>> BECCA MOREAU: That's one of our near goals. Right now, as -- I don't know, in our counties, we're -- a lot of us are centralized in larger counties. Miami-Dade, here in Orange County. Cami is in the Panhandle. So our outreach, we want to get to those rural areas first. And so we want to find those families, go to those meetings first.

>> CINDY SIMON: Right. So I am in Miami-Dade. They can always call me. But it's our doctors are that nervous. And if a pediatrician sees the kid is delayed, the speech pathologists are sending them before they'll even begin speech. But I have trained -- anyone who graduated FIU, so that could be a reason. But in general I am shocked at how young the children are when they are sent for testing, and when you say that, it's almost beyond my ability to imagine this is still going on. The areas need educating of the professionals who see the children, and I'm sure you already know that in this state, if you fail your hearing screening, you have a limited amount of time to be redone and then be diagnosed by three and have what -- three months and have whatever intervention is going to go on by six months, and it's been this way for years now. So I'm not sure how they're being missed, but you all should be working as well with Early Steps.

>> BECCA MOREAU: Yes. I personally would like to reach out with Early Steps. So we have a list of people that we're going to try to hunt down, essentially, to try to collaborate with so that way these families can feel more at ease coming to them and feeling more comfortable with the services that they're getting from these organizations.

>> CINDY SIMON: If you check with me Monday, I have an E-mail of the person who's kind of running most of the stuff in Early Steps, and I'll be happy to share it with you.

>> BECCA MOREAU: Oh, yeah, no. We would appreciate any --

>> CINDY SIMON: Because I have to submit reports to them on these kids who are being retested with me.

>> BECCA MOREAU: Oh, yeah, we would be very grateful for any extra contacts. We're planning on -- we're meeting with a new -- I'm not sure exactly, the technical term for it, but it's a new organization or company that's going to help us organize everything in our Web site and keep all of our membership stuff and our professional stuff and our events and our donations and it's going to be able to keep it all on the same database. And whenever we get that squared away, then all of our dreams can really come true after that. Right. We have to push for money, and then we have to get everything in the works. Thank you.

>> CHAIR ASHTON: Two comments. I was also shocked when you mentioned that several families were just overlooked over and over and over again. And I'm like, this happened with me when I was a baby, and I was shocked, it's still happening decades later? Unbelievable! Other thing is, I'm curious, you say that the group includes everybody. Do you actually have parents who chose to go through Debbe School or Clark School, the oral schools?

>> BECCA MOREAU: One of our Board members is a speech language pathologist at the Debbe Institute, and I personally, I have an appointment at the end of this month with a doctor at the Debbe Institute also for my two-year-old. So I'll be there. Hopefully.

>> CHAIR ASHTON: I happen to know of a few deaf families that have several children. Their parents were deaf, but their children, they have various -- some are hard of hearing, some are deaf and they did not treat them all the same. Some went to mainstream, some went to school for the deaf, some -- you know, they're it can be done through each one, and the deaf parents themselves did that, so it's okay.

>> BECCA MOREAU: Thank you. Thank you.

>> CHRIS LITTLEWOOD: Welcome, and thank you so much for all the information. I, too, was really distraught at what you said about doctors saying after the kids failed the test that don't worry about it. That's a scary thing. Early intervention is supposed to do the exact opposite of that. So again, very

concerning. And I applaud your efforts and make sure there are changes in that. My question for you, for the organization, is I am the exact opposite. I am very hard of hearing, or late-deafened myself, and both of my children are hearing. So do you have anybody in your organization where it's like that, or is it more a case of where the parents are always hearing and the children have hearing loss?

>> BECCA MOREAU: We actually have a Board member who is deaf, and she has hearing children, so she brings that to the table, and she's kind of our biggest connection to other deaf adults to help bring in volunteers to connect with our families. And we all personally as parents have our own connections with the deaf adults that we've brought in with our children.

>> CHRIS LITTLEWOOD: Okay. I wanted to share one more resource for you, just because she is a friend or colleague that lives in Chicago, or just outside of Chicago, that she's very involved in Hands & Voices. You've probably heard of her, Karen Putz.

>> BECCA MOREAU: Yes.

>> CHRIS LITTLEWOOD: Okay. Make sure you read the book, "Raising Deaf and Hard-of-hearing Children."

>> BECCA MOREAU: That's why I'm so grateful to be here so that I can learn about these, so I want to reach out.

>> CHRIS LITTLEWOOD: Again, she's very involved in Hands & Voices, and she's a presenter and author of many, many books. So if she can be a resource, my E-mail is on the list, I can put you in touch with her if you need.

>> BECCA MOREAU: Thank you. We really, really, really appreciate all the contacts.

>> KAREN GOLDBERG: Hi. Thank you so much for your presentation. I found it so insightful. I echo everyone saying that we're concerned that we're hearing that as a parent you're being told not to worry about certain things. I'm also a physician, so I'm trying to think, well, maybe they're doing a differential diagnosis, they're saying well, could this be for real hearing loss or could this be related to premie, and then the hearing catches up and language catches up, so I'm trying to give the physician the benefit of the doubt on that one, but I don't really know.

>> BECCA MOREAU: For how long?

>> KAREN GOLDBERG: The EHDI, are your group connected with them?

>> BECCA MOREAU: Yes. We are. We are. We have a close relationship with one of the parent support, Miranda Nearland, I believe is her last name.

>> KAREN GOLDBERG: Just for everybody's knowledge, that's the Early Hearing and Intervention Program,

and it's supposed to prevent doctors from saying, it's all right, it's no big deal, until the child is like three, four, five years old, and then you're like, oh, okay, maybe it is an issue. I think doctors are much better because of this program and making sure that we're not missing. And it's the reason that kids are tested as soon as they're born, and then re-tested, and then tested again, and so the -- but if they're missing something, then we ought to be making sure that physicians are adhering to the EHDI Program standards, which is in every state.

>> CINDY SIMON: And that's what I was referring to with the 1-3-6, you have to retest. However, I will tell you that a lot of parents don't follow up, and that -- not yours, but I mean, there are a lot of parents who don't follow up, and they are literally hounded by EHDI. They are hounded by EHDI until they get that testing done because that's the only way. And we have 24 hours to input our results when we get them. It's really strict. And again, if I can help you guys in Dade County, let me know.

>> BECCA MOREAU: Oh, I really appreciate that.

>> CINDY SIMON: I'll give you my card after.

>> BECCA MOREAU: Yeah, please. Thank you.

>> CINDY SIMON: But most of the doctors are good in that county. They do refer for any little thing, because they don't want to be caught.

>> BECCA MOREAU: Right. Right. I personally am just going to my next step led me to Miami because not a lot of people are specialists in auditory neuropathy. And so my options for professionals to help my children and my entire family are very slim, and I've exhausted the ones that are near me in Orlando, so now I have to look elsewhere. And hopefully, my new journey starting in Miami will actually be beneficial in figuring out my kids' next steps with communication. So I appreciate all the contacts.

>> GINA HALLIBURTON: Becca, this is Gina again, are you familiar with or connected with Nathaniel's Hope at all?

>> BECCA MOREAU: I am not.

>> GINA HALLIBURTON: I'm on your E-mail list. I'll share you information. It's here in Orlando.

>> BECCA MOREAU: Thank you.

>> CHRIS LITTLEWOOD: Thank you. Just wanted to ask, in your presentation, you mentioned about the concerns for parents feeling isolation and stress and everything, having just found out about having deaf or hard-of-hearing children, and your organization helps with that. I'm assuming the socialization aspect of it. So where and when and how often do you guys meet face-to-face to do something like that?

>> BECCA MOREAU: So we don't have the funds to fully commit to doing an in-person event just yet, so we're trying to collaborate with other organizations first, like coming here. This gets us a little foot in the door. Going to the summit next week, the real summit next week will get our foot in the door there, and then outside right now, we're doing virtual meet-ups. Like I said, in the presentation, we've done one virtual meet-up with families and Board members during the Daytime. We called it our Lunchroom Chat. So people were able to join on their little lunch break. And we did hear some concerns. We had a married couple actually come in at separate computers because one was at work and one was at home. So it was important enough that they both felt like they should be there in attendance. And luckily, none of us had similar stories with our children, but we were able to relate on the feelings of hearing, you know, the diagnosis and adjusting our entire lives, and then we also have a night chat coming up for our parents who are working throughout the day or like any adult, really, who just wants to join in at night, and that's one is going to be more just casual, hang out. That's more of a social aspect of our virtual meetings for right now.

>> CHAIR ASHTON: When you talk about fundraising, I thought of something that FAD used to do before COVID that might work for you is Orlando Aquatica, the water park. And what you do is you get group tickets at a discount, and you sell them to people, anybody, and then they pay the discount price, and then they have the day to socialize and everything, and it would be perfect for families to come together and to do like in June, you know, end of school year, and friends, because when they did it, they earned \$1,000 or more from that one event because it was a great opportunity to come together and just have fun all day, socializing, and I think that would be perfect for a family event because there are places where you can get group ticket discount, and if you start -- you profit the difference, and, you know, that would be that's a suggestion.

>> BECCA MOREAU: No, thank you. Thank you.

>> KAREN GOLDBERG: Two things. One, I just sent an article to Sean and Angie about auditory neuropathy spectrum disorder, for our education, and I'm happy to share it with you. But for them to get it.

>> BECCA MOREAU: Just in case, yeah. Thank you.

>> KAREN GOLDBERG: And I just joined Hands & Voices. Now, I may ask you a little bit later if I did it correctly, but it asked for me to pay, but it was like a donation payment?

>> BECCA MOREAU: Yes. Yes. Yes. All of our payments, all of our memberships, it goes straight into our donations.

>> KAREN GOLDBERG: Oh, okay. So maybe that was it. But yeah. I'd be very interested in learning more. I'm a psychiatrist, and I work with deaf and hard-of-hearing kids, and just want to learn as much as I

can.

>> BECCA MOREAU: As do we. So we appreciate all of the collaboration that we're going to get from this. We really do.

>> CHAIR ASHTON: You may not realize it, but your parent group is really, really important and really plays a very vital role of raising your children, and advocating for parents. It's fascinating, very fascinating, so I'm just thrilled, so --

>> BECCA MOREAU: That's how I feel also. Just being on this journey for a year, I realize that I've come across parents who just push their kids off to the doctors and whatever the doctors say is right, and just show up to your therapies and your kids will be fine, and these parents aren't asking questions. These parents -- like, I was told at nine months that my kid was just ignoring me. You know? And nine months after that, luckily she got an AVR test done and finally got diagnosed. So if I were to just keep ignoring and brushing everything off, I wouldn't have figured any of this out, and I just want to give parents the voice also, and it's okay to be vulnerable and to ask questions, and adjust to your life.

>> CINDY SIMON: I'm going to make an assumption for your group. Although I see the opposite with parents all the time, you're aware of Part C of IDEA. So as long as your child is under three, you can go through the state and have services and get assistance. Too many times, parents wait too long. Now they're in to Part B and they're not going to get as much. And Part C, they'll actually come to your home to do speech therapy, and, in fact, in the Debbe School, they do that.

>> BECCA MOREAU: Wow.

>> CINDY SIMON: So if you didn't know, I would check in to Part C and all that you're entitled to.

>> BECCA MOREAU: Yeah. I have to drive to speech therapy twice a week for two of my children -- well, three of my children. All three are in speech. So if the services can be done in my home, that would be much better for my family.

>> KAREN GOLDBERG: This is Karen again. So there's a group, I think it's run out of the Tampa, I think they have an office in Tampa, although I've spoken with the director and she actually lives in the midwest, something like that, but it's called Supportive Success for Children With Hearing Loss. It's success for kids with hearing loss.com, and they do a lot of information and education about the educational system and your rights, and they have -- I think it's really for teachers and professionals that are working with deaf and hard-of-hearing, but they have a number of resources for parents as well.

>> BECCA MOREAU: Yeah. If you could write that on the paper, the Web site, or attach it to an E-mail.

>> KAREN GOLDBERG: Do you have an E-mail?

>> BECCA MOREAU: My E-mail, you can do Becca, B-e-c-c-a@FLHV.org.

>> CHAIR ASHTON: We have a Facebook page under FCCDHH. You are welcome to post things related to FLHV. A lot of people do see it, so you're welcome to post things on that.

>> BECCA MOREAU: Thank you. Yeah. Thank you.

>> CHRIS LITTLEWOOD: I was just going to ask, and I apologize if you already said it, but who is your contact in Pinellas County? Or you mentioned a member in Pinellas County?

>> BECCA MOREAU: I'm not sure if anybody on the Board just wants us to give personal contacts and locations just yet, but --

>> CHRIS LITTLEWOOD: It might just be a member, that's okay. That's okay.

>> BECCA MOREAU: No. No. It's a Board member. All of the counties I listed were Board members. That's where we're all spread out. So if you wanted to E-mail Becca@flhv.org, we can answer more of those questions.

>> CHRIS LITTLEWOOD: Okay. Well, more importantly, I wanted to put you together with a like organization, and I will do that through E-mail as well, but on the Family Center on Deafness in Pinellas County, they have a very similar goal and objective that you do, where it's all parents of deaf or hard-of-hearing children. Not really parents, but it's -- the focus is through Juvenile Welfare Board and Pinellas County Schools to make sure that children are getting all the services they need when they're deaf or hard of hearing.

>> BECCA MOREAU: That's great.

>> CHRIS LITTLEWOOD: So I want to put you in touch with the director there and make sure that you get that as a resource.

>> BECCA MOREAU: Oh, please. Please. Thank you. Thank you.

>> CHAIR ASHTON: How many members do you have now?

>> BECCA MOREAU: I think we're up to about 50 members. We just rebooted about two months ago, and our social media pages have just recently been extremely active within the last month and a half. So we've gone from zero to 50 members, and I'm not sure -- I think those are just family members. Those might just be families. I'm not sure how many professionals.

>> KAREN GOLDBERG: At least one. At least one.

>> BECCA MOREAU: Yes. At least one. We do have at least one. And we appreciate you.

>> CHAIR ASHTON: I'll join, too.

>> BECCA MOREAU: Oh, thank you. Thank you.

>> CINDY SIMON: And I will as well.

>> BECCA MOREAU: Thank you. We appreciate it. Our E-mail list will include events that we're going to have, virtual meetings, any fundraisers, any of our goals that we're trying to reach. All types of fun stuff. Our first fundraiser, Hands & Voices has a Freeze Your Fanny 5K that they normally do every year, and this is our first year participating in it. So we have a QR code, and we have some small companies that have donated some prizes and stuff, so first five people to donate whatever, you get a shirt. First five people to donate whatever, you get a special cup, you know, there's cute little things that we are willing to offer for people to help donate to our Freeze Your Fanny 5K. It goes into our own chapter's bank, even though it looks like it's the entire organization of Hands & Voices, for the whole nation. It just goes to our state whenever you donate from us. So we're very eager about that.

>> KAREN GOLDBERG: Another really great fundraising idea is silent auctions. I just say because I love them. I do love them.

>> CHAIR ASHTON: The HLAA 5K Walk 4 Hearing, and they can join the walk, and the money they earns goes back to that organization, HLAA.

>> CHRIS LITTLEWOOD: That's awesome. We do that, too, through the Association for Late Deafened Adults. Just a little warning of awareness that your organization will get about 40 percent what you raise. But it's still okay because HLAA does all the work for the Web site and everything, and setting up the organization, so I think it benefits both, and they're both hearing loss organizations, and we're really small, the Association of Late-Deafened Adults chapter, we have like maybe 25 members and people around the state, but we raise for our organization, I think we've raised for our organization 600 bucks, and we brought in, like, \$1500, and we just split that with HLAA. So it's still helpful.

>> BECCA MOREAU: Yeah.

>> CHRIS LITTLEWOOD: And it's so easy. I mean, you send E-mails out to your friends and everything, and say hey, support us in this walk, and people donate 10, 20 bucks, everything like that, so they do it about once a year, so look for that in the future.

>> BECCA MOREAU: Oh, I'm so grateful for that. That's great. I know we have a few things that we're trying to do in our future. Not sure how close in our future we'll be able to do these things. One of our closest goals right now is we're trying to do a virtual deaf Santa, and so that way for the children who can't go

to a mall or just have access in any of the rural parts to see a deaf Santa in person, we want to have a personal chat room, so people can have five minutes with a deaf Santa and signing with them and figuring out what they want for Christmas, and right now I'm working with Advent Health and someone that I know over there. She's also on the Board for A.G. Belle foundation, so she's looking for a connection with a deaf Santa. My deaf mentor for my family, she's looking for a deaf Santa for Hands & Voices to hopefully get all of this in to fruition. We're very excited. That's our first main goal, and I think it would be very fun, since we are Florida, to host a mud run, so maybe sometime next year, if we can have enough funds for it and have enough sponsors, we'll be able to host a mud run and get people to come.

>> CHAIR ASHTON: You could get sponsorships from hearing loss-related companies, like the different hearing aid companies, cochlear implant company, video relay system companies. They do a lot of donations.

>> BECCA MOREAU: We're figuring -- I'm sorry. We're figuring out how to build our sponsorship tiers. So if you donate so much this month, you'll have this as your benefit. So we're trying to figure out that part still, which hopefully we'll get with the database company that we're about to work with next week.

>> CHAIR ASHTON: For example, Sorensen is much simpler than that. Sorensen is a company that provides video relay, the system that you call, and you see an interpreter on the screen, and your talking person will sign this person or you can do direct deaf-to-deaf signing. But they have an online application. You fill out the online application, whatever, they give you \$250. There you go. You don't have to jump through hoops that much. It's very simple. You just apply online, you tell them who you are as an organization, what events you're doing, what you need support for, and \$250. There are some companies that are looking for giving donations. So doesn't have to be that complicated.

>> BECCA MOREAU: All right. Thank you. Thank you. It is nerve racking being parents, and then asking, and one of our biggest debilitating questions is why should they donate to us, and so one thing that I try to push for the rural towns specifically is that we're just part of your community. These are kids who are being raised in your small town, and you should support them, too.

>> CHAIR ASHTON: You don't realize parents have a lot of power. You need to use that power. Parents do have a lot of power. You need to use it. Don't be shy. Go for it.

>> BECCA MOREAU: Okay. I'll definitely bring all of this advice back to our entire board, and when we have virtual meet-ups with parents, I'll just relay all the gratitude and just the welcomeness that I've received as a parent here.

>> CHAIR ASHTON: Okay. So the last thing is -- yeah, we really thank you, thank you, for coming and your

presentation, at the last minute. We really appreciate it. We're thrilled. We wish you the best with your career, that you take off to represent as many parents as possible.

The last thing is, as she mentioned before, we would want anybody from your group to come to apply to have a seat on the Council to represent parents of deaf and hard-of-hearing children. And I will give you the organization link. You go in and you do an online application, really long. And you send it in, and what it includes that when you come to Council meetings, they're four times a year, plus maybe a couple of committee meetings, which are four times a year, we try to have it in person. Your travel would be covered. You pay for it, you get reimbursed quickly. And then sometimes we do Zoom meetings instead, committee meetings are Zoom meetings. So it's not a lot of time investment, but it's an important part. So consider that, or bring it back and have somebody.

>> BECCA MOREAU: Absolutely. No, I appreciate it. Thank you.

>> CHAIR ASHTON: We travel around the state. So for example, February will be Tallahassee. August will be online -- no. May will be online. August will be in South Florida.

>> BECCA MOREAU: Okay. No, I appreciate it. I personally will look over the application. Like I said, I'm just a stay-at-home mom so I like to dedicate my time to doing what I can. You know, I was a teacher before, so making change and helping people just learn and grow, that's kind of my passion. And I guess it led me here.

>> CHAIR ASHTON: I already have your E-mail, so I'll send you the information.

>> BECCA MOREAU: Thank you.

>> CHAIR ASHTON: And thank you, thank you for coming.

>> BECCA MOREAU: Thank you.

>> CHAIR ASHTON: Deaf applause.

>> BECCA MOREAU: Thank you.

>> CHRIS LITTLEWOOD: I applaud you for being an awesome ambassador for your children and for other parents and for other parents' children. That is so important and so needed. So thank you very much.

>> BECCA MOREAU: Thank you. I appreciate it.

>> CHAIR ASHTON: Sean.

>> SEAN ISAAC: Again, well done. We appreciate you coming here.

>> BECCA MOREAU: Thank you.

>> SEAN ISAAC: And doing a fantastic job. Voices of parents are incredibly important to this process.

Your voices are not as heard as we need to be, so we appreciate you coming and taking some time to do this, and again, well-done, and we look forward to working with you in the future.

>> BECCA MOREAU: Thank you. Me, too. Me, too. I appreciate you all.

>> CHAIR ASHTON: Sean, do we wrap up the time for the Tallahassee meeting.

>> SEAN ISAAC: Okay. We are totally excited about the next meeting --

>> KAREN GOLDBERG: I'm sorry. I'm sorry. Did you get your notebook that you're supposed to have?

>> BECCA MOREAU: Yes. I have my notebook. And did everybody grab a pen if they wanted one?

>> SEAN ISAAC: Okay, Glenna, when you're ready, we can move forward.

>> CHAIR ASHTON: That's fine.

>> SEAN ISAAC: Okay. We're incredibly excited about the next meeting that, as everybody already knows, will be in Tallahassee, Florida, February 9th and 10th, and we will definitely make sure to provide the draft agenda as quickly as possible so that you or your partners can identify and share that with other partners, so you all can make sure that this meeting is well attended. We are finalizing our choices when it comes to the hotel. As you've mentioned, we already will be in the Betty Easley Conference Room on the Department of Health's campus, and we're ready to take any questions that you all may have regarding that meeting. So any questions about that?

>> CHAIR ASHTON: Two. Cory is going to do his part to try to recruit local deaf people and hard-of-hearing people to come for public comment. And I happen to know one person, and I'll reach out to her through Facebook. Second is I'm pretty sure we'll have the report done before then. I just want to mention the bylaws, if we should try working on that before, or we have to wait for a vote on the bylaws, because -- well, the bylaws, we don't have to share with the legislature, but the statutes, is there any chance of working on the statute? Because that was the third thing I wanted to finish before February. So I guess that's not possible to make requests for changes.

Okay. The DVD is the legal thing. Cindy, I hope you can help with the history of that. I had a stack them. I had meant to watch it on DVD and I didn't have time. I have no idea how long it is, how old it is, whether it's still good or not. I think at the minimum, we can post it on the Web site, but do you know?

>> CINDY SIMON: I do, actually. It's somewhere around 2008, a year before or a year after. We can invite Lisa Schaeffer-Meyer, who was the lead working on this, to tell us about it. We also have a hospital DVD, believe it or not, for communication in the hospital. I'm sure I have one at home somewhere. Do you want me to bring it so everyone can see it at a meeting? They created little groups, and went out to do this, and

shared it with all these individuals. But it is old. It's a little outdated.

>> CHAIR ASHTON: How long was it?

>> CINDY SIMON: It's not that long.

>> CHAIR ASHTON: Okay. And the other thing is whether it's outdated? Whether it's outdated or needs to be updated, or what, you know, that's the question.

>> CHRIS LITTLEWOOD: It is very old. Some things on it are outdated. Some things on it may still be helpful. Both the legal task force and the medical DVD were on the Web site at one time. I believe they are. What I would suggest for the Department of Health Office that we make sure that we have them archived somewhere and then toss every copy that we have because there's no point in keeping them, as old as they are.

>> CINDY SIMON: We also need to realize there was a book that came with the healthcare one, and it was copy righted, and we were not allowed to share that information. So be aware of that, because it was paid for by the -- whatever the hospital's organization. So if you find that entire book with it, you're not supposed to have it and you can't share that.

>> CHAIR ASHTON: Okay. So we'll just try to end it.

>> CINDY SIMON: You can show the DVD, that's okay. Again, this one is more like if you get arrested, what to do, what the cop should be doing, et cetera. And then the hospital one is when you're laying there in the hospital, what goes on and how best to communicate with them.

>> CHAIR ASHTON: The only one I have is the legal one. I don't have the hospital -- well, I have the hospital jacket, but no DVD was inside there, so okay.

For the agenda, we discussed it before to have somebody from ethics to come, about the financial disclosure form. So we're in Tallahassee, so that would be a good opportunity to get somebody to come from ethics.

>> CINDY SIMON: I have a question for Angie. Are we supposed to get forms that we have to fill out before we leave?

>> ANGELA GREEN: No. Not before you leave. I'm sorry. I'll send them out through an E-mail when I get back to the office.

>> CINDY SIMON: Oh, I already gave you mine.

>> ANGELA GREEN: Yes. I got yours.

>> CHAIR ASHTON: Okay. Is there anything else that we put on the agenda? The ethics, the report will be done already. We could work on the bylaws or the statute, the letters. What else? And then again, I

think we only had like one or two people that would be available to come on Wednesday for legislature visit, so we would have a recap of what happened on Wednesday. But I think more important that -- and I said this many times before, that we really need to start reaching out to the representatives and senators in their home office, where you vote, where you live and vote, and just let them know about FCCDHH so when we're ready and need a sponsor, champion for, if we change our statute, for TSA bill, the committee to support Cecil on that, and things like that. So we really start doing that at home. Cindy.

>> CINDY SIMON: Something that we've done before, and I don't know if this would be helpful to you is as the chair, you have the right to decide that we're going to have a meeting on Thursday and do these visits on Friday, which people have already planned for. Alternately, you can decide to do, say, Thursday morning or Thursday afternoon, and then come back on Friday. But that would allow people to join it and be here within the time they plan to take off, if you wanted. I just wanted to bring that up.

>> CHAIR ASHTON: I'm -- how many more people wanted to go visit? Just one-day meeting, long meeting Thursday, and then Friday morning visit legislators? I'm flexible. And we're there Wednesday night already.

>> KAREN GOLDBERG: Okay. I'm confused. Why aren't we going Wednesday? What happened?

>> CINDY SIMON: What I was saying is we have in the past, since people already plan on Thursday and Friday off, that the actual Council meeting is less time and the rest of the time is taken to visit the capital.

>> CHAIR ASHTON: Before, we did all day Wednesday, Thursday, and then we had the Council meeting all day Thursday and Friday morning. She's suggesting have the meeting all day Thursday, and instead of meeting Friday morning, go visit legislators Friday morning.

>> CINDY SIMON: It's just something that's been done, and I wanted to bring it up if that would bring more people to do it.

>> CHAIR ASHTON: Mary.

>> MARY HODGES: I thought that historically the visits were not on Friday because often members would not be there on Friday.

>> CINDY SIMON: So I was not saying you have to do Friday. You can decide to do Thursday morning or Thursday afternoon, meet the other half of the day, and on Friday morning, so you don't have to go there Friday, you can go on Thursday.

>> CHAIR ASHTON: Oh, in other words, we could play with the schedule as long as the visit's not on Friday, which is not a good idea, so we can play with -- okay. Karen.

>> KAREN GOLDBERG: I'm not actually in favor of that idea because it tends to be a very long day. You've gotta walk all over to different buildings and meet with people, and I think I would feel rushed if we did it on Thursday, and I don't think it's the intention of the legislature to have us miss our quarterly meeting because we were visiting with the legislature. I don't know. Maybe I'm wrong, but it would take up a lot of time. And Friday is not a good idea just because we're all going to be traveling back.

Thursday is usually our day. I would want to use that as our Council meeting, and maybe invite someone to come and share, whatever, because that's a really good time to have people from the Department of Health, or whoever we need to present. I'm in favor of keeping it on a Wednesday. It typically is a long day, and I'm exhausted by the end of it. But it's a good day.

>> CHAIR ASHTON: Yeah. And the other thing with the appointments, they tend to be very spread out and it's really hard to compress it in half a day because it's really difficult to get appointments one after another. Sometimes we have to run to two different places, so the scheduling and stuff is a real challenge, so I think maybe we should leave it Wednesday. Anything else, Sean?

>> SEAN ISAAC: I believe the Council asked last time, or suggested that they wanted to invite the Disability Rights of Florida for that meeting. Is that something that the Council still is in favor of doing?

>> CHAIR ASHTON: They came to speak one time before, didn't they? Mary.

>> MARY HODGES: I wonder if somebody from the Centers for Independent Living might be available.

>> CHAIR ASHTON: We had them come speak already. Yeah. CIL came already.

>> KAREN GOLDBERG: I remember that we had had a couple of thoughts about having someone from the thing where you have to fill out that form. What is that form that's due --

>> CINDY SIMON: Oh, the financial disclosure.

>> KAREN GOLDBERG: Just so that we understand it.

>> CHAIR ASHTON: Yeah, that's the ethics.

>> KAREN GOLDBERG: Oh, the Commission of Ethics. And also, if we wanted to have just a reboot on Sunshine Laws. I mean, since we're going to be in Tallahassee, I think those are the times to kind of bring the nuts and bolts folks back in.

>> CHAIR ASHTON: With the Sunshine Law, I really don't want another presentation because we all have the slides and the paper. I would prefer it to be a total Q&A, okay, if we do this, yes, no. That's it. I think that's where we're more confused about. I think we understand the general concept of the Sunshine Law, and we have the slides, we have the paper. We have everything. And I think what we want is more specific

questions, like, okay, yes, no? Just question and answers. That's it, you know. I don't want to be sitting there, yes, I know, okay. But how does it work? Is this applicable, or is this not? Just Q&A. That's all. Karen.

>> KAREN GOLDBERG: You know, it might not be a bad idea to, again, ask the Office of Appointments to come. Because for a couple things, they can explain the process, and we become the forefront of their brain. So I just think it's not a bad idea to just kind of encourage them.

>> CHAIR ASHTON: So we have three. We have the ethics related to the financial disclosure, we have Sunshine Laws, Q&A only, related to what can we do between meetings, and then we have appointments. Appointments. So three. And those are all Tallahassee people, so no excuse for them not to be able to come, and we know the days already, and they can pick the time on Thursday.

Okay. Now, I believe Angie was supposed to explain about TAR form, teach us about the TAR form.

>> ANGELA GREEN: I didn't know if you'd want to go over that or if you would want to go over the voucher for reimbursement since you're going to be doing those before we do the TARs.

>> KAREN GOLDBERG: What voucher?

>> ANGELA GREEN: It's in your packet that looks like this.

>> CHAIR ASHTON: Oh, one more thing. I do want to add February is do the 2024 planning for the expo, for our expo. Put that on.

>> ANGELA GREEN: I gave everybody an instruction sheet as well that says voucher for reimbursement.

>> KAREN GOLDBERG: For what? Reimbursement?

>> ANGELA GREEN: Yes.

>> KAREN GOLDBERG: For what, though?

>> ANGELA GREEN: For your travel today.

>> KAREN GOLDBERG: Oh, I thought that was the TAR.

>> ANGELA GREEN: No. That's for authorization to travel. The voucher for reimbursement is what you will do to get reimbursed for your travel.

>> KAREN GOLDBERG: Got it.

>> SEAN ISAAC: That's a really good point. I think we sometimes get confused with these two forms. They're really only two forms that you have to worry about when it comes to travel. One is before travel. That's the authorization to travel, basically just giving permission for you to travel and what your estimated costs will be. The second form is the travel voucher for reimbursement, which tells what you did when you

traveled, and you submit that with any receipts, if applicable. Both have to be signed and dated. The first form, the travel authorization form, we have to have before you travel. Let me just say it one more time. The second form has to happen after you finish your travel because it also has the date and time that you return. Okay?

>> CHRIS LITTLEWOOD: The main question I have is it's okay to do everything electronically, and we don't have to do it by snail mail, correct?

>> SEAN ISAAC: Correct. You can sign and date the form and submit that to Angie or I via E-mail.

>> CHRIS LITTLEWOOD: Can you sign it electronically, like if we have this form on E-mail, you sign it electronically, and you don't have to worry about scanning a paper document, and you can just use -- I have an electronic signature I can add to it. That okay?

>> SEAN ISAAC: To date, they have accepted that.

>> KAREN GOLDBERG: One of the things that I have is I've done a signature and then I just use it, cut and paste, so it's actually my signature. Is that okay to use?

>> SEAN ISAAC: That has been more acceptable, especially since the pandemic. So yes.

>> GINA HALLIBURTON: I'm going to clarify with Chris, if I understood what Chris was saying, we want this TAR form in like a docusign, or Adobe signed document so that the document comes through and then we can just electronically sign it and it goes back. We don't have to download it, sign it, scan it, put it back up and send it. Is that correct, Chris? I want to make sure I understood.

>> CHRIS LITTLEWOOD: Yeah. Adobe Docusign is fine, but I have a jpeg of my signature and I usually do what Karen was just saying, just copy/paste that, and date it and say signed electronically by me, and my name and stuff like that and that usually works just as well.

>> SEAN ISAAC: The most important thing, though, is that you all have to verify the information on that form, so if you have to make changes to your forms, that's fine, just let us know how you want us to get it to you to make those changes. If we -- if you need the staff to make those changes for you, we can do that, but we can't make the changes without you agreeing to them and then signing and dating after those changes are made. That's the most important thing. So we can exchange the forms however it's easiest for you, but once those final changes are made, that's what we need you all's participation to sign it and date it and send it back to us. And if you have any questions, let us know. I think Angie wanted to walk through the different parts of the form so that if you had any questions, you could ask her.

>> CHAIR ASHTON: Quick question. The hotel checkout, do you need the paper with our signature, or the

E-mail good enough sent to you?

>> SEAN ISAAC: Great question. So each of the receipts that you have need to be signed and dated. Okay? They have to be signed and dated.

>> CHAIR ASHTON: I have to go get it printed and give it to you. Okay.

>> VICE CHAIR PARKER: I just sent my receipt to Angie, but I didn't sign it. I need to sign it? Okay.

>> SEAN ISAAC: Exactly. We received some receipts, but we can't really use them because now they require us to sign them and date them. Gas receipts, rental car receipts, hotel receipts, sign and date them.

>> ANGELA GREEN: And make sure to date them as well, not just sign them, date them as well.

>> VICE CHAIR PARKER: If you do mileage, you're driving your own car, do you need to sign gas receipts?

>> SEAN ISAAC: You do not need to send gas receipts if you're doing mileage. That's my understanding. You do not need to send those receipts. If you are renting a car, that car rental, along with the gas, is reimbursable, so yes.

>> CINDY SIMON: So I don't know if this makes sense. We used to have the form ready, and gave it out at the meeting. Most of it was filled out based on what they knew and we told them beforehand, and we just signed it and gave the receipts with it and added things like tolls afterwards. So I don't know if that's possible, but with the TAR, there's so much information there, like here you say 280 for the hotel, but after tax, it's 315. And you know that's what it's going to be, so that's something you can pre-input.

>> SEAN ISAAC: Let us go through the form with you, because I think that will answer part of your questions. Again, we want to make it as simple as possible, but some things we can't fill out, and you can't fill out until you complete your travel. Okay? But we complete it as much as we can. So Angie, do you want to go over the form with them?

>> ANGELA GREEN: Yes. Everybody has an instruction thing called Voucher For Reimbursement. So make sure you have that out. That kind of explains your -- goes along with it and it explains the numbers and what you need to do.

>> SEAN ISAAC: And that's the form with the thin lines, as opposed to the TAR. And I'm holding it up. The travel voucher for reimbursement.

>> KAREN GOLDBERG: They need our Social Security number?

>> SEAN ISAAC: They do use your Social Security number now. That's how they identify who receives the funding, in addition to your name. It's required, yes. Just to clarify, usually you can use the last four, if they have that information already, but this form should be in your packet.

>> CHRIS LITTLEWOOD: That answered my question because my E-mail is not secured to put my Social Security number on. I believe you already have it and I don't have a problem with last four, but, you know, that's uncomfortable to give on the form. If there's any question as to what my full Social Security number is just say call me and I'll call it back and give it to you voice over the phone.

>> SEAN ISAAC: Understood. And have you all found this form? Or are you still looking for it? Okay. Angie's going to go through the different sections.

>> ANGELA GREEN: Okay. So first, you know, number 1 is explanatory, first and last name. Last four of your Social Security number will work for number 2. Number 3, the check the non-employee independent contractor. I couldn't think of the name. I'm so sorry.

And then okay, so we're at number 4, so the agency up there will be the Florida Coordinating Council for the Deaf and Hard-of-Hearing. Number 5 is the headquarters. Now, that is your whole address.

>> KAREN GOLDBERG: Wait a minute. Wait a minute. So this is our business address?

>> ANGELA GREEN: Your home address.

>> KAREN GOLDBERG: Home? Okay.

>> ANGELA GREEN: Home address and the whole address. Headquarters is your home address, yes. Home.

>> KAREN GOLDBERG: Because it says whole, and so I was misunderstanding home. Home and whole. Your whole home address.

>> ANGELA GREEN: Yes.

>> KAREN GOLDBERG: Got it.

>> ANGELA GREEN: And number 6, where it says residence city, that will just be the city that you live in. So again, even though you have to put it up above, you need to put just your city down below.

And then number 7 will be the -- enter the dates of your travel, so you put the first date on line 1, your second date, third date, whatever, however many dates, it will go up there: Okay?

>> CHRIS LITTLEWOOD: The forms that I have, is that where you want us to fill that out? Or are you sending this to us electronically? I know, but the point is both copies have numbers all over it and I don't want to put it in the wrong place.

>> ANGELA GREEN: Right. No, the numbers are just to give you an idea. They follow along with this so it helps you fill it out. I will send you a blank copy in the E-mail on Monday when I get back.

>> CHRIS LITTLEWOOD: That's fine, as long as I get a blank copy in E-mail, I don't want anything to get in

your way, and I don't want anything to get in my way to get it done as fast as possible.

>> ANGELA GREEN: Absolutely. The numbers that I wrote on there are referring to the sheet to give you instructions. That's all.

So then number 8 then would be, line 1 would be from your hometown, so your home address to the travel destination, which in this case is Kissimmee, or Orlando here. Okay? Put that on your first line. And then your second line, for your second date, would be the town that you're staying in. So again, today would be Kissimmee/Orlando. And then C, the third one on that number 8 would be the destination that you are leaving from, going back to your hometown. So that would be Orlando to, in my case, Tallahassee.

Wherever you live, that would be what goes there.

Number 9, you need to put what you're doing each day. So the first day would be you're attending the Florida Coordinating Council for the Deaf and Hard-of-Hearing meeting. That will go on the second line as well. And then the third day, you're returning home. Yes, Karen?

>> KAREN GOLDBERG: So actually, that first date is your travel date because you're traveling to it. And then the second date is attending, and the third date is attending and then returning home.

>> ANGELA GREEN: Returning home. You just need to put returning home.

>> KAREN GOLDBERG: Although we're having part of the meeting, though, here.

>> SEAN ISAAC: The most important critical action is you are returning home on that last day.

>> KAREN GOLDBERG: All right. Don't lose that part.

>> CINDY SIMON: So then on the first day, we're not really meeting, we're traveling to. So is that what we would write? Because here you said attending, and we're not attending anything that day. We're traveling to.

>> SEAN ISAAC: Tomato/tomatoe. It's a good point, but they will not reject it because of that difference. It's just the return home needs to be very clear. The returning home needs to be very clear so that they know that it's ending.

>> CINDY SIMON: Okay.

>> ANGELA GREEN: So yeah, that's a good question. Okay. Number 10 was the hour of departure and the hour of return time. So your first line, when you travel to your destination, you're going to write down what time you leave, and then the second line, you can leave blank because you are in attendance at the meeting. The third line is what time you are returning home. Not when you're leaving, but what time you return home.

>> SEAN ISAAC: One clarification here. It should be when you return to your home, okay? So that's the time that we're looking for.

>> ANGELA GREEN: Now, number 11 I know can be confusing because it has to do with meals, and your per diem and all that -- well, not your per diem, I'm sorry, that's the next line. Just your meals. That can be confusing, and it all depends on what time you leave. And I did also put in here, and if you guys have any questions on your meals, feel free to ask me, because like I said, those are very confusing. But I did put a little sheet in here for you guys to look at to help you with your meals. Okay? Like I said, if you need help with that, just ask me because I'm not going to get into all that, how to do all that. I will be happy to answer any questions you guys do have on that.

>> KAREN GOLDBERG: I'm just a little bit confused about one thing you've listed there is \$60. Could be an 80.

>> ANGELA GREEN: Oh, you're talking about for number 12 on here?

>> KAREN GOLDBERG: Yeah. I'm sorry.

>> ANGELA GREEN: That's for the next one. That's called per diem. Per diem is totally different than meals. Sean, go ahead.

>> SEAN ISAAC: And it's a good question. The reason why we put 60 in that slot is because the return time was 1 p.m., and so between 12 p.m. and 6:00, if you return during that time frame, then you get \$60 in per diem for that last day.

>> KAREN GOLDBERG: It says 80, actually.

>> ANGELA GREEN: No, it is a 6. It's hard to see.

>> KAREN GOLDBERG: Oh, it says 60. I gotcha. I gotcha.

>> SEAN ISAAC: The maximum is 80. You get \$20 for every quarter of the day.

>> KAREN GOLDBERG: Okay. Thank you.

>> ANGELA GREEN: And then number 13 over there then is the map mileage claim. So the first line you put map mileage to, from your hometown, your home address, to your destination address. So you'll put that mileage on there just one way. Then on the return line, you will put going back home from the destination to back home. Now, in the next line, it says vicinity mileage claim. That's how many miles you drove while you were here going to, you know, your food, or whatever, going out to eat. That goes in there, and then it will add them all up down at the bottom and it will give you a total down at the bottom, so you don't have to worry about that. It does it for you. Now, number 14 is your other expenses. That's where you put your

hotel, your car rental if you have a car rental, your tolls, anything like that, you put them over there and you just put the totals down, and it will add everything up for you over here at the bottom. Okay? And then all you need to do is sign it and date it and put that you are a Council member. So that's 15, 16 and 17. Okay? And that's pretty much it.

>> KAREN GOLDBERG: Thank you so much. I'll call you Monday.

>> ANGELA GREEN: I was going to say, feel free to call me. I know they're very confusing. But try to keep this little cheat sheet with you guys, and that might help you fill it out. Keep the per diem and the mileage, or the meal thing with you as well. Okay?

>> KAREN GOLDBERG: We don't have our chair, our vice chair is packing, so vice chair, maybe goes to you about when we adjourn the meeting. I make a movement -- a motion. A motion. I make a movement. I make a motion to adjourn the meeting.

>> VICE CHAIR PARKER: I'd rather wait for Glenna, because she didn't give me that permission to do that. I just started hugging people. But I would rather wait for Glenna. She's coming right back. Okay? Will that be okay? Go ahead, Cindy.

>> CINDY SIMON: I just want to tell Mary, what a pleasure it's been and how much you're going to be missed when you're not here anymore.

>> KAREN GOLDBERG: Oh, yes.

>> KAREN GOLDBERG: Thank you so much.

>> MARY HODGES: My retirement is April. So I may see you in February.

>> VICE CHAIR PARKER: Awesome. Awesome. Awesome.

>> KAREN GOLDBERG: Glenna, I made a motion to adjourn.

>> CHAIR ASHTON: Can I have a motion for adjournment, please?

>> KAREN GOLDBERG: I make a motion.

>> CHAIR ASHTON: Okay. Karen makes a motion to adjourn the meeting. And Chris seconds. Any discussion? Okay, vote. All in favor of adjournment. Okay. Passed. Thank you all for your work and your participation in the Council. See you in February.

>> SEAN ISAAC: Before you all leave, could you possibly have a quick photo over here before y'all leave? Board, before you all leave, can we have a quick photo over here?