

**FLORIDA COORDINATING COUNCIL
FOR THE DEAF AND HARD OF HEARING
Virtual Quarterly Meeting**

Thursday, August 12, 2021
9:00 a.m. - 4:30 p.m.

Remote CART Captioning provided by
Lisa B. Johnston, RMR, CRR, CRC
www.providingcart.com

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>> GLENNA ASHTON: This is Glenna. Hi, Cindy, hi, Chris. Good morning.

>> CHRIS LITTLEWOOD: Good morning, Glenna.

>> CINDY SIMON: Good morning.

[Pause].

>> GLENNA ASHTON: How many people are here now? I was just checking in with Lisa, told her I will monitor the chat.

As far as our members, who do we have? Our representatives, Cindy, Chris... I'm checking to see if we have a quorum.

[No response].

>> CHRIS LITTLEWOOD: This is Chris Littlewood. I came on exactly at 9:00 a.m. I haven't heard any introduction on what this meeting is, and that may be helpful for anybody joining or trying to join, or I don't know if any guests are available, we need to do that if it hasn't been done already.

>> GLENNA ASHTON: Right. And we are still waiting; I was checking in to see who's joined us.

>> CHRIS LITTLEWOOD: This is Chris again. Well, the point being that we made the public announcement that the meeting starts at 9:00 a.m. We need to let the people know that we're in the right place and we're just starting a little late, but that the meeting will resume.

[Pause].

[Note from CART Captioner]: In chat, Karen Goldberg is present. Cindy Simon is present. Chris Littlewood is present.

[Pause].

[Note from CART Captioner]: In StreamText chat, Mary Hodges is present.

[Pause].

>> GLENNA ASHTON: Oh, hello, Mary! I see Mary has joined us. We'll go ahead and get started then.

We'll begin with roll call.

[Pause].

>> GLENNA ASHTON: We'll start with our members. My name is Glenna Ashton, representative of Florida Association of the Deaf.

Chris?

Would you like to go next?

>> CHRIS LITTLEWOOD: This is Chris Littlewood speaking. I represent ALDA, the Association of Late-Deafened Adults and also work for St. Petersburg College.

Just be aware that all audio isn't coming through because I've still had no introduction that this is the Florida Coordinating Council for the Deaf and Hard of Hearing meeting.

>> GLENNA ASHTON: Okay. Well, call to order, this is the meeting of the Florida Coordinating Council for the Deaf and Hard of Hearing. Today is August 12, 2021. We are meeting remotely today.

The meeting will be from 9:00 a.m. to 4:30 p.m.

You have the option of connecting via Zoom to share video or by conference call. We also have CART services provided as well.

We have the pleasure of having AQI Interpreting Services today. I'll introduce our wonderful interpreters. Chris Costa, Donna Flanders, and Carrie Moore.

I also want to introduce our wonderful CART Provider, Lisa, Lisa Johnston.

Cindy, would you please introduce yourself?

>> CINDY SIMON: Good morning, everybody, this is Cindy Simon representing audiologists. And I just have to say, I'm very disappointed not to be seeing everyone today.

[Pause].

>> GLENNA ASHTON: Well, I'm still hopeful for November that we may have that face-to-face after all. We'll see what happens.

Mary, would you like to introduce yourself, please?

>> MARY HODGES: Good morning, this is Mary Hodges, I'm with the Department of Elder Affairs.

>> GLENNA ASHTON: Thank you. Karen, would you please introduce yourself?

[Pause].

>> GLENNA ASHTON: Karen Goldberg?

[Pause].

>> GLENNA ASHTON: Okay. Is there anyone else that has joined us this morning? Anyone in the CART chat, Lisa?

[Note from CART Captioner]: No, I don't see anyone else.
Karen has just said "here."

>> GLENNA ASHTON: I'm pretty disappointed with the low attendance that we have for the meeting today.

[Note from CART Captioner]: Karen has commented in the chat.

>> GLENNA ASHTON: What that means for us is we may not be able to vote on some formal motions; however, we can continue with items that need discussion. And we do have a presentation this afternoon.

[Note from CART Captioner]: Karen has a note in the chat, Glenna.

>> GLENNA ASHTON: A few housekeeping rules, if you have a comment, raise your hand using the Zoom feature or CART. Please remember to identify yourself first.

I also need a volunteer, if someone could monitor the CART chat feature, if there were any comments made there, we would like to include them in the discussion.

I don't have access to the CART chat or I don't have it open. So if someone could volunteer to just monitor that as well, while I monitor the Zoom.

>> CINDY SIMON: I can monitor the CART chat; this is Cindy. I can monitor the CART chat.

I'm just letting you know that already Mary Hodges has said that she will step away from the meeting from 10:00-11:00 due to another meeting and then she'll return.

[Note from CART Captioner]: And Karen Goldberg made a comment.

>> GLENNA ASHTON: Okay, thank you, Cindy, for monitoring the CART chat. And Mary, thank you for that update.

Karen, would you like to mention anything? Did you have a hand up?

>> LISA (CART CAPTIONER): This is Lisa/CART. Karen has been writing repeatedly in the chat. I can't do both; sorry.

>> GLENNA ASHTON: Right, Lisa. Cindy is going to be monitoring that. So did Karen type something in the chat? Could you relay that back to us, Cindy?

>> CINDY SIMON: Yes, she did. She said that she's also here on chat for roll call. And she's representing HLAA. And I thought we got that when she wrote -- when she put

it in there earlier when we were introducing ourselves. So she's just saying she's here and she is representing HLAA.

>> GLENNA ASHTON: Okay. Well, welcome back, Karen.

Let's move on to the minutes from May 13th. Those were sent to all of the members a while back.

After looking over the minutes from our last meeting, I will entertain a motion to approve the minutes from May 13th.

[Pause].

[Background noise].

>> CINDY SIMON: I move we approve the minutes.

[Pause].

>> GLENNA ASHTON: Thank you, Cindy. We have a motion. Do we have a second to approve the minutes?

[No response].

[Note from CART Captioner]: Karen seconds in chat.

>> CINDY SIMON: Can we make a motion for a quorum or do we have to wait for the next?

And Karen Goldberg just put in "second."

>> GLENNA ASHTON: Thank you, Cindy, for monitoring the chat.

[Note from CART Captioner]: Chris has a hands up in the chat.

>> GLENNA ASHTON: Let me determine if we have a quorum. Well, we do have five members joining us, and I believe that's what we need for a quorum. So thankfully we can move on now that we have met the quorum.

>> CINDY SIMON: Okay. And Chris has his hand up.

>> GLENNA ASHTON: Chris, go ahead.

>> CHRIS LITTLEWOOD: Good morning, everyone, this is Chris Littlewood. I just have a minor edit to request for the minutes. It says during Michael Yelapi presentation, that I was working with FCD for statistics and with children, and that's rather vague. These statistics and surveys are for all people that are deaf and hard of hearing in the state of Florida, not only children,.

So if we could just make that minor edit, I think everything else is just fine.

>> GLENNA ASHTON: I'm making a note of that, Chris.

>> CHRIS LITTLEWOOD: Thank you.

[Pause].

>> GLENNA ASHTON: Okay. Next we need to adopt the agenda for today. Is that acceptable to everyone?

[No response].

>> GLENNA ASHTON: The agenda has breaks nationally built in, especially for our wonderful interpreters and our captioner.

>> CINDY SIMON: I move to accept the agenda.

>> GLENNA ASHTON: Thank you.

Now I'm going to turn it over to Sean Isaac, he is from the Department of Health and is going to provide us an update and any action items that the Council may need to be aware of.

Go ahead, Sean.

>> SEAN ISAAC: Okay. Good morning. Can you hear me?

>> CINDY SIMON: We can hear you.

>> SEAN ISAAC: Excellent. Thank you.

So, the first update is on the biennial report. You may recall that we were asked to send this out to the Legislature and the Governor's Office. We have been working on that issue. Given that this is the first time I've done it, we have had to do some collecting of the information and the addresses and trying to send that out.

So, we're working on that.

I hope to have that done by Friday, so that's in progress, okay.

The update on the job. As you may recall, last time we were figuring out, or I was figuring out, exactly how many candidates we had and trying to get a handle on that.

Now we have a handle on that. The candidates have been ranked. We have a top three. We still have to set up appointments for those top three. But we have the folks who are going to be in those interviews. And as you may recall, Glenna stated that she was going to be a part of that. So those will be set up, I'm hopeful, next week as well, okay.

As far as the appointments... um... I did contact... um... oh, I forget the name of the actual council, but the folks who are in charge of -- who we thought were in charge of appointments. I think, Chris, you asked me to reach out to... um... I just can't remember the name of the group. But I reached out to them and they stated they were not in charged of that event, we had to go directly to the Governor's Office for that to see how many people have been making appointments and how many councils have appointments that are lacking.

I can tell you that the group that I did reach out to said that this council is not out of the ordinary; that many councils are going through the same type of thing as far as the lack of appointments.

Um... but I didn't know if you all wanted me to reach out to the Governor's Office and ask that particular question. So I did want to kind of ask you now: Is that something that you want me to follow-up on?

>> GLENNA ASHTON: Yes.

>> SEAN ISAAC: Okay.

>> GLENNA ASHTON: This is Glenna. Yes, with the theory, with all of the noise that we have been getting, we might want to attend to that.

>> SEAN ISAAC: Okay. All right. And then let me, before I say that, let me talk to my leadership because they may want you all to have me directly speak to the Governor's Office, and if that's the case, I will let you all know, Glenna, what they say, okay?

>> GLENNA ASHTON: Okay. Sean, if you don't mind, if you could e-mail the contact information, I will be happy to do that and I'll reach out to them.

>> SEAN ISAAC: Okay.

>> GLENNA ASHTON: Make some more noise!

>> SEAN ISAAC: Okay, perfect, sounds good.

I did have an update on the budget. I'm not sure how you all do this, Glenna, so my apologies if I'm speaking out of turn. But I did receive information that we were confirmed to have a budget for an employee, to take the position that was vacated previously.

And we do have expense funding in the amount of \$62,384, so that funding is available.

And clearly, you have contracted services funding, which is why we are able to have the services that we have. So that is a bit of an update from the last meeting that we had.

And the final point is I will say that I appreciate Glenna's help. We have had several folks reach out to us for folks regarding hearing and lack of loss of hearing services and she's been helping me respond to those folks, so thank you for that.

And that's all I have for updates right now. Any questions from you?

>> CINDY SIMON: Glenna, it looks like Chris has his hand up and then Karen has her hand up.

>> GLENNA ASHTON: Okay. Chris?

Why don't you begin; we'll start with you. And then Karen. Chris?

>> CHRIS LITTLEWOOD: Okay, good morning. We covered a lot of pretty important stuff here, so... um... I'm gonna backtrack and talk about or ask questions to Sean and everybody else involved as far as how we can proceed as best I can.

First let's talk about the Governor's Office and appointments.

Number one, it seems very important that we are in very regular contact with the Governor's Appointments Office. Like Glenna said, it's important for us to make some noise.

I don't know if you all are aware, but I was just appointed to another council for the Center For Independent Living for the state of Florida, so I'm now serving on that council, as well as continuing to serve on this council.

My concern is, as I've expressed before, is if I leave this Council, that the ALDA seat will remain vacant.

So I am continuing to reach out to other people in our chapter to accept the position to replace me.

I did not ever assume or want this to be a lifetime position for me. And certainly want there to be another voice for late-deafened adults.

I am privileged and honored to work with everybody. And I would do so as long as that is needed. I really enjoy working with everybody.

But I do want us to continue to be in very regular contact with the Governor's Appointments Office.

I would suggest we contact the Governor's Appointments Office and that, unfortunately being Sean at this point, since we don't have another position, and it probably needs to be whoever is working in coordination with the Department of Health on our behalf.

But I would say a weekly call to them, finding out whatever can be done, any applications that are outstanding or need for applications, so that we can have that reported back to us quarterly.

Because we need to know what positions are vacant, what applications they have and are just waiting on the Governor's signature.

Like I said, because I have been appointed to another council, I do know appointments are happening.

I also do know that every case is very different. And like Sean said, it is not unusual for councils to have large numbers of vacancies and waiting on appointments from the Governor.

So, I think these are kind of handled on a case-by-case basis.

I know the CIL Council is very different and they have legal requirements that they have to have; basically a full council, by law, or funding that they get at the federal level.

So, that may be why appointments have happened there.

So, I don't necessarily believe we're doing anything wrong, but I think the biggest point that needs to be made is we need to be in very, very regular contact.

Regardless of what appointments have and have not happened, I will tell you that the executive director for the Center for Independent Living for the state of Florida was on the phone or in person with the Appointments Office daily.

So, I don't think once a week a phone call is something that's out of the ordinary or that's going overboard; I think that's very important for us to do that.

For us to be an effective council, we need to do our jobs and advise and report to the Governor's Office and let them know that we're here.

And once again, like Glenna said, make some noise!

The next thing I wanted to ask about was that you had mentioned the biennial report. And I'm assuming we're talking about distribution of the last biennial report, which is technically the 2019 biennial report.

And keep in mind, that the biennial report is done, obviously, every two years. And we're in the 2021 year. So that means that we really should be making efforts to have a biennial report ready to go to the Legislature no later than the very beginning of 2022.

Is that not correct?

>> GLENNA ASHTON: Glenna here. Chris, the report is 2021. It is due 2021 to be sent out. The next report will be due 2023.

>> CHRIS LITTLEWOOD: Okay. This is Chris again. Possibly my error, but I do recall that there was an error in the printing of the year that was on the biennial report. And maybe Cindy can speak to this.

But as I recall, our biennial reports have always been on the odd-numbered years. So... um....

Whatever we need to do. Adjustments can be made, of course, but just so long as

we're getting the report to the Governor so we know what's happening.

>> GLENNA ASHTON: This is Glenna. Sean? Can you clarify exactly what's going on with the biennial report? Which one we're talking about?

>> SEAN ISAAC: Sure. The biennial report is the 2021 report. I believe that has also been updated on your website, the Florida Coordinating Council for the Deaf and Hard of Hearing, so you should be able to go to the reports and publications page and actually view the 2021 biennial report.

And I know that Chris is making some updates, but while we're talking about the website, I just want to say that we have done a lot of work to make some updates to the website. Not substantial, only in repairing broken links and then putting on the biennial report, and then the minutes from the last meeting. So I just wanted to let you know that as well.

>> CHRIS LITTLEWOOD: This is Chris again. Okay. I think we're in good shape. I just know so long as we have odd-numbered years biennial report, I think we're still staying on track. I was just looking at the website and that's how we always have it, on the odd-numbered years. So the 2021 is up there, so that's terrific.

The final comment that I wanted to make or question I wanted to ask is regarding the positions for the Coordinating Council. And you said we've kind of gone to a short list.

And is any information going to be shared with the Council regarding the people that are on the list, the short list or something? Or a final choice from the Executive Committee before they're just kind of put into the position?

Historically, once again, the entire Council has had some input or at least some awareness of the people that are being considered for the position when it has been open over the years.

So, I'm hoping that is still going to be the case. And Sean, maybe you can speak to that.

>> SEAN ISAAC: I am more than open to figuring out what's been done in the past. I know internally for the Department of Health, usually we don't make public people who are in the interviews, except for the folks that are on the Interview Council. So that's not something that I'm aware of that's been done in the past. But I can certainly ask what can we do to make that information known and let you all know.

>> CHRIS LITTLEWOOD: This is Chris again. I'm not asking it be made public, I'm just asking that it be shared with council members. Even if we have a short online meeting, just -- not an open meeting or the Executive Committee lets us know the name or we share by e-mail the incumbents being listed on the short list or anything like that.

Cindy is about the only person who has been on the Council longer than I have. But generally I believe it has been the case where the entire Council is aware of people that are being considered.

The only time that has not happened is in the very recent past. Even with Tiffany, even though she was the only person we were considering, the entire Council knew about that before she was put in there.

>> SEAN ISAAC: Okay. Thank you for that.
Any other comments about what's been done in the past?

>> CINDY SIMON: This is Cindy. Back when we were looking at Allyse, we had a bunch of résumés and narrowed it down to a few people, and the Executive Committee was part of the interview process and then brought it to everybody.

>> CHRIS LITTLEWOOD: This is Chris. And I know that happened for Valerie Stafford-Mallis as well.

So, like I said, I think we're just a little disconnected here as far as council members having any input or awareness even of people that are being considered for the Council.

And I think everybody knows that although I think Tiffany was an outstanding person and professional and did a great job with us, that I was really not in favor of the fact that she was the only person being considered for the position.

So, I just want to, once again, say, you know, if anything can be shared beforehand as far as who is being considered with the Council, via e-mail, a short list, you know, if we know anything about the people that we care to share with the Executive Committee or you, Sean, or with DOH or something like that, I would think it would be to the benefit of the Council for us to have that type of input.

>> SEAN ISAAC: And I apologize for my use of words. When I said "public," I meant internally we typically don't provide that information to anyone outside of the Department. So excuse my words there.

So, let me, like I said, ask what's proper procedure for hiring this position and sharing those names.

I did not know that was the desire of the Council. Last we spoke of this, from my recollection, the main desire was to have either Debbe or Glenna be a part of those interviews and so that's what I asked them and that's what they stated was okay; that's what they agreed to. But let me go back and ask that question, okay? Thank you.

>> CHRIS LITTLEWOOD: This is Chris. Sean, no apologies necessary. Just wanted to make sure, you know, we all had the information.

[Phone ringing in background].

I apologize for the phone ringing on my end.

>> GLENNA ASHTON: This is Glenna. Sean, do you happen to know who those top three candidates are that we've narrowed it down to? What the names are?

>> SEAN ISAAC: Yes.

>> GLENNA ASHTON: Okay. Would it be possible to just share the names and not any other information? Just the names of these three people?

>> SEAN ISAAC: What I can do is during our break, let me ask Leadership, just so I'm not stepping out of line. I just don't want to mess up! And I'm a little bit new to this process of working with the Council and the interview process; I just don't want to....

This is a bureaucracy and so sometimes if you mess up, you have to start from scratch. I don't want to do that!

So let me ask Leadership first and then I'll let you all know.

>> CHRIS LITTLEWOOD: This is Chris. I'm only speaking from --

>> GLENNA ASHTON: I understand.

>> CHRIS LITTLEWOOD: -- the past, but we have reviewed résumés and stuff from people that are interested in the position.

And like Glenna said, at least names of the folks would be appreciated. Possibly sharing e-mails of their résumés or whatever with the Council, just, you know, so we know what we have to look forward to or possibilities out there. Maybe sharing comments back with the Executive Committee before you make your final decision.

But that's all. I mean, I'm not looking to step on the process. But I would like to be aware of who's being considered.

>> CINDY SIMON: This is Cindy --

>> SEAN ISAAC: This is Sean --

>> CINDY SIMON: -- I'm not sure that I care about the name as much as the three people being considered, what is their background? What do we do? Why are they being considered?

I think in that way, without their names, you're compliant with privacy.

>> CHRIS LITTLEWOOD: This is Chris, I kind of agree. Names are not really going to hold as much weight as their background or experience.

Also, this being a council for people that are deaf or hard of hearing, obviously we want to give consideration to anybody that is actually deaf or hard of hearing themselves or a connection to our community.

>> GLENNA ASHTON: This is Glenna. With myself and Debbe being involved with the interview process, we are representatives of the Council, so we should be able to have access and address any of these concerns.

My concern at this point is that we received these applications quite sometime ago. And are these three people still even willing to move forward? Or have they pursued other jobs or other positions in the meantime? And are we going to have to start over again, having lost these top three people to delays?

>> SEAN ISAAC: This is Sean. I understand your concern. Quite honestly, hiring here at the Department has also been a challenge. I don't want to use it as an excuse, but I think we do have to remember that we are going through a pandemic and that has real impacts on offices. It just does.

And so going through the process of hiring two other individuals here in the Department, you're right, sometimes some of those individuals do change their minds and find other positions. So it is a concern.

But I think once we address that, you will feel a little bit better, because we'll know at that point if we still have those three candidates or if we need to move down the line to look at other places, okay.

And as far as your access -- this is Sean again -- as far as your access, as far as being on the Interview Committee, I have no problem sharing that information, I think that's appropriate.

I just don't want to mess up the process and start it all over from scratch. I think we've made some headway, I would hate to mess up and then have to start all over.

Because, believe it or not, that can happen.

>> GLENNA ASHTON: Okay. Well, thank you, Sean. So let's let Sean find out the proper protocol here and see what is possible and what is not possible and then we'll be able to move forward in terms of the applicants and the interview process and whether or not we can provide that information. And what the best way is to move forward at this point.

>> SEAN ISAAC: Okay.

>> GLENNA ASHTON: Were there any other questions for Sean based on his updates?

[Pause].

>> GLENNA ASHTON: All right then.

>> CHRIS LITTLEWOOD: This is Chris. Those were my major points. Thank you very much.

>> SEAN ISAAC: This is Sean. Can you repeat that? I'm sorry.

[Pause].

>> CHRIS LITTLEWOOD: This is Chris. If you were looking for me to repeat, I was just saying thank you, those were my major points.

>> SEAN ISAAC: This is Sean. Thank you for that, I really appreciate your input. Thank you, guys.

>> CINDY SIMON: And Glenna, Karen withdrew her question.

>> GLENNA ASHTON: Okay. Thank you, Cindy. Okay. Moving on to the next order of business is the organizational updates.

I've noticed that the last few times, there hasn't been much to discuss between the individual organizations. But we would like to know what your organizations have been up to in the recent past, especially considering the pandemic, and whether you've been able to host any kind of events? Whether those have been on Zoom or in person or even via e-mail, what kind of activities have been going on? What kind of advocacy has been taking place?

So, for example, you'll see what I mean in terms of the Florida Association of the Deaf, FAD. We have been able to host a board meeting via Zoom, discussing several different issues.

And specifically about disability advocacy, getting interpreters for television broadcasts, in case there's any information about COVID and other emergency press conferences.

Recently, there hasn't been a lot of activity, because our president has now a new father, has a baby in the house, and the president has been sort of quiet the last few months in terms of the organization,

But I will say that last year, FAD was able to host a webinar and the webinar was about hurricane preparedness.

Now, in terms of FAD and FRID, partnering together for a conference in October, I don't know what the latest is on that, whether that will be moving forward, all things considered.

But that's what I have for now.

So I'd like to hear from your other organizations. Chris? Cindy? Mary? Karen?
What's new in your neck of the woods?

>> CHRIS LITTLEWOOD: This is Chris, if you'd like me to speak on ALDA, I can certainly do that.

>> GLENNA ASHTON: Yes, please.

>> CHRIS LITTLEWOOD: Okay. Again, this is Chris Littlewood representing ALDA and ALDA Suncoast. As far as our chapter goes, obviously due to the pandemic, things have changed quite a bit.

We initially went almost right to Zoom when everything shut down, and I don't think we missed a monthly meeting.

We went to Zoom for our monthly meetings instead of face-to-face. And the Zoom live transcribe auto caption has been really good.

We miss our monthly in-person CART Provider. She still joins in when she can because she's probably one of the most important members way back since we began, like 25 years ago. She's still with us. And if we ever get back to regular live meetings, of course we hope she'll still be with us. But we're trying to give her a little more freedom because of everything being so crazy with the pandemic, so we do use auto caption with Zoom.

And we are lucky enough to have volunteer interpreters for most meetings.

We just had a meeting on Tuesday night. Sometimes, you know, ALDA Suncoast is not a huge group, we only get nine or ten people attend our monthly meetings.

Other meetings, we can run as high as 25 or 30 people. So, it varies. Especially during the summer, it's smaller.

So this past meeting that we just met, we just met to chat. But what was interesting is I think only two of the people that were in the meeting were actually in Florida. And because we were in Zoom, we had the National President, who lives in Arizona, we had our chapter secretary, who is a snowbird, that she's in Canada because the prime minister in Canada called everybody home when the pandemic began, and so she's been doing business up there for us. We miss her a lot.

And we're hoping that sometime this winter she's going to be able to get back down here.

And we have another member that was actually in Kentucky. We had my cousin, who is also deaf, and she joined our group for the first time just to see what it was all about. She lives in Maine. So really neat. We had people all over the country, you know, in our meeting. I'm sure I'm leaving a few people out.

Oh, we did have a member come from the Georgia Peach chapter came to our group as well.

And then we had a few regular Florida chapter members.

So, that was very neat.

So, there is benefits to meeting online instead of face-to-face. And we try to point out both because, as I'm sure everybody is, we're sick of teleconferencing and Zoom meetings and things like that. But we're doing what we can to stay safe as much as possible.

The ALDA convention was not cancelled last year, the term we're using is "delayed." We did not have a conference last year for probably the first time in 20-some years.

It was postponed to this October. We'll be in Niagara Falls for the national convention. And we're hoping that's still gonna happen. At the moment it is. It's on the United States

side of Niagara Falls. Obviously if any of you are familiar with the area, there's the Canadian side and Horseshoe Falls and the United States side and the American side just outside of Buffalo, New York.

So we're hoping that will continue to happen.

We are continue to go meet monthly on Zoom. When the numbers for new cases were low, we did meet several times in outdoor venues and had more social-type things.

I think that's been probably just as important, if not more important, for our group and for all people that are deaf or hard of hearing especially, because it's been so difficult with masks to connect with the hearing world, we all use speech reading as much as possible.

And obviously you can't do that with masks on. So it was very exciting the few times we were able to get together face-to-face, but again we're back to Zoom meetings right now and we're taking it on a month-to-month basis and the Board discusses what to do and things like that.

We're moving along and trying to keep everybody safe.

And as Forrest Gump said: That's all I got to say about that.

[Pause].

>> MARY HODGES: This is Mary, I can give a quick update --

>> GLENNA ASHTON: Hi, this is Glenna. So I -- oh.

Sorry, when you're finished, you had a question for Chris. That was really great, that report about ALDA still being very active. Lots of deaf people are not fond of Zoom, it's hard to keep up with gestures and sign language.

So, during your meetings, I have a question. Do you have a formal presentation or is it just a get together? Is there any sort of resource or information sharing during your meeting?

>> CHRIS LITTLEWOOD: This is Chris speaking. We've had both. We had just what we call Zoom Happy Hour where everybody brings their own drinks obviously.

>> OPERATOR: Mary Hodges has left the chat.

>> CHRIS LITTLEWOOD: -- but obviously we've had a few presentations, some related to mental health issues or other things that maybe are worth discussing, especially during the pandemic.

We haven't done that as much, like I said, during the summer months, because our participation is always a little bit lower in the summer months. But we're hoping to kick that back up in the fall.

And obviously I'm, as chapter president, I will do my best to lead the charge on that. But we do it both ways, we do social meetings and we also have a speaker.

We typically, when it's face-to-face, we have what's called, I picked this up when I was in Toast Masters, we had the meeting after the meeting, and that's when everybody would go out to a restaurant and just chat and eat and things like that, practice their sign language for late-deafened adults who maybe don't sign that much and all of that. That was fun. But we get together on Zoom as best we can when we're not able to get together socially.

>> GLENNA ASHTON: This is Glenna. All right. Thank you!
I think maybe I should show up!

>> CHRIS LITTLEWOOD: This is Chris. I'll make sure our next month's meeting, we extend the invitation. We never restrict anybody. Anybody is always welcome. We would love to see you, Glenna!

>> GLENNA ASHTON: This is Glenna. All right, great! Mary, what would you like to say?

[Pause].

>> OPERATOR: Mary Hodges left the chat.

>> GLENNA ASHTON: This is Glenna. Oh, okay. Moving on to Cindy or to Karen, would you like to make any comments today about your organizations?

[Pause].

>> CINDY SIMON: I can talk a little bit.

Um... so, we actually had the national convention was not in person, it was all on Zoom, everything was remote. But the state convention this year was a hybrid, so there were those in person and those who were on Zoom. Or some equivalent thereof.

Additionally, there's been a lot of activity and letter writing regarding the Medicare accessibility, the Audiology Act, looking to try -- that people shouldn't have to always go through three different levels before they can have their balance or their hearing tested.

They shouldn't have to jump through hoops, necessarily. If they've been wearing hearing aids to have to get a medical clearance or sign a waiver.

So that's been worked on.

And then there was another bill, Glenna, you probably know it better than I do, trying to get hearing aids for kids, those worked on.

So, that was pretty much what was going on. Most of it was the letter writing to get the... um... Medicare Act approved.

And, of course people are also furiously writing each other regarding OTC.

Which, in my personal opinion, can be a disaster.

I recently caught an acoustic neuroma case, if this woman had done OTC, the tumor would have been missed. It was the exam that picked it up. So that's why you all should understand why we're so antsy about people getting hearing aids without hearing tests, without being seen by a professional to even know if they even need to be referred for something more.

[Pause].

>> GLENNA ASHTON: All right. This is Glenna. I know that there have been several hot topics that your organization has been addressing in recent months.

I do know a bit about the Medicaid discussion, including hearing, vision, and dental care. And for some reason, Medicaid does not include those components, or didn't include those components.

So, what an interesting time we're going through when it comes to our Federal Government that says they're interested in expanding services.

So hopefully we'll see some positive change there when it comes to hearing screenings and hearing exams.

>> CINDY SIMON: Well, that's what we've been working on. But it's not Medicaid. Medicaid does cover those things. It's Medicare that's the issue.

>> GLENNA ASHTON: Oh, okay, okay, mmm-hmm.
Moving on, Karen, is there anything you'd like to say? Or Mary?

[No response].

>> GLENNA ASHTON: What about anyone who is participating through the chat?

[Pause].

[No response].

>> GLENNA ASHTON: All right. Seems like we might have a very quiet meeting today!

We still have a few minutes remaining until we have a formal break at 10:15 this morning.

But why don't we go ahead and do committee updates in the meantime?

The Web Committee. Debbe is not here today, but she did send in suggested changes, making those changes to the website, and she is working on those.

For example, the 2021 biennial report has now been posted for the public. We're excited about that being done.

And I actually don't know of any other details about the website. I don't know if any of you have identified any of those changes that have been made or changes that still need to be made. Now might be the time to name them.

[Pause].

>> GLENNA ASHTON: Are we hearing crickets? Is that what's happening?

>> CINDY SIMON: I'm not sure what people on the other side are hearing, and I don't know about anyone else on this chat or on this phone line, but I hear no background sound whatsoever.

>> GLENNA ASHTON: This is Glenna, I'm sorry, I was making a joke about the crickets, you know, when people are very silent and no one is saying anything, they say, "Oh, crickets." 'Cause that's all you hear in the environment. It's a little joke...

>> CINDY SIMON: Ah... in my world, when you hear crickets, it means you have tinnitus!

[Laughter].

>> GLENNA ASHTON: This is Glenna. Oh, I know all about tinnitus! Mine is much worse than crickets!

[Pause].

>> CINDY SIMON: Let me know if you ever want to talk about it.

>> SEAN ISAAC: Hi, this is Sean. I don't know if I'm speaking out of turn here again, but I just wanted to let you all know there were, like I mentioned before, several links that were broken and there was one that was taking us to a wrong page, a Tinder page, I don't know how that happened. But here at the Department, we went through every link and fixed the ones that were broken. I can send you that, if you would like.

If they were broken, we tried to repair them. Clearly the Tinder link, we removed. If you all see any links that are inappropriate or need to be replaced, often we have a lot of other links that are referred to by other resources and sometimes those pages get updated or they get changed just slightly, or a report, a page that's referring to a year, they'll update the year and, therefore, the previous link no longer works.

So staff here, we went through that process and looking at every link and we haven't found any that aren't working now. But if you see any, please let us know. Thank you.

>> GLENNA ASHTON: This is Glenna. Sean, I would be -- I'm so happy to hear that you guys have been working and making such headway with the website to make things so appropriate. I'm happy to know you guys are making those changes. I am so happy to hear that and I appreciate you.

>> SEAN ISAAC: This is Sean. You're quite welcome.

>> GLENNA ASHTON: All right. This is Glenna. Let's move on to the Education/Medical/Outreach/Technology Committee. Cindy, I believe you're the representative of that committee today.

>> CINDY SIMON: So, we actually have nothing to report.

At the time that Gina wanted to set up a meeting, my daughter was going through a lot of health issues and I was helping out. And I've been trying to reach her to set up another meeting.

So, immediately following this, we will absolutely plan a meeting shortly here after and be ready for the next council meeting.

>> GLENNA ASHTON: And this is Glenna. Gina recently had a death in her family. She asked me to let everyone know and that is why she is absent today.

>> CINDY SIMON: I'm so sorry to hear that. In-between, I also had a couple of deaths, as well as my daughter's health issue, which hopefully is... so I think we'll be meeting very shortly.

>> GLENNA ASHTON: Okay. Now, of course the PSA, is anyone able to report on the PSA? Is it still happening? Or has it been put to rest?

This was a topic from long ago.

>> CINDY SIMON: This is Cindy. So, you know, we did try to follow-up and we called the guys who came in from the State and they said the State put it on hold for now.

I had actually sent them, for the two people they were looking for, they were going to send them down here, I had the names, the people lined up, and they never came down.

So I think the only way we're gonna find out, 'cause we can certainly go on with it, is by contacting those guys that, you know, were hoping to do it and giving us recommendations.

[Pause].

>> GLENNA ASHTON: Well... this is Glenna. I guess because the PSA has not been produced as of yet, we're still in a waiting period, possibly until we're in an in-person, working environment again.

[Pause].

>> CINDY SIMON: Actually I could almost see redoing it with just face shots for everything we did and doing everything remotely, considering the times.

They spend a lot of time positioning people and setting it up just right, but if you're in front of the camera talking, it's another story.

So, I don't know, maybe they could do that and hasten it a little bit, so they don't have to wait until we're all together, they can do it piecemeal on video.

Something to ask.

Maybe keep what we have and add the others.

Actually now that I think about it, maybe find someone which would be indicative of the typical person who doesn't realize they have hearing loss until COVID hit and now we're all in masks and they realize just how difficult it is.

And that's a significant segment of the population who doesn't even know they're part of our population.

>> GLENNA ASHTON: This is Glenna. I think connecting it to the masks is a fantastic way of capturing that in a PSA.

You're right, that's been such a big impact to this population. For example, people with a hearing loss who are maybe on their way, you know, they have a hearing loss that they deal with on their own, but once they're masked, they function as a deaf person.

I think that that would be a fantastic hook in the PSA storyboard.

Do you have the names of people that you could contact to see if they're available to do, you know, any sort of work?

I don't know what things are like in the COVID times.

>> CINDY SIMON: Am I still coming through?

>> GLENNA ASHTON: Yes.

>> CINDY SIMON: Sorry for the delays; I keep having to mute and unmute, since I'm on a landline, I don't just have a mute button, so there's a delay in there.

Um... I think we should -- the whole thing has been produced through the State. In the past, when we did it the time before and we were trying to do things, and Chris was there for this, we put the word out and we had a bunch of companies to view and did bids and we picked one. Then the whole thing got kiboshed and we came back and then the State was taking care of this and it was all being made through the State.

So maybe we need... I can look back or Sean can look back from old minutes from a year and a half ago to two years ago and see the name of the guys who were helping us out and we can contact them.

Or maybe we want to do a shorter segment without all those people and just do something on the effect of face masks and effective communication, for those that thought they didn't have a problem, even.

I do have someone who would be a really good example sitting with me today, it's my

fourth-year resident and she is deaf in one ear and has a moderate to severe loss in the other. And the wearing of face masks, even for her wearing her hearing aids, is quite significant.

So, you can even look at it through gradations of someone who doesn't think they have a loss, to someone like her, to someone who functions, but really is deaf, lower-case d, and then what the masks do to them.

And I think that's great, encouraging them to do something.

>> SEAN ISAAC: Hi, this is Sean. I can certainly look through the notes. Can you give me a little bit more information about what I'm looking for or who I'm looking for again?

>> CINDY SIMON: Okay. There are two guys. What's her name...? Who did -- two people ago, it was during the time she was here... um... what was her name? Anyone remember? I can go through and look; give me half a second. Uh...

[Pause].

>> CINDY SIMON: Nope, that's not gonna do it. I think all those old e-mails were gone.

Who was in Sean's place before?

[Note from CART Captioner]: Tiffany.

[Pause].

>> CINDY SIMON: I'm just checking through my old e-mails to see if I can get -- you all know who I'm talking about.

>> GLENNA ASHTON: This is Glenna. Do you mean Tiffany?

>> CINDY SIMON: Before Tiffany.

Here, I got it here... Megan. Remember Megan?

So this happened while Megan was with us.

So, Sean, I would probably say it was in 2018. And if I go looking, I can probably find our names for you.

Wait, here's one on PSA. Uh... I'm checking a few. I even have the scenarios on here, God help me... [Sighs]...

>> GLENNA ASHTON: Glenna here --

>> CINDY SIMON: I'm probably looking at 2000 --

[Talking over one another].

>> GLENNA ASHTON: Cindy, you know what? I hate to interrupt you, but we are past our scheduled break time. Let's go ahead and call the break now for our interpreters, for our captioner, Sean, everyone. Let's reconvene at 10:30, okay? And we'll continue then.

>> SEAN ISAAC: Great.

[Break].

>> GLENNA ASHTON: Okay. Hello, everyone. This is Glenna. Chris? Karen? Cindy? Mary? Sean? Is everyone back?

>> CINDY SIMON: This is Cindy, I'm here.

>> SEAN ISAAC: This is Sean, I'm here.

[Note from CART Captioner]: Chris in chat is here.

>> GLENNA ASHTON: And Mary will not be returning until 11:00. We'll go ahead and get restarted.

Sean, Cindy, again, my apologies for interrupting the discussion about the PSA. I do want to respect the time, though, with our breaks, working with interpreters and the captioner.

Anything more that you'd like to share about the PSA?

>> CINDY SIMON: No. I just think we need to see if the guys who are doing it are still here. I know I personally had spoken to them and he said we're putting it on hold for now, but it's gonna happen.

I don't know, I think one of them was changing positions. And we can just find their names, try to contact them.

For sure, Sean, and it was somewhere in 2017. 'Cause I found e-mails from Megan titled "PSA." I just didn't have enough time to go through all of them. But I will hunt.

I think I have it on my committee meetings as well. So if you can find -- if we pull up the committee meeting for the education/outreach committee, we had the guys come talk to us, I believe, and their names are going to be in there as well... [reading to herself]... so, again, we're talking 2017-2018. Okay?

And that's it. And I'll start looking into it again.

>> SEAN ISAAC: And this is Sean. You mentioned they worked for the State? You mean the Department of Health? Or someone else?

>> CINDY SIMON: Yeah, right up -- they came into our meeting, they're in the building, they're in that whole area.

And I think it was for the Department of Health. But if you find the right one, you'll see their names and titles in the CART.

>> SEAN ISAAC: And this is Sean. Okay.

>> CINDY SIMON: I'm looking. And if I find it before the end of the meeting, I'll let you know. Okay?

>> SEAN ISAAC: This is Sean. That sounds fine.

>> CINDY SIMON: Okay. That's it for me then, Glenna.

>> GLENNA ASHTON: This is Glenna. Thank you, Cindy and Sean, I appreciate the

follow-up on that and see if you can make any headway there; fingers crossed.

Moving on to Legislative Committee and their report. Since we are ending a summer break and I know that there are a lot of executive orders then coming from our Governor regarding COVID.

That's really all that we've seen over the last few minutes.

Of course, this fall, all of us will begin contacting our local representatives, senators, everyone on this Council, just to engage with them again and talk about those hot issues.

Moving on to the Budget Committee, I know Cecil has retired. I haven't really heard anything about a pending replacement for Cecil. I know Sean already mentioned our budget.

We are contracting again with our wonderful interpreting agency and caption agency. And we also have the budget for that position, as mentioned.

We did spend a minor expense for a booth at the upcoming event in October, It's A Deaf Thing, in Lakeland, Florida, October 3, 2021. And then DeafNation in Kissimmee November 6, 2021.

I know for sure that DeafNation exhibitor or vendor fees, that expense has come out. But I don't know if the Lakeland event, It's A Deaf Thing, in October has been sent yet.

Can you update us on that, Sean?

>> SEAN ISAAC: This is Sean. No, I don't have that information in front of me. Let me look that up and I'll let you know.

>> GLENNA ASHTON: This is Glenna. I know so far Debbe Hagner and I plan to attend both events. The November 6th event, DeafNation Expo in Kissimmee is where we will also plan to have our next meeting in St. Augustine. That will be an additional expense, if it will be in person or not, that's yet to be seen.

[Pause].

>> GLENNA ASHTON: The EMOT special committee meeting with Gina and Cindy, as Cindy mentioned, I know that your subcommittee has not been able to meet, but I know that you will be meeting again in the near future. That will be fine.

[Pause].

>> GLENNA ASHTON: Now I want to talk about committee projects. I know that some of us have not been able to find the time to do committee work. But we can still discuss the work that needs to be done.

Sean, in terms of the website, just for review, I know that you are continuing to look at that, but the Council representatives also need to take a peek at it as mentioned earlier and make sure all of the information there is accurate and relevant. If there's any new information that needs to be added, please let Sean know.

I'm thinking we might need to insert something about COVID and how it is impacting our residents. And I know we mentioned that as an important need for our PSA as well, we should probably include something on the website in the interim.

Anything else --

>> OPERATOR: Chris Littlewood ALDA Suncoast has left the conference.

>> GLENNA ASHTON: Again, anything else for the website project?

>> CINDY SIMON: Chris said he had to take a call and then he'll be back.

>> GLENNA ASHTON: Okay, thank you.

Sean sent a couple things to our council members. The template letter that was drafted that would allow us to send correspondence regarding any specific issues on behalf of FCCDHH. That template is in place. So it's more of a boilerplate. Any issue that you want to address, please use that template. It is comprised of two paragraphs. The first paragraph should outline or define the issue, whether it's interpreting, qualified interpreters, VRI.

And to recommend the solution to the problem or issue at hand, the recommendation.

And then the second paragraph would then include more of the technical information, any resources, links that would support the issue.

Any questions about that letter?

[No response].

>> GLENNA ASHTON: Is there anybody out there...?
I feel like I'm talking to myself, and the interpreters.

[Pause].

>> GLENNA ASHTON: Any comments?

[No response].

>> SEAN ISAAC: This is Sean. The only comment I have is if anybody did not get the information, please let me know. That was it. Thank you.

[Pause].

>> GLENNA ASHTON: This is Glenna again. I would just like to add with the templates, we do have a list of organizations that we could send that letter to.

For example, one issue has been VRI, for video remote interpreting, being used, instead of interpreters on-site when there are patients, deaf or hard-of-hearing patients in the hospital.

This letter could address that issue and be sent to the AODs, the head of these hospitals. That's really the purpose behind having a template.

And it could be sent to organizations, whether they're state or local organizations.

It's a beautiful letter. And so if you have any contacts that you know of and you've been wanting to address certain issues in your area, that was the intent behind the letter.

Maybe we need to draft a list of organizations so that we can put some of these hot topics maybe in front of them again. That's one thing we could do, in addition to the letter, addressing specific issues.

Maybe we should go ahead and look at our stakeholders and make a list of those organizations, corporations, businesses.

And we could even categorize them and send them out and have that on hand so that we can continue communication and put these issues in the forefront.

[Pause].

>> CINDY SIMON: Glenna?

Oh, never mind, I found it.

If -- this letter is more of an introductory letter. And when putting that specific issue down there, which you said was the second paragraph and I'm going wait, I don't see it as a second paragraph. But it's on the bottom.

And I think introducing there and then actually put the issue as the second paragraph and then keep the rest going down below that, or they may not read all the top and get to the issue.

I think having it right there relatively quickly is essential to getting anyone's attention on the issue.

They're not gonna read half a page and continue on to the issue, most likely.

>> GLENNA ASHTON: I think -- okay. Thank you for that suggestion. Then maybe it's not necessary in the introduction to give that background around FCCDHH and that makes sense.

>> CINDY SIMON: Well, I think we originally started writing a letter like this as an introduction of ourselves.

And back when Thom was in Sean's position, we actually made a list in the brainstorming session of all the departments who should be aware of us. John Jackson was very helpful with that at the time, as well as -- I can't remember -- I'm not sure that we did stakeholders, but we did do any department with whom we might have association within the state there, in Tallahassee.

So, maybe we want to have part of this and then the issue for your boilerplate and then have as it is, as an introductory letter and letting them know that we're there to work with them.

And, again, trying to get us out to everyone's awareness.

When it comes to boilerplates, I think what you need to do is find the issue you want to address, write it up in there, and have your opening and ending, the way this is, and send it out when the issue is up.

Because a lot of people won't do it if they have to write the issue themselves.

So if you wanted a boilerplate, you have to send it out at the time of the issue with, this is an example of what, you know, we might suggest you send.

>> GLENNA ASHTON: This is Glenna. Thank you for that; sure.

So, we do need the stakeholders you mentioned, everyone within the State Department, putting the issue at the beginning, the introduction of the letter, and maybe a short blurb about who we are.

But you're right, we probably only need a few letters than one to just tell everyone who we are, one more specific to timely issues.

It's doable. We could very possibly have four or five letters, something like that.

>> CINDY SIMON: So, I remember doing, like, the introductory letter and I'm sure it's in there somewhere when we did it as a committee.

And we put it out to everyone at one of our quarterly meetings.

And one -- one was strictly as an introductory letter to that list we were just talking about.

And so I don't know if this is what it is; it could be that this is the letter that we did, unless you redid one, in which case there's another one floating around there.

>> GLENNA ASHTON: This is Glenna. Honestly, I don't remember seeing that letter or that template that you're describing now.

I like the idea; I just don't remember drafting that one and what it actually said.

>> CINDY SIMON: Okay. I have work over lunch to do; I'll try to find everything.

>> GLENNA ASHTON: This is Glenna. I appreciate that, Cindy. If you could do some digging and find what we have used in the past, definitely we could incorporate several different templates; one that is more introducing ourselves, about the organization, and then more specific to issues.

[Pause].

>> CINDY SIMON: I think I found the letter. And I know it was sent up there. Sean, it's a letter sent when -- that we created when Karen was still Chair, and the one I have in front of me is dated July 2, 2018.

And this happened after people attended the Inclusive Health Coalitions meeting. That's when we wrote these letters.

>> SEAN ISAAC: And this is Sean. Okay. Thank you for that. What was the meeting again?

[Pause].

>> CINDY SIMON: It was a general letter introducing ourselves and offering our, you know, expertise. And it wasn't to anyone in particular, it was a general introductory letter. And the one in front of me is dated July 2, 2018.

So that would have been about the time that we were writing it.

I'm going to look for any other letters we created.

>> SEAN ISAAC: Okay. But you said -- this is Sean -- you said that you -- it was after you attended a certain meeting. Which meeting was that?

>> CINDY SIMON: Oh, right, I didn't attend it, but some other people attended a meeting called Inclusive Health Coalitions meeting.

>> SEAN ISAAC: This is Sean. Thank you for that.

>> CINDY SIMON: No problem.

[Pause].

>> GLENNA ASHTON: This is Glenna. Thank you, Cindy. It's always good to have the historian on the Council who remembers things that we've done in the past!

So, thank you.

It seems like we did have a few letters that we were working on together and using them for different purposes as needed.

[Pause].

>> GLENNA ASHTON: Okay then. Anything more to discuss regarding letters?

[No response].

>> GLENNA ASHTON: Okay. Moving on then, we have our proclamations. You can see that Sean did send out an e-mail regarding this, with an example of a statewide proclamation.

And that statewide proclamation was in regards to stem online.

I would like to ask Sean though if the FCCDHH would be allowed to request these kinds of proclamations? Or would it be better if one of our individual organizations were to put in that request?

Well, first of all, I guess the question is has anyone read it? What did you think of the proclamation?

And because the wording from that proclamation was taken from the World Federation of the Deaf and the National Association of the Deaf. And it's a relatively standardized format that you see year-by-year. Some minor adjustments are made. But basically it's the same thing you usually see from the state of Florida.

[Pause].

>> SEAN ISAAC: So this is Sean. And I did see the letter and read the letter. As far as if the Council is allowed to send it, I'm not sure [chuckles]. I'm not sure if other agencies can send it either; I can only speak for the Department.

If we were to ask to send something like that, we would have to route it up to our Leadership also.

>> GLENNA ASHTON: This is Glenna. Sean, during lunch, I wonder if you could find out if FCCDHH is allowed to request proclamations.

Because those requests would have to go in by tonight, because they require a four to six-week lead time for the day that you want the proclamation to actually come out.

And we're talking about the week of September 20th. So you've got about four weeks, which with a four week to six week lead time, that would be this week sending it out.

I'm wondering if during lunch, you could find out from Shay if us, as a Council, if the Council itself can request that kind of a proclamation.

And if not, perhaps we can ask FAD, Florida Association of the Deaf, to make that request instead.

>> SEAN ISAAC: And this is Sean. I can certainly request that and have an answer back for you, I'm hoping today, so, no problem.

>> GLENNA ASHTON: Okay, yes. And if we're unable to get a definitive answer about whether or not the FCCDHH can do that, then our default then will be to ask FAD to request the proclamation.

>> SEAN ISAAC: And this is Sean, okay, sounds good.

>> GLENNA ASHTON: Great.

I also wanted to know if any of you had a chance to read this most recent proclamation?

[No response].

>> GLENNA ASHTON: Now, of course we're working on county proclamations. I did send in one for Palm Beach County. That has been sent in. And asking the county commissioners for said proclamation, and so that will be brought up.

Now, that is a proclamation that you could, of course, borrow and use for your own counties. It's a good idea to contact them and try to find the person who receives those requests.

If you have a copy of the statewide proclamation and if you're interested, I can certainly e-mail that out or e-mail you a copy of the county one that I worked on for Palm Beach County.

And feel free to use that, tweaking it as necessary for your own counties.

And also for the city at the municipal level.

I know with COVID, it's difficult to host any kind of activities, especially now we've been talking about the last week of September.

But this is something that if we put forward, maybe at a library, setting up a display of some kind with different books, films, DVDs related to deafness.

That's sort of low-hanging fruit there and an easy way to get some contacts with making some sort of announcement on the television during the week of Deaf Awareness Week.

Perhaps they could do something along the lines of trivia questions, put up on the closed-circuit TVs, issues relating to this new movie that has come out recently, CODA, the title is CODA, it's being played in theaters and it's on Apple TV +, it's CODA, it's about a family who is deaf with one hearing member.

And as I've said, it looks like it will be pretty good. They've used actual Deaf actors in the movie.

And so there's just a few simple ways to have something going on for Deaf Awareness Week in spite of COVID and all its limitations.

[Pause].

[Note from CART Captioner]: Cindy has her hand up in chat.

>> CINDY SIMON: This is Cindy.

>> GLENNA ASHTON: Yes, go ahead, Cindy.

>> CINDY SIMON: Yeah, you know, we get a lot of stuff, but we really don't have a lot that goes on for the hard of hearing.

I did read this and it does say "hard of hearing," but the way it's written, nobody who's hard of hearing is going to think any of this would apply to them because it says Deaf Awareness Week and they don't identify with that.

Even if you just put a line under where it's obvious to say this is for those who are maybe multi-deaf, capital D Deaf, hard of hearing, late-deafened, and deaf-blind, that makes it a little bit clearer and doesn't turn them away from it.

If not that, then we need to find a day and do the same for the population who are hard of hearing.

>> GLENNA ASHTON: This is Glenna. Yes, Cindy, I understand what you're saying about Deaf Awareness Week sounding like it's only for Deaf people.

Considering with this proclamation, we have what we have to work with.

I wonder if for the May cutoff time when we're going to have Deaf Awareness Month, it

would be possible to get another proclamation going and make it clear by working on getting some kind of state, county, city-level proclamations to recognize the spectrum of different groups.

>> CINDY SIMON: I think we really need to look at that and because this Council really is perceived as heavily culturally Deaf-weighted and those with even moderate to severe hearing losses don't feel represented.

And I would like to ensure, since this is to represent everybody, that we do so

>> OPERATOR: Mary Hodges has joined the conference.

[Pause].

>> GLENNA ASHTON: So then that means making it more -- this might be more appropriate as a FAD proclamation. That may be what you're suggesting?

>> CINDY SIMON: Um... you know, if we did enough stuff that was out there equally for all degrees of hearing loss, it wouldn't be such an issue.

But since that really doesn't happen and we don't see that much that goes on in terms of a lesser degree of hearing loss, then I think I would agree with you.

[Pause].

>> GLENNA ASHTON: So Deaf Awareness Week has been a long-standing tradition for many years now. Is there anything similar for the hard-of-hearing community that you know of?

I know May is Hearing and Speech Month, if I'm not mistaken? So HLAA, do they have a week or are there things that are out there that we're just not aware of?

>> CINDY SIMON: The only thing I can think of --

>> GLENNA ASHTON: Does ALDA sponsor anything like that?

[Pause].

>> GLENNA ASHTON: Cindy, go ahead, please.

>> CINDY SIMON: No, no, I was trying to think of it when I was, you know, thinking of how to explain this, because I'm not trying to be... um... difficult. I just want to ensure that we're doing what we're supposed to do and represent everyone across the board.

And the only thing I could come up with is May Hearing and Speech Month!

So, it doesn't have to be a proclamation, but maybe we can do something encouraging people to get it checked. Or acknowledging or something. I don't know....

I'm just trying to ensure that we represent everybody that we're supposed to represent.

>> GLENNA ASHTON: Mmm-hmm, mmm-hmm. Yeah, Cindy -- this is Glenna -- Cindy, you're absolutely right. There are, by numbers, more hard-of-hearing people than culturally Deaf, capital D Deaf, in the state, and so we don't want to, you know, co-op this proclamation only for the smaller population.

So maybe something like this would be best coming from FAD, since it is labeled as

Deaf Awareness for now.

Okay.

>> CINDY SIMON: Glenna, I just have a question or a question for everyone.

Some kind of title where maybe we can create and get support to create, you know, um... I don't know what we would call it.

But, you know, hearing loss across the spectrum or something, you know?

And it would be Hearing Loss Across the Spectrum Day, where do you stand?

You know, something that would get their attention and maybe encourage people to sit up and take notice.

We can do that during that month of May.

>> GLENNA ASHTON: Okay. That's another idea for the EMOT subcommittee to work on, trying to do some kind of campaign statewide across the different organizations and bring that concept of spectrum of hearing loss, that's a good idea.

Something to work on developing, you know, come up with a neat logo, some kind of a spectrum or something like that that would, that's a good idea to kind of develop some kind of infographic, some visual representation, yes. And that would actually be a great project, Cindy, for your class even to take on, because you know how often working with younger people, they develop infographics of things.

>> CINDY SIMON: I could check with the new semester... uh... they're putting us on a new hybrid-type of thing, half and half -- half in class and half without the teacher on independent work.

But I guess I could try to do a contest in class and that team gets an extra five points that wins that.

>> GLENNA ASHTON: This is Glenna. That sounds wonderful to try something like that and see what happens.

>> CINDY SIMON: Okay, I will do --

>> GLENNA ASHTON: You can get some really good ideas out of that, right?

[Pause].

>> CINDY SIMON: Well, we'll give it a shot and see what happens.

I wanted to redo the handbook last semester; it's just the less that they're in person, the harder a time I have with them getting anything done. And they all gave up on it. They voted and came to me and said, "We can't do this."

So... but I think an infographic is more doable. And I know just the week I'll give it to them. Okay!

Maybe we'll have something by December that we could utilize by May!

>> GLENNA ASHTON: That would be great! Yes, thank you for trying to find a way. I know replacing the handbook... whew... who knows, this could be the good place to start and then they'll end up running with it and bigger and better things will come out of it.

I'm excited to see what we get and what comes out of this idea.

[Pause].

>> GLENNA ASHTON: This is Glenna. Is there anyone here -- I know Cindy is here. Chris, are you still online? Mary, are you still online? Karen, are you still with us? Can we just do a quick check?

[No response].

>> CINDY SIMON: This is Cindy. I can see that Karen, Chris, and Mary are all still in the chat.

Oh, Karen is typing: Yes, I'm here.

Mary said: This is Mary, I am here.

I know that Chris stepped out to take a call; I don't know that he returned yet.

>> GLENNA ASHTON: Okay. So then let me ask Mary and Karen directly: Do you have any input about what we were discussing, either the proclamation, the letter, or the infographic new idea? Anything that you would like to say, even in support, just to say it's a good idea? Anything?

>> MARY HODGES: This is Mary, I just rejoined the call shortly after 11:00, so I missed the information about the proclamation; I came in on the tail end of that discussion.

But I do indeed like the idea of a graphic with the kind of the spectrum of where you are with hearing loss; I think that would be something that will speak to all age groups. And it's something that will -- I think that would be great.

>> GLENNA ASHTON: Okay. Well, thanks, Mary.

Mary, we also asked for each organization to do a brief update, particularly calling attention to activities during COVID, during the pandemic.

We heard from ALDA; they're very active, they've been doing Zoom monthly meetings.

FAD has been fairly quiet, mostly because our current president is a new dad, he's got a baby in the house.

Cindy mentioned supporting different issues at the legislative level.

So, Mary, let's give you an opportunity to speak about Elder Affairs. Anything that's happening there in particular calling attention to the pandemic?

>> MARY HODGES: We have a campaign that we've been doing, it's called We Will Meet You At Home, and basically it's just getting information out through social media that gives the contact information for area agencies on aging for individuals to call, if they would like for somebody to come to their home and give them a vaccination.

Also, we have a continuing campaign, Every Shot Counts campaign, so it's kind of picking up from that same concept.

Often people don't have transportation to go to -- and don't know where to go for shots, so we're doing those campaigns.

And that information is located on the Department's website.

Other than that, related to COVID, we've been doing a lot of what we call telephone reassurance, and that is because a lot of older individuals have been at home and not going out to the senior centers and not participating in activities that they're accustomed to being able to get out and about to participate in.

So, having somebody call them up and have conversations at home, and check in on them, we've been doing a lot of that as well.

In addition to me also, of course, we've been doing a lot of providing meals. And a lot

of those meals have been provided in frozen, but a lot of them have been going back to be able to do some hot meals, so people are receiving some everyday now rather than getting frozen meals once a week.

So those are the activities that we've been involved in.

[Pause].

>> CINDY SIMON: And in the chat --

>> GLENNA ASHTON: This is Glenna. Thanks so much, Mary. And you know -- oh.

[Pause].

>> CINDY SIMON: I'm sorry, Glenna, I was just going to reference what Karen said before, that she likes what's been said and she's in support.

>> GLENNA ASHTON: Okay. Thanks, Cindy for reading that.

Mary, have you happened to notice anything to do with masking or quarantining? Anything that overlaps with the hearing loss community, anything that comes up related to that?

And I guess I'm asking that because, you know, Cindy mentioned earlier people who have a hearing loss have been widely impacted by mask wearing and communication issues.

So I wonder, Mary, what about the population that you serve? Any discussions there?

>> MARY HODGES: I am not aware of any discussions regarding masking.

[Note from CART Captioner]: Karen has a hand up in the chat.

>> GLENNA ASHTON: This is Glenna. Okay, well, thank you, Mary. Karen? Karen, would you like to talk about HLAA at this time?

[Note from CART Captioner]: Karen has a comment in chat.

>> GLENNA ASHTON: If Cindy will read her comments.

>> CINDY SIMON: I was waiting to see if she was going to be able to speak.

So, Karen says: Masking has been very challenging for deaf and hard of hearing. For me, I notice it all the time. I don't understand people.

HLAA and AMPHL have been in support of the clear window masks.

She goes on to say: AMPHL is the association of medical professionals with hearing loss.

She says I have Safe N Clear masks that I use.

And I might say, we also have clear masks that we use when we see people.

She goes on to say, but that does not help when I need to understand.

I have actually brought my box of Safe N Clear to doctors' offices so I can understand them.

[Pause].

>> CINDY SIMON: Many times they want to just take off the mask, but that was a problem when so many were not yet vaccinated.

Not fair to risk exposure because THEY did not purchase accessible masks.

Karen, tell me if you want me to stop adding inflection in there.

Karen goes on to say: So, I bring my box to where I need it.

For example, last week, I went to the ENT for a long overdue exam. Not ONE of them had a clear mask. Really???

And they did an audiogram. I did not even understand the instructions! HLAA supports accessible masks for everyone.

But how do we get them on board?

And I'm pretty sure she means everybody else to get on board with wearing clear masks so people can see.

I have another issue later to discuss.

[Pause].

>> GLENNA ASHTON: This is Glenna. All right, well, thank you, Karen, for that.

Obviously masking is an ongoing concern. Deaf people, I can comment, hate mask wearing. It's reasonable, but because we sign, even though the signs seem to be on the hands, we do rely heavily on face movements, micromuscle movements, all part of the language.

And so no matter what your status is, we need faces.

So, it seems to be an issue across the spectrum of hearing loss, depending on facial expressions and seeing what's being communicated.

>> CINDY SIMON: This is Cindy. I see all these people in here from a professional standpoint and the comments that we get are really interesting.

People who might never have come in are coming in because they realize the problem they're having since everyone started wearing masks. And it's driving them crazy.

And people who rely more on their hearing actually rely on facial expressions that they don't even realize that they do rely on. And looking at lips. Which they don't even realize they're doing.

And this is a huge part of the population.

And so I think it's interesting that we could say that the needs are really similar for both, those who don't identify with hearing loss, as well as those who are Deaf, culturally Deaf, and... um... we have to find ways to help them through.

Just like Karen was saying, it is really hard.

I've had patients who were moderate to severe hearing losses thanking me because I switch my mask to a clear mask so that they can get some facial expression, as well as have my lips there.

And they're very grateful for that.

So, it would be great to make everyone aware.

People who don't have hearing loss have a problem hearing with the masks on!

And the degree that it changes your voice is amazing.

If you wear the heavy-duty, like the N95 that I do, I sound muted to myself!

So that would be really nice to have maybe a second info... what did you call them? Infogram? About what masks do to your ability to hear regardless of degree of hearing loss.

>> GLENNA ASHTON: It's actually an infographic.

>> CINDY SIMON: Infographic, that's it. I'm writing it now. Okay.

[Pause].

>> GLENNA ASHTON: Glenna here. Okay. I think we're all familiar with the problem of -- the problems related to masking.

[Pause].

>> GLENNA ASHTON: I think that there is a way of using masking as a hook to reach audiences with hearing loss.

And now maybe striking while the iron is hot, getting the attention of that audience.

More and more people are realizing that they do have some level of hearing loss and that thought was brought on by struggling with masking.

So, if anything good has come of COVID, it could be something like the hearing loss population.

And I would love, personally, to see a way to use that as an avenue to encourage awareness and advocacy for those who have hearing loss across the spectrum.

I really like the word that you used, Cindy, "Across the spectrum." I like that.

>> CINDY SIMON: Thank you, Glenna. I like to look globally and see that everyone fits somewhere and address everyone's issues for where they are.

So, I use terms like that a lot.

>> GLENNA ASHTON: This is Glenna. Sounds good.

Moving on, this could be my favorite topic of the day, although we haven't really been doing much lately during the summer months: Legislators. They are so important to the work that we do as members of this Council and representatives of our individual organizations, representing different organizations and areas across the state.

Saying hello to them, interacting with them, telling them a bit about our organizations, getting to know them, allowing them to know us, sending them letters, making connections.

And getting, you know, making sure that we contact them often, such that they are familiar with our names. It could be letters, it could be in-person visits, or phone calls.

This is how we build up to when we go to Tallahassee in, say, February, if that happens. Who could say?

I think it's always important, and honestly, I miss it!

I'm always surprised when I ask questions to a county commissioner and I get a quick response. It's surprising to me.

[Pause].

>> GLENNA ASHTON: Our representatives, our senators, are all spread out, but they can be accessed through the website, through the representative's and senator's website at the click of a button.

You can send them a quick e-mail. And you always get a response. It could be a personal response, it could be automated, but you always do get a response. So you know that it did make it to their inbox, at the very least.

So, I, once again, encourage you to do the same.

I actually sent Sean the link for the reps and senators' websites so you are able to also, at the click of a button, find your representative, your senator, and click -- quickly send them an e-mail to introduce yourself. Or using one of our letter templates, the F -- the Council's template letter. You could simply copy/paste and personalize it however you would like.

That's a very simple, quick way.

And then I often follow-up with a phone call or a visit, if possible.

But I do encourage you, as always, to reach out to the representatives from your area. One rep, one senator, and just try to get that relationship going. I always encourage others to do that.

Of course, I have to remind myself to do it. I think about it quite often, but actually sitting down and doing it is a different story.

>> SEAN ISAAC: Glenna, this is Sean. I will find that link and send it out to the group, okay? Thank you.

>> GLENNA ASHTON: This is Glenna. Okay, thank you.

I know you can't hear it, but my cat is meowing, calling me in the background.

It is now 11:34. Lunch is scheduled for 12:00 noon.

Karen, I want to circle back to you. You said you had an issue or something that you wanted to discuss. We can go ahead and do that now, if you'd like?

[Pause].

>> GLENNA ASHTON: Karen, are you still connected with us?

[No response].

>> CINDY SIMON: It looks like Karen has left the room.

>> GLENNA ASHTON: This is Glenna. Is there anyone else that would like to bring anything before the Council at this time before we break for lunch?

[Note from CART Captioner]: In chat, Karen says: I got disconnected for a second. I'm back.

[Pause].

>> GLENNA ASHTON: This is Glenna. Oh, good, Karen is back. Is there anything that you would like to discuss with us? I recall you saying you had an issue that you wanted to discuss later, but we can go ahead and do that now since we have time before we break for lunch.

[Note from CART Captioner]: Karen has comments in chat. I can relay or Cindy can?

>> GLENNA ASHTON: Cindy, would you read Karen's comments, please?

>> CINDY SIMON: I'm sorry, I was muted, I was reading these and I didn't know no one could hear me.

What Karen said was: I am still so concerned why hearing aids are not covered by insurance. That is an issue that has always concerned me. Feels discriminatory.

I cannot believe that I can get some benefit for eyeglasses, thank goodness.

I can -- if I can say this, I can say to Karen, and Karen -- oh.

"But I cannot believe that hearing which is so critical for functioning, we cannot get any insurance coverage for that."

[Sighs]...

>> GLENNA ASHTON: This is Glenna. Cindy, go ahead.

>> CINDY SIMON: Yes, she was -- I was giving her another minute. The over-the-counter hearing aids mostly are amplification and not specific for severity that some of us have.

Hearing aids are NOT optional. Are not cosmetic. How is this okay that hearing loss is discriminated against?

Why is this not a class action lawsuit?

Thoughts?

So, can I address this first?

>> GLENNA ASHTON: Oh, yes, please, respond.

>> CINDY SIMON: We finally have mental health parity. So, why not hearing parity?

So, I will tell you I don't have dental, I don't have eyeglasses, I wouldn't have hearing aids. I don't have any benefits for three grand a month, other than if I'm in trouble in the hospital, I'm pretty much covered.

Hearing aids are very expensive.

I did say parity, Karen, not parody, I do know.

It's just a function of just like eyeglasses are not covered, unless you get a special rider, you can get a special rider for hearing aids as well.

What you're going to get may not be what you want.

However, you, at least, audiology is working on this. We have, I think it's called Mosa (sp) and it's a Medicare plan. People on Medicare can't even go to the audiologist on their own unless a doctor writes a note that they need a test.

Karen says: But eye care and vision/glasses are offered as additional.

No, my program didn't do that.

Hearing aids are an option. A lot of organizations have a rider that they can opt for that will cover up to a certain amount on hearing aids.

So, it is out there, but no one wants to pay for that.

And if you listen to what was written about this new everything over-the-counter, they said hearing aids are so expensive. If we make it over the counter, then that will give other companies a chance to come in.

Now, that being said, you are correct, Karen, what you get is not going to be what you need if you have a more severe hearing loss.

And supposedly, and this is supposedly, someone told me this, they said that they're gonna put over-the-counter hearing aids for every type of loss.

Obviously these things are not going to be adjusted properly for anybody.

For a long time, it was being worked on at least to get a credit so that you might have a \$500 credit.

There is a couple of companies that, and I'm not going to say any names, they have their own hearing aids created and you can get them for under \$900. It might not be what

you want to wear. So be careful what you wish for.

When others get involved, you may not have a choice. For a while, there was an insurance that had -- what they offered, it was a bait and switch.

So they offer this hearing care and a free hearing aid as an incentive to do the insurance. But if you really wanted something better, then you paid to upgrade it.

And at one point, I couldn't do it, because your upgrade, according to health insurance, was gonna be more than I charged for it to begin with.

So it goes all ways.

If you really look, there are companies that you can get for hearing aids.

What Karen says here is: What I want and what I expect is hearing parity.

[Sighs]... you know... we all have something. I would like eyeglasses. I'm not going to get them.

"PERIOD" and that's all in caps.

So, I have no answer. We are working on trying to get coverage. There's all kinds of letters that have been written through the three main national associations.

Go on, Karen.

[Pause].

>> CINDY SIMON: Karen says: I don't want banter. I want to raise the real issue that hearing loss/deafness continues to be discriminated against by insurance companies.

HAAA did a big push for over-the-counter hearing aids for mild to moderate.

But more severe is not a "I would like hearing aids," it's critical.

And it is not recognized as severe an issue. This adds...

[Talking over one another].

>> CINDY SIMON: I'm just reading Karen's posts.

This adds to the reason so many withdraw from their life.

There is increase in depression, anxiety, isolation, cognitive decline.

And I 100% agree with that.

Where is the demand for the right to have hearing health care with hearing aids?

Everyone willing to cover the high cost of surgery, cochlear, but not everyone is a candidate for that.

[Pause].

>> GLENNA ASHTON: This is Glenna.

>> CINDY SIMON: Glenna, she just has one more comment: I'm very passionate about this issue. Okay.

[Pause].

>> GLENNA ASHTON: Okay. Glenna here. Thank you, Karen. Yes! And this has been an ongoing issue for years.

Two things. I know that some states do require for insurance companies, insurance provided through the state, to provide hearing aids. Florida is not one of those states where it's required by Medicare.

Vocational rehabilitation, I know can assist with hearing aids from the age of 16 or older.

Now that's... the last knowledge or requirements that I knew, but within a lifetime, I know they will consider to pay for at least one free pair of hearing aids, that's the Division of Voc Rehab.

Also, there are some Medicare advantage plans that includes some coverage for hearing aids, but that ranges anywhere between 500, 1,000.

>> [Coughing].

>> GLENNA ASHTON: -- and they're not paid for at full cost.

>> CINDY SIMON: I'm sorry, Glenna, I just want to clarify your first sentence.

You said that I know that some states do require for insurance companies insurance provided through the state to provide hearing aids. Florida is not one of those that's required by Medicare.

Again, there is not one state in the U.S. where Medicare requires them to pay for hearing aids. It's Medicaid. And Medicaid in Florida does provide hearing aids. Not necessarily for everyone, and depending on the funds they have.

But they do provide for hearing aids.

>> GLENNA ASHTON: This is Glenna. Okay. Thank you for clarifying that, Cindy.

But any other employer-provided insurance companies, I think -- I'm referring to the state of Michigan, and correct me if I'm wrong, I think that employer provided insurance plans or even self-paid, there are some insurance companies that might have a policy exception for children, and it does vary state-by-state.

Another thing, though, that I think worth mentioning when we look at insurance companies, historically not providing hearing coverage, specifically hearing aids, I believe it was because it would reduce the price of hearing aids, which those that are in the hearing aid business might suffer economically, and so maybe that's why insurance doesn't provide a reduced cost to keep them in business or not take away from the market, the hearing aid suppliers and marketers.

The average cost of a hearing aid is anywhere between, what, \$350 to 3,500.

So I don't know, does it have to do with the market cost and then insurance companies are really hesitant to provide any kind of hearing aid amplification coverages?

I think it may go back to the insurance companies themselves.

>> CINDY SIMON: So, let me read the chat.

Chris said he forgot to say he's back, catching up via CART and will sign back in for voice after lunch.

Mary had what appears to be a good link and she posted it there.

Karen said Medicaid covers up to 21st birthday.

So, Karen, depending on the year, Medicaid has covered adults in the past if they were under Medicaid. It just depends what the funding is determined to be.

Glenna, I have -- there is not a single hearing aid that costs me \$350. So I don't know how it goes out to the public for \$350.

And... they're expensive. One company created their own. But, again, the quality was not what we expect, so...

>> GLENNA ASHTON: This is Glenna --

[Talking over one another].

>> GLENNA ASHTON: -- what I was trying to say was that the cost of hearing aids, the manufacturers, they're not expensive to make. They may cost \$350 wholesale, but the markup is starting anywhere at 3,500 or higher. So... that said, maybe the insurance companies don't want to play that game, between wholesale and retail.

>> CINDY SIMON: Well, let me just point out that some of the costs there is there is a lot of research that goes on. I've seen it myself. And it's very, very expensive and extensive.

So, some -- even though it may not cost that much to make, the -- what they go through to create it is quite extensive.

I've been in a few of those and it's not we didn't get paid for doing this, we just helped with the research.

And it was very expensive.

So, that's probably why it costs what it cost.

>> GLENNA ASHTON: Okay. This is Glenna. Back to the masking issue, I think this discussion is relevant in our attempt to create a hook and get the information out there. So it's affected by masking and find affordable hearing aids. That's a real issue that our population is seeing here, especially now since the pandemic and all of the masking. I can only imagine what a life change for individuals.

You can also almost compare it to vision loss, being able to see, and then overnight your vision being impaired.

I think it's very similar to this newer population of individuals that relied on lip reading, speech reading, and never identified as having a hearing loss.

It's a big wake-up call.

[Pause].

[Silence].

>> GLENNA ASHTON: This is Glenna. So the time is now 11:56, I think it's safe to say we are due for our lunch break. We have a presenter scheduled for 1:00 p.m. Our presenter is from Communication Center for the deaf And Hard of Hearing and we will have two presenters representing that company via Zoom.

If you could, please return from lunch on time and be ready around 12:55.

As far as our guest speakers, I did reach out to them via e-mail yesterday and again this morning. If I do get an idea of their presentation or itinerary, I will forward it to you interpreters, as well as Lisa.

I will see you back at 12:55 for that presentation.

The next FCCDHH meeting will be in Kissimmee and we will be having the deaf awareness activities via webinar.

Okay. See you back at 12:55.

Oh, I'm sorry, wait. What time is it now? It's 11:57. Yes, I'll see you back at 12:55.

[Break].

>> GLENNA ASHTON: All right. Welcome back to FCCDHH. This is our roll call after lunch, just making sure we're all here together.

My name is Glenna Ashton, I represent the Florida Association of the Deaf.

Who else is here?

[Pause].

>> CINDY SIMON: This is Cindy and I represent audiologists.

>> GLENNA ASHTON: Thank you, Cindy. Chris, are you present? Mary? Karen? Are you here?

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

>> GLENNA ASHTON: Thank you, Mary. Chris and Karen? I haven't heard from you yet. Are you here?

[Note from CART Captioner]: Chris is not in the chat.

>> GLENNA ASHTON: So it looks like we have only the three of the five of us here; I know the other two will be back soon.

So we'll begin with a presentation. This is Brian Steinhoff and also he'll be joined by Gabrielle Joseph. They will be giving us a presentation representing the Communication Center for the Deaf and Hard of Hearing out of Kissimmee.

Brian has a PowerPoint, so he will be sharing screen on Zoom.

And I know that it will also be sent out by Sean very soon.

So, Brian, welcome! Take it away.

>> BRIAN STEINHOFF: Thank you, Glenna. I do appreciate the opportunity to be here with the Council today.

Just to introduce myself, my name is Brian Steinhoff. This is my sign name. And I am the vice president for the CCDHH. And what that stands for is the Communication Center for the Deaf and Hard of Hearing, Incorporated.

We're a non-profit organization. And what we do is we focus on Deaf advocacy here in the...

[Pause].

>> INTERPRETER: This is just the interpreter asking for clarification; we have some visual issues here.

>> BRIAN STEINHOFF: So advocacy for the deaf and hard-of-hearing population, specifically in Central Florida.

My peer will be joining me as well.

>> OPERATOR: Lisa AQI has joined the conference.

[Pause].

[Brian's screen has frozen on Zoom; please standby].

>> INTERPRETER: This is the interpreter again, hold on just a moment, we're having some video technology difficulties.

[Pause].

>> BRIAN STEINHOFF: Okay. This is Brian again. I just tried shutting down some more windows, hopefully that will help smooth things out.

So as I was saying before, I've invited a colleague of mine, Gabrielle Joseph, and she will be joining me to support me as needed.

[Pause].

>> BRIAN STEINHOFF: I'm going to share my PowerPoint slides in the Zoom chat, in the Zoom meeting.

Are my slides visible? Okay, looks like they are. Great!

You can see our logo for our organization, for CCDHH, and it's a group of hands clasping other hands around the wrist in a circle, and so this symbolizing our dedication to the Deaf community and serving people who are Deaf and have other disabilities as well around the Central Florida area.

Now you can see here our mission statement; I'll give you a moment to read through it.

[Pause].

[Note from CART Captioner]: Mary has a comment in chat: How can we view the PowerPoint if we are not on Zoom?

>> BRIAN STEINHOFF: The Communication Center for the Deaf and Hard of Hearing, Incorporated in Central Florida is a non-profit community organization whose pursuit is to serve the members of the deaf and hard-of-hearing communities in Osceola County.

And the surrounding Central Florida area.

In agreement with our vision, CCDHH is a program which promotes leadership, while encouraging independence.

CCDHH seeks to improve meaningful relationships with community stakeholders through education and advocacy.

Our goal is to provide resources which empower and enrich the lives of individuals who are deaf and hard of hearing.

So I'm very excited to be sharing with you --

>> OPERATOR: Chris Littlewood ALDA representative has joined the conference.

[Talking over one another].

>> BRIAN STEINHOFF: -- to introduce who we are as an organization and I will actually be showing you this video in our next slide.

[Pause].

>> BRIAN STEINHOFF: I'm copying the link....

[Pause].

>> BRIAN STEINHOFF: Hmm... here we go.

[Pause].

>> BRIAN STEINHOFF: I'm waiting for the video to start.

[Pause].

>> GLENNA ASHTON: I don't see anything right now.

>> BRIAN STEINHOFF: Were you able to see my video while it was playing?

>> GLENNA ASHTON: This is Glenna, I see it now, but it was -- I think you were running it before and now it stopped.

[Pause].

>> CINDY SIMON: Just no note, Mary Hodges says how can we view the PowerPoint if we're not on Zoom? And I will second that, because we can't see anything.

[Pause].

>> SEAN ISAAC: This is Sean Isaac and I just forwarded you all the PowerPoint link that was sent to me via e-mail.

[Pause].

>> BRIAN STEINHOFF: Okay. Well, perhaps after this presentation, maybe you could take a moment to go ahead and follow that link from the PowerPoint and watch our promotional video.

It seems like we don't have a strong-enough connection to really show the video successfully, so if you would take time to look at it, I would appreciate it.

All right. I'm just going to move on to the next slide, here.

I wanted to give you a brief history of our organization, CCDHH, Incorporated.

Starting in July 1999, it was originally envisioned as Deaf Experience, Incorporated, and as you'll see in our next slide, we had a partnership with Angela Roth --

>> OPERATOR: Chris Littlewood, ALDA representative has left the conference.

[Pause].

[Silence].

>> INTERPRETER: Sorry, more technical difficulties; just a moment.

>> BRIAN STEINHOFF: So originally it was called DEI, Deaf Experience, Incorporated, abbreviated DEI, back in 1999 and retained that name until 2004, at which time the Board decided to change its name over to CCDHH to make our mission and our activities more clearly understood.

And so since 2004, we have retained that name. And will continue the work that we've done in the Central Florida area.

You might see the picture here on the PowerPoint of James, or Jim, Schooley, who we unfortunately lost a while back. And he brought his legacy to our organization of Deaf advocacy throughout our community. He shared resources. He was of the same mind

as our vision and our mission for the Central Florida community.

[Pause].

>> BRIAN STEINHOFF: Now, our current Board for CCDHH consists of six members. And I have the list of all of those members' names here in the PowerPoint so that you have an idea of who they are and what they do.

First off, I'll start with our president. Who else would we start with, right? Her name is Renée Carll, this is her sign name, and she has a very strong background in the field of Deaf advocacy and in working in the mental health field as well for over 25 years.

She lives here in Central Florida and has done so for quite sometime.

And I think she is the perfect person to lead our organization. She has a lot of experience that she brings in terms of sharing resources and I've learned a lot from her personally.

And one little fun fact about Renée -- each member shared a fun fact about themselves -- she loves doing outside projects and fixing things that break. She calls herself a handyperson [chuckles].

Of course, nowadays, more and more people are not that handy, unfortunately, around the house. But Renée is very much hands-on and doing projects and things around her house.

Moving on to the next member, that would be myself, Brian Steinhoff. The picture I chose here is from a trip I took to Key West with Mile Marker 0. I am the vice president. And some of my hobbies are that I love playing around with drones and taking aerial photography. I get some really incredible shots using drone technology, and that's something that I do in my free time.

Moving on. Our treasurer is Karrie Bercik and I just recently learned this fun fact about her is that she owns several animals. She basically has a farm. She has over 50 horses on her property -- rather, she has helped more than 50 horses.

She resides with several and has miniature horses and cats on her own property. She is an animal lover.

Up next we have Tanya Velasquez and she is our secretary. I've had the pleasure of getting to know her....

[Pause].

>> INTERPRETER: Sorry, more technical difficulties.

>> BRIAN STEINHOFF: Tanya is especially good at two games and I have yet to beat her. That would be Jenga, you know where you have to build that ever-weakening tower out of building blocks? I can't get close to her expertise, I have to keep working on that to come close. But she also loves to play billiards or pool.

And when I tell you she is that good, you've got to believe me! Anyone who challenges her so far, she's blown out of the water! So be careful!

>> GLENNA ASHTON: We'd better not take her on.

>> BRIAN STEINHOFF: We have Lorraine Velazquez, she is another board member. She actually recently moved out of Central Florida to Pennsylvania. But she's a strong supporter of her daughter, who I believe right now is 16 or 17; they stay in touch constantly and she's always sharing stories about her daughter, for whom she's very proud.

We also have Angela Roth. And she has been a fantastic supporter of CCDHH to make sure it continues its mission. She is our business advisor. So she gives us a lot of tips and instructions on how to do things the right way.

She keeps in touch, a very close eye on what's going on in the community and so her business acumen and knowledge have been invaluable. We're very lucky to have her as a part of our organization and a strong supporter of the Deaf community in Central Florida.

So, those are the six board members who are currently serving for CCDHH.

But I also want to tell you a little bit about what it is that we actually do and have done, the kinds of services that we provide and what it is that we do in support of the Central Florida Deaf community.

As you'll see on the PowerPoint, I have a list of six main bullet points here. These are the most popular services that we provide, most often used. The first one being to provide equal access in English, Spanish, and ASL.

Now, the reason why we add Spanish is because Central Florida has a very large population of Hispanic members.

You will notice that on our board, we use three languages at once; we function in English, written English, written Spanish, and in ASL. So we embrace all three languages.

I, myself, am still learning Spanish, I'm working on getting up to speed. But our second most often and most focused onus of what we do is helping people to build their résumé.

Later on in the PowerPoint, I have some statistics about what it is that we provide in terms of résumé support.

What we do is we help clients to build their résumé in the hopes of giving them assistance in finding a job in the Central Florida area.

Third, we guide people through the immigration process. Central Florida has one of the highest numbers of immigrants in Florida. And so oftentimes, we have people moving to this part of the state, from South America, especially Venezuela. Colombia, Argentina. We have a very strong Argentinean population growing in Central Florida, especially in Osceola County and we guide them through that process.

We know it's a very lengthy bureaucratic process and we provide both written English into ASL and written Spanish into ASL, just as an example.

The fourth area focus is community advocacy. As you know, there's a great many people, we often see, especially amongst our clients, the ADA and the rights it provides, in something like going to a dentist's office who refuses to provide interpreting services.

And what we will do is contact that office on our client's behalf, explain the ADA and the rights of the consumers, and try to explain what it is that they can and can't do because of that.

And I would say in 99% of the cases, we have been able to successfully convince these health providers to provide the assistance that is needed.

So we provide a service of educating people, bringing up the baseline education of those healthcare providers so that employers and other organizations have what they need to do the right thing.

Fifth is guiding people through the Social Security process. I would say 90% of our clients are currently receiving Social Security benefits, and so one of the biggest questions for them is how would this interfere with my ability to get a job. And so we do a lot of education with our consumer base about Social Security and the ins and outs of that process.

And lastly, American Sign Language resources. Very often, we'll have people coming to us with questions like, "Where can I get a translation from English to ASL? Or from Spanish to ASL? What does this mean? I received this letter and I don't know what it is."

And so a lot of people come to us looking for communication assistance and the level of access.

So, we have some resources that we can share for people who want to learn ASL, perhaps family and friends of Deaf individuals who want to learn, we can guide them in that journey as well.

So, these are our six major tenets and the most often services we provide for our clients in Central Florida.

We do offer other services and provide other complementary services as well.

And other accomplishments that I am particularly proud of and I would like to share with you today; we have many, but I'm going to choose just a handful of them to go over with you.

We try to have as large of an impact as possible on the overall community and that sometimes means broadening our focus to the state level.

And so we were instrumental in passing the Deaf Floridian ID bill. And just to give you a little bit of background on that, I have some more information on my next slide.

We've also been involved in ASL proclamations. And this is to ensure that the State Government recognizes ASL as a language.

Third, we conduct monthly educational workshops, which means that we are providing workshops on several different topics: Self-empowerment and other ways that we can support individuals, which I can go into more detail later on.

Also, we've been involved with the driver Deaf ID card and I have more information on that later as well.

And fifth on the list, you'll notice we have something called a first responder card, which is something currently in the works; we're just about done with that project.

And honestly, the list goes on and on. But these are just a few of our accomplishments that I wanted to highlight today.

So, getting into a little bit more information about the Deaf Floridian ID bill, you can see the wording of the bill itself here in the PowerPoint. But basically what it says is: The Deaf Floridian's ID bill permits the international symbol for being deaf or hard of hearing to appear on the identification cards or driver's license. This legislation is in response to several incidents, incidents of confusion and escalation during encounters between police and deaf Floridians, including a recent incident by a constituent, Lorraine Velazquez.

This legislation allows people who suffer from hearing impairment to further identify themselves and their condition.

So, the symbol that you'll see in the PowerPoint is sort of a pictogram of an ear with a line going through it, and the person can go to their local Department of Motor Vehicles to have that symbol put on their government ID or driver's license.

And you may wonder why someone would want that? An example is Lorraine Velazquez, she is an example, she was pulled over by a law enforcement officer and this officer was talking to her using their speaker, their loud speaker, telling her to keep her hands on the wheel, giving her instructions, that she wasn't hearing.

And the officer ended up pulling her out of her vehicle, physically man-handling her, and injuring her in the process. Only later figuring out that she was deaf.

So, this is one of the catalysts that led to this bill in the first place.

What it does is it gives us as deaf individuals the opportunity to inform law enforcement officers and anyone else, through this symbol displayed on our identification, so that something like this, which happened to Lorraine, won't happen again.

This symbol can be added officially to a person's individual driver's license. And if they would like, they can also add it to their license plate, at their own discretion.

This way, if a person did that, then if they're being pulled over, the officer could see this

symbol and understand that the driver is deaf before even approaching. Giving them sort of a heads up that this person he pulled over is not going to hear you as you're walking up, so it doesn't help to shout. And certainly can hopefully lead to less of these physical altercations.

This actually took place about five years ago that it was passed, in 2016. But we do have to owe this debt of gratitude to Lorraine for the work that she did in bringing this idea forward and making it successful in the long run.

We also were involved with a congressman who Lorraine is good friends with who helped push this bill through to legislation.

Now, we are also talking about developing a new card to identify deaf drivers, something that can be distributed to the deaf and hard-of-hearing community in Central Florida, and we would encourage people to display that when they're giving their identification to, you know, a government official of some kind.

But again, it would utilize this symbol of an ear with a line through it. And for that kind of extra card, it would only be charged \$1 for that symbol.

But think of how much money in lawsuits we could be preventing by using something like this. This clearly offsets the cost.

So if you wouldn't mind spreading the word about the usage of this symbol and the opportunity that people in Central Florida -- not just Central Florida, but being able to use this as an opportunity to identify one's self.

[Brian's screen is frozen on Zoom. Please standby]

>> BRIAN STEINHOFF: One of the other accomplishments I wanted to highlight is ASL proclamations. Now, the members of our Board visit several communicates in the Central Florida area on a regular basis. And we've done a lot of work with organizations to try and encourage local and state government to recognize ASL as a language.

It is the fifth most popularly used foreign language. And we've been able to do so, first off, in the city of Kissimmee, in April of 2017. The mayor of Kissimmee, José Alvarez, invited us to be a part of this. And part of the reason for that was the mayor had deaf members in their own family and that's helped to open the door to provide this level of service and accessibility in the form of this official proclamation.

Later on, we worked with the town of St. Cloud, Florida, and it is the next adjacent town from Kissimmee in Central Florida.

We've also worked with their mayor's office in achieving a similar proclamation.

And then we moved on to Osceola County, on the county level. That's where I happen to live; Kissimmee is part of Osceola County.

And we're able to get a proclamation by one of the commissioners, Commissioner Peggy Choudhry.

I realize that's somewhat of a strange last name for some people, but it's Choudhry.

And this proclamation was, again, about having access to ASL as a language.

We then worked with Polk County in 2018. And so that's where towns like Lakeland, Bartow, other similar areas, they're all part of Polk County.

So, again, working with their commissioners' office, we found out that the commissioner's niece was deaf, and so she was willing to really work with us on making this a reality.

And most recently, in 2019, we were able to work with the city of Orlando Government in putting together a similar proclamation about the recognition of ASL in Central Florida.

That commissioner's name was Tony Ortez and his nephew was deaf and we got his support or proclamation, for Orlando specifically.

And he also encouraged government employees to learn sign language so as to make the workplace more accessible.

So these are a few, five specifically, of these proclamations that we have been able to make a reality in terms of recognizing ASL as a language and trying to educate people about communication parity.

We want to make sure that access is as wide-spread as possible. And at times, that means working with politicians and using that as momentum in working with other politicians in making more progress, and that is what we are hoping to continue to do.

Moving on to our other area of focus, after ASL proclamations, is our monthly educational workshops.

These actually take place at ASL Services Headquarters in Kissimmee. And so we invite people who we believe can provide useful, meaningful resources for our community.

And so I have a list here of some of the topics that we have organized presentations on. And we've worked hand-in-hand with Osceola County with their emergency preparedness team. We brought in the head of the Osceola County emergency preparedness organization to talk about hurricane preparedness; what to do with your electricity or other utilities go away as a result of a disaster.

So, of course this time of year, that's especially important.

We've also provided education on preparing for a job interview, which includes how to dress, how to communicate either via e-mail or in person in a more appropriate manner, and just some of the basics of what it is that you need to know in order to put your best foot forward in an interview.

We were able to share that with our local community.

We also believe very strongly in breast cancer awareness. Several of our members have lost someone very important to them due to breast cancer, and so what we did was we invited someone from Central Florida healthcare organizations to present on breast cancer and the importance of the awareness.

We know it can be a very difficult and traumatic time in someone's life and we wanted to share resources on how to help victims and their families. And just increase the amount of awareness in general about the disease, how to detect it early on in the process, and how to overcome it.

We will often provide presentations and workshops that are -- well, it may sound kind of boring some of the topics so far -- and we also try to entertain the local community with Deaf Appreciation Night, we try to provide some sort of exciting or interesting events for them to go to.

We've also brought in speakers to educate locals on the importance of filing your taxes and how to do it properly.

We got many great results and good feedback.

I learned a lot. There were things that I was missing in terms of filling out my own taxes. What is and is not a writeoff. Things that you may not have thought of.

And we've also done the very hot topic of Social Security. We know that many of our local constituents are we interested, like I said earlier, about 90% of people who come to us for help are receiving Social Security benefits and they have a lot of questions about the Social Security system, how it works, how to file a grievance, if necessary.

And so we brought someone in who was an expert from the Social Security Office to try to enlighten those in the audience about what it is you need to know. Dos and don'ts when it comes to Social Security and etc. And really just trying to help the community have an overall awareness of what to do, what not to do, and what the pitfalls are.

And so this is just a sampling of some of the topics that we cover on a monthly basis in our workshops.

I would say we average in terms of attendance between 20 and 35 people in the audience.

And the image on this slide, if you look at it closely, you'll see someone wearing a black jacket at the front of the room. This person is a magician. And I have to tell you, this guy can hide a bird in places that you wouldn't believe!

But he really did a fantastic job of performing for folks in our community, so....

Really, I guess "illusionist" might be the right word, but making things disappear and reappear. It was a fun night for everybody.

So, who knows. Try putting on a magic show.

[Pause].

>> BRIAN STEINHOFF: Another project that we've been working on is in relation to that bill I mentioned earlier about the driver deaf identification sticker. We've also designed a new card that a deaf or hard-of-hearing person can have in that car with them.

We got together with local Deaf community leaders and worked on this project for about two years, just in terms of information gathering, coming up with concepts and ideas, running them through the mill, and seeing what improvements could be made.

And what we have is a driver is deaf card. This is something we provide to the local community in Central Florida so they can have this information with them when they're driving.

It's something to be put behind the visor of your car and it highlights the driver's communication preference.

So you can look at the card and point to whether you prefer to communicate in written English, to get an interpreter, try speech and lip reading. So that, again, if someone were to be pulled over, they could use texting or whatever other form of communication they prefer and feel more comfortable with, they can actually display this to the officer.

And on the backside, there's a series of symbols that the officer can use to help explain why it is the person was pulled over; you have a picture of a stop sign, if someone passed a stop sign; or ran a red light; or was speeding.

And I will say that a lot of our community members talked about the potential of being pulled over in another country, where you don't speak the same language, right? And how helpful it would be to have symbols to communicate that.

So we have a lot of people who have moved from other countries and having it written in English is not necessarily going to work for them, but the symbols seem to work wonders in explaining what it was, what law was broken that led them to being pulled over in the first place.

So, as much as possible, if you could help us spread the word about the availability of these cards, we want to try and prevent issues, like our friend Lorraine, who was man-handled by the police officer, we know how often deaf drivers are arrested and are unnecessarily detained just because of miscommunication.

This is an effort to try and prevent that.

We're working on another card that can be used not only for drivers, but also can be used in medical situations, to accomplish the same thing of letting the person know what your communication preferences are.

So we have this one for drivers and we're hoping to develop another one to be used in emergency medical situations. Like, let's say you're having a problem with your heart or with your hand. Perhaps you're a diabetic. And it will contain a series of symbols, pictures, internationally recognized symbols, that can very clearly communicate between the deaf and hearing person, what the nature of the emergency is.

Now, on the next slide, I have some numbers and some statistics in terms of traffic and what it is that we do with our local community.

So it's in the form of a chart. And you can see the top five reasons why people contact our organization or come to our office and seeking deaf advocacy services.

The number one reason is immigration. Number two most popular is Social Security. Three, deaf advocacy. Four, employment. And five, dealing with the Department of Children and Families.

[Pause].

>> INTERPRETER: A little technical difficulties there.

>> BRIAN STEINHOFF: So getting back to immigration, with the number of people.

[Please standby].

>> BRIAN STEINHOFF: A form of sign language, and this takes times with the complex issues of communication in this meanings of communication.

In terms of Social Security, this is a common issue that people deal with, and oftentimes they will receive a letter and an e-mail and have no idea what it's trying to tell them and they bring it to us and we help them understand what it's looking for and what their next steps should be.

It may be directing them to send in paperwork or to meet for an office appointment, so we help them with that.

Number three, advocacy, oftentimes people come with stories on doctor's office or dentist's office and talking about interpreting services and coming up with different excuses for that and we try to educate and bring up the issue of the ADA as much as possible to convince the doctors of their requirements to provide those services.

What it means to comply with the ADA and what is required of them and to bring about better results.

And number four is employment and building a better community. This is working on their résumé and referring them to vocational rehabilitation, or if we happen to know a good match for their skills, we can refer them specifically to a business looking for someone just like them.

So in that regard, we provide referral services.

And when it comes to DCF, of course this is a very difficult situation. Many of our folks have had very bad experiences dealing with DCF; it may have been an abusive relationship, money issues that have caused them to lose custody of their children. So we try to offer as much advocacy, guidance, and support in working with DCF and improving their lot in life.

And I would say again those are the top five most common issues that people come to us with. They're certainly not the only ones, but they are the most common.

And as you look at this chart, you can actually see year-by-year the breakdown of how many people have come to us and, of course, the effect of COVID starting in 2020 and us having to temporarily close our office when COVID first hit, we have been able to open them again since and business has picked up steadily over the last couple of months.

You can see we've worked with a total of 82 clients just in 2021 alone and that support is definitely there in the community and we're providing everything that we can.

[Please standby].

We have a lot of support. Volunteers. ASL Services, Incorporated, there are a lot of

people who give up their time and effort and support in terms of what they do, when we put on an event and spreading the word, word of mouth, letting people know who we are and what we do.

But I do have to acknowledge these organizations who provide their own support and funding in these cases. ASL Services, Incorporated in Kissimmee is one, they provide interpreter services and funding for us when we need it. I owe them a debt of gratitude that they've done and the mound of services they've offered over the years is invaluable.

And it has been going on close to 25 years.

We also have received funding from Amazon. Basically what this means is you can do what they call Amazon Smile, where when you place your normal order, a small portion of the proceeds get donated to a charity of your choice. And we're one of those organizations that you can choose.

We also receive similar donations from PayPal, a similar arrangement.

And of course we do fundraisers as well.

And it's with the support from these different sources that we're able to do what we do everyday and provide these necessary services for the people in Central Florida.

I'd like to share a little bit with you about our goals and what it is that we can -- how we can partner with FCCDHH to accomplish some of these goals.

We provide annual training to the state of Florida Government about Deaf culture, deaf rights, the ADA, the Americans with Disabilities Act. And, of course, that's with many different levels of government.

But it's shocking how many people really don't understand to this day the ADA and what it means and what its implications are. So it's invaluable, this education, helping people understand what access means in the state of Florida.

Also, when it comes to law enforcement, we think every police car should have the ability to record video and should also have a video -- access to video interpreting services, so that communication can happen.

We continue to work with television channels and local producers to make sure that not only captioning, but that interpreting is provided for important events that are happening on TV.

And then interpreting services being set up for both testing and vaccination sites all over Florida.

Every county should be responsible and should be following through on their responsibility to provide that kind of communication access.

So, for example, in Puerto Rico, they have interpreters at all of these vaccination sites everyday.

And so we're trying to encourage similar adoption in the 67 counties within the state of Florida to make sure that interpreting services are provided at these local testing sites, so that communication access can be provided on par and help people.

So, if you'd like to visit us, where are we located? Well, first of all, we're open from 9:00 a.m. to 1:00 p.m., available for walk-ins and appointments, for people who need assistance.

I will say that we do see some high traffic at times, so appointments really help to manage the workflow.

It looks like as of right now, we're doing appointment only -- excuse me, that was an interpreter error -- appointments only at this point.

And I have a slide here with contact information, if you would like to call us on a video phone number through a video relay service or landline or cell phone, 407-268-6269 or reach out to us via e-mail as well.

We also know how important social media is and keeping a presence there. And it has

been a really wonderful tool that we've been able to use to spread awareness. So we have accounts on Facebook, as well as YouTube.

So please, connect with us, subscribe, give us a "like," give us a "follow," and support our social media presence as well.

This is a great way to keep up with events that we're planning and ways in which we can partner.

And again, I'm just going to plug the Amazon Smile and the PayPal option, to lend a little financial support as well.

So, I know we're pretty much close to the time limit here, but I have a few moments left for questions, if anyone has any questions you would like to ask or further clarification about what it is that we do?

>> GLENNA ASHTON: This is Glenna. And Brian, if you'll close the PowerPoint, that would be helpful.

Thank you so much, Brian! What an informative presentation you've made today about your very active organization!

I do have a follow-up question. You mentioned partnering with vocational rehabilitation and also giving referrals to them. Are there any other agencies that you give referrals to?

>> BRIAN STEINHOFF: Absolutely. We work with several organizations. Most often, we end up referring to VR. But we're hearing more and more about the limitations of what it is that they can provide.

So right now in Central Florida, there are basically three major organizations that support the deaf and hard of hearing in our community.

There is CIL.

>> GLENNA ASHTON: This is Glenna. We're struggling to see you. Try that again, Brian.

>> BRIAN STEINHOFF: We've got CIL. We have CCDHH, which is us. And then Lighthouse, which specifically focuses on the deaf-blind community and services for them. And that's about it in Central Florida right now.

So we do definitely share resources with one another and referrals whenever possible.

>> GLENNA ASHTON: This is Glenna. Have you had the opportunity to work with school-aged children? Grade school children?

>> BRIAN STEINHOFF: Again, we're having some difficulties. Can you say that again, Glenna?

>> GLENNA ASHTON: K-12.

>> BRIAN STEINHOFF: Well, mostly we work with deaf parents, not so much with the children, they wouldn't really know to reach out to us. But....

[Pause].

>> BRIAN STEINHOFF: I have children who are two and six-years-old and I see the issues that impact me impact them as well, and what we try to do is focus as much as possible in providing resources to adults so that can trickle down to the children.

>> GLENNA ASHTON: All right. I'd like to open the floor for any questions. Cindy? Karen? Mary? Chris, if you're here?
Any questions from you?

[Pause].

>> MARY HODGES: This is Mary. I don't have any questions, but I wanted to say that that was an excellent presentation and that it would be wonderful to have services like this in other parts of the state.

>> BRIAN STEINHOFF: Oh, thank you for your support! I really hope that we were able to work together, our two organizations, to try and support the larger deaf and hard-of-hearing community.

Access to language and to rights from the ADA are important for everyone. And I really appreciate what it is that your organization does.

>> GLENNA ASHTON: This is Glenna. I agree. And I have another question. Do you only serve the signing Deaf population or do you serve other demographic groups, hard of hearing, late-deafened?

>> BRIAN STEINHOFF: Oh, okay, yeah, we are wide open in terms of who we will work with. We have many clients who are deaf and blind. Others who have communication challenges, is how I'll put it. We have several hard-of-hearing people who come to us as well.

Really, we're open to anybody.

The highest percentage that we see are deaf and hard-of-hearing folks coming to us, but we also work with folks from other counties.

So we're really open to anyone who can come to us and is looking for assistance.

>> GLENNA ASHTON: Thank you. Thank you, Brian, so much for this presentation! I hope that all of the Council will -- the council members, rather, will go through your PowerPoint and see all of that information. I applaud the activities and events that you hosted over the years and all that you do for the community.

>> BRIAN STEINHOFF: I'm happy to be here. And, of course, if any of you think of other questions or concerns, please feel free to reach out to me. I left some info on the info page, with contact information. So please feel free to reach out and I will respond. And again, thank you for having me here.

>> GLENNA ASHTON: Thanks so much for coming!

We never saw Gabrielle. Oh, there she is! I was very curious what you looked like! Hello!

>> GABRIELLE JOSEPH: Hello, Gabrielle here. Surprise!

>> GLENNA ASHTON: All right. So we are going into our public comment portion of the meeting today. So if you want to take an opportunity to make any sort of comments and talk about your area of the state, you are welcome to do that.

But at this point, we're going to take a break in the agenda.

Brian and Gabrielle, you are welcome to join us when we return, there will be comments about perhaps related to COVID, who could know? It's public comment.

But, again, thank you so much for your presentation!

>> BRIAN STEINHOFF: Thank you, Glenna.

>> GLENNA ASHTON: So, like I said, we're going to take a break until 2:15. Please be back so that we can open the floor for public comment for one hour. Okay?

>> CINDY SIMON: Glenna?

>> GLENNA ASHTON: Hopefully more of you will be back and will be active again.

>> CINDY SIMON: Glenna, this is Cindy. I'm going to be getting in my car, so I won't be able to monitor the chat anymore, 'cause I'm going to put it on the phone.

>> GLENNA ASHTON: Okay, okay, Cindy. Oh, boy.

[Note from CART Captioner]: Glenna, I can help you with that, if you'd like.

>> GLENNA ASHTON: We'll see who's here for the public comment section and see who can monitor that chat box. Fingers crossed! Thanks for letting me know, Cindy, for that bit of information. Okay.

All right. I'll see everyone back at 2:15.

[Break].

>> GLENNA ASHTON: Hi, this is Glenna. Who else is here?

>> CINDY SIMON: This is Cindy. I'm following but I'll be on mute, unless needing to speak.

>> GLENNA ASHTON: Okay. Karen? Mary? Chris? Are any of you still present?

>> MARY HODGES: Hello, this is Mary Hodges, I'm on the phone, and I will be jumping off at 3:30 for another meeting.

>> GLENNA ASHTON: And this is Glenna again. Thank you, Mary, for letting me know.

Cindy is driving, so she's unable to monitor the chat room in the CART screen. Do you mind helping me monitor that chat, Mary?

>> MARY HODGES: Yes, I will do that. Thank you.

>> GLENNA ASHTON: Oh, great. Thank you very much.

Anyone else still with us on chat? Karen? I know you were on chat before. Are you still there?

>> MARY HODGES: Karen has indicated that she is sorry that she's late, but she is in a meeting.

>> GLENNA ASHTON: And this is Glenna. Who was that again? Who was in a meeting?

>> MARY HODGES: Karen, Karen Goldberg. She says that she is -- she is here.

>> GLENNA ASHTON: Okay, gotcha.

>> MARY HODGES: Oh, I'm sorry, she said hi, everyone, sorry I'm late, I'm in a meeting. But she -- it says she's entered the room.
You might ask her to confirm that she's present.

>> GLENNA ASHTON: It sounds like Karen is trying to multitask maybe....
Okay. So it's myself, Mary, Glenna -- Cindy, and Karen. I'm going to continue now and open it up for public comments.
Do we have anyone present that would like to make a public comment? If so, you may do so now.

[Pause].

>> GLENNA ASHTON: This is Glenna. While we are waiting to see if anyone plans to join us this afternoon for public comments, I'll open it up to general discussion.

[Pause].

>> GLENNA ASHTON: What I mean by that, we can continue to discuss the letter templates, the PSA, or you can give us more updates on what your organization is doing or just what is going on in your local community in terms of the population with hearing loss and dealing with COVID.

Any more news from out there that you would like to share?

[Pause].

>> SEAN ISAAC: Glenna, this is Sean. During our break, I was able to check on a couple of things that the Council asked me to check on.

One was the proclamation. The question was can the Department route proclamations?

The answer is yes, we can do that. And I will get on that as soon as we get off the call here today.

My question is --

>> GLENNA ASHTON: Great.

>> SEAN ISAAC: -- number one, are there any changes to the one that was routed to the Council?

And two, who should -- who shall I say it comes from, I guess, is the question?

>> GLENNA ASHTON: This is Glenna. If you recall, Cindy and I did discuss in depth that proclamation and Deaf Awareness Week, again, which was founded by the World Federation of the Deaf and the National Association of the Deaf and seeing that both

organizations are more focused on the signing Deaf or culturally Deaf, I think it may be better if I bring this back to the Florida Association of the Deaf and suppose that it come from them, rather than from this Council.

There are other opportunities, however, that FCCDHH may want to provide a proclamation on behalf of an organization, such as HLAA.

So just based on the discussions that Cindy and I had, I think we're good there.

But it is good to know. Thank you for that follow-up, Sean. That...

>> INTERPRETER: The interpreter is asking for clarification.

>> GLENNA ASHTON: It's just that Deaf Awareness Week, it's good information to know how any organization, be it a council or a board, is able to make that proclamation. At least we know the process now.

So just to reiterate, based on the discussion we had, I think it's better that FAD, the Florida Association of the Deaf, pursue that proclamation, if they would like to. And I will... take that back to the organization contact person.

I will mention FCCDHH possibly also in support of this proclamation, but it will come from FAD.

Okay. Is that all right with everyone else?

[No response].

>> SEAN ISAAC: This is Sean, so that's fine with me. I'm just clarifying. You're saying you're going to route it through FAD and the Department of Health should not route it. Is that correct?

>> GLENNA ASHTON: This is Glenna. Yes, that is correct. Because our discussion earlier was to be more inclusive of the whole spectrum of individuals with hearing loss.

>> SEAN ISAAC: This is Sean, okay, perfect. Thank you.
Then I have another update, once we get on that topic.

>> GLENNA ASHTON: Oh, yes, please, go ahead. We can discuss anything you would like. And that pertains to anyone still present, it's open until we have someone join us for a public comment. So go ahead, Sean.

>> SEAN ISAAC: Okay. This is Sean. The only update that I have asked my immediates, regarding the sharing of the information to the top candidates, and they are looking into that situation and will let us know as soon as possible.
That was it.

>> GLENNA ASHTON: And this is Glenna. Sean, do you have any idea when those interviews might be scheduled? And out of those three applicants, are those candidates still interested?

>> SEAN ISAAC: This is Sean. I believe that those interviews will be set up next week.

As far as their interest level, I don't know yet, until we have those conversations with them.

[Pause].

>> GLENNA ASHTON: Fair enough.

I am available next week to participate in those interviews, should you need my assistance.

>> SEAN ISAAC: This is Sean. That's great. Thank you.

>> GLENNA ASHTON: This is Glenna. Sean, did you, by chance, think about checking on that one expense for the October event in Lakeland, Florida, It's A Deaf Thing, were you able to check and see if that payment had been sent?

>> SEAN ISAAC: And this is Sean. I checked the system that I have access to. It did not show up there, so I will have to check with my colleagues to find out where that payment is.

>> GLENNA ASHTON: This is Glenna. Okay. If you could just let me know so that I can make arrangements accordingly. I am still waiting on the event organizer to announce the host hotel, if it's still going to be available for an in-person event or if it will be postponed due to COVID.

>> SEAN ISAAC: And this is Sean. I will make that information available.

[Pause].

>> GLENNA ASHTON: Glenna here. Anyone else like to share anything? Anything that was discussed earlier or any news in general? Now is the time.

[Pause].

>> GLENNA ASHTON: In regards to the letter template that we discussed in earlier business, we may want to look at a specific issue and maybe disseminate our first letter.

VRI, video remote interpreting, with doctors -- we also have doctors, hospitals who are our stakeholders, law enforcement.

We also need to look into hearing aids, captioning on television.

So out of those issues that I just named, which would be a good one for us to start with, to really get behind and send out that mail communication? And who would we be sending those letter to?

[Pause].

>> MARY HODGES: This is Mary.

Regarding the biennial report, has it been printed?

>> GLENNA ASHTON: This is Glenna. Yes, 500 copies were printed. And Sean is working on distributing those in Tallahassee to the legislators and other agencies.

Sean, did you want to provide an update on that?

>> SEAN ISAAC: Yes, this is Sean. We're working to get those sent out as quickly as possible. We've got to put them in envelopes; we're just waiting to get the labels secured

and placed on the envelopes. So we should be sending those out, if not by Friday, then by early next week.

>> MARY HODGES: I'm wondering -- again, this is Mary -- I'm wondering about the appropriateness of sending -- say if we did send the letter to a group related to a couple of the issues that we address in the report, if we could include a copy of the report.

I remember one of the big issues that we addressed in the report and we addressed ongoingly, is access, people who have issues with deaf and hard-of-hearing issues... um... just having access to be able to conduct their business and their affairs and being able to have good communications.

So, for example, we talked about in medical settings, ensuring that there is good service there for interpreting.

We talk about in preparing for disasters. I think we've mentioned the captioning.

And so if we can determine who we want to address and who we want to send the letter to, we could include as we send these letters out, a copy of the report.

>> GLENNA ASHTON: This is Glenna. Mary, thank you for that suggestion. Yes, we could absolutely do that. We have 500 copies. And I'm sure there will be plenty to also be addressed and sent out with the letter templates, given the issues that we've discussed today. That can be done.

>> CINDY SIMON: Glenna, this is Cindy. In the past, we've all received some copies of the report. You know, five or ten. I would love, if it's okay, for Sean to send me some that I can put out for people?

>> GLENNA ASHTON: This is Glenna --

>> SEAN ISAAC: This is Sean --

[Talking over one another].

>> GLENNA ASHTON: You're right, Cindy, we talked about doing that, having each representative of the Council receiving a few copies.

>> SEAN ISAAC: And this is Sean. So no one received any copies of the biennial report?

>> GLENNA ASHTON: This is Glenna. No, I -- well, let me check.

[Pause].

>> SEAN ISAAC: I thought we had already sent those to the council members.

>> GLENNA ASHTON: I have one copy, but each council member was supposed to receive between 10 and 15 copies.

I only have one.

>> MARY HODGES: This is Mary. I'm not aware that I have received one.

>> CINDY SIMON: This is Cindy --

[Talking over one another].

>> GLENNA ASHTON: -- that each council representative would get 10 to 15 copies.

>> SEAN ISAAC: This is Sean. I will send 10 or 15 copies to each of the members. And also please note that it's posted on the FCCDHH site.

>> GLENNA ASHTON: This is Glenna, yes, noted.

[Pause].

>> MARY HODGES: This is Mary. I wonder if we can identify associations that have membership represented in any of these particular areas.

For example, and I'm looking at the template that we talk about, education, employment, healthcare, legal, public safety, and emergencies, communication technology, different groups who may need to be informed more about issues related to communication for people with deaf and hard of hearing.

If we could identify what groups or associations, or groups, those would be?

>> GLENNA ASHTON: This is Glenna. Yeah, I believe we discussed that during the letter section, that we would have a letter that would discuss a specific issue, and then we would figure out who the representative is that we should send that directly to.

If it's at the county level, you know, that's a different -- then there's a state hospital, state doctors, there's state TV production groups, public safety groups.

And so we would want to send them out to those state organizations and state agencies and ask them to please distribute it amongst their own constituents, and so that would happen at the municipal, county level, and hopefully the state level, so we're covering all of those bases and reaching all of their members.

So, first we need the list. We need a list of the organizations and, of course, a contact person and their contact information, whether it's by snail mail or e-mail.

>> MARY HODGES: Thank you, Glenna. I think I was away for that part of the discussion --

>> GLENNA ASHTON: That's a project -- oh, okay, yeah. So that's certainly a project that is on our working list.

[Pause].

>> MARY HODGES: This is Mary. I'm happy to start doing some research and try to figure out who the entities would be.

>> GLENNA ASHTON: Oh, that's great! That would be wonderful, Mary. Keep in mind that you're doing both state agencies and state organizations. Thanks for volunteering.

>> MARY HODGES: Sure.

>> CINDY SIMON: This is Cindy. If I may add to that, I think that we put most of the

state organizations on the report.

So we should see those.

In terms of state agencies, and John Jackson was helpful there, this is back when Thom was here, we did create a list of all the state agencies.

And so I'll spend some time and see if I can find that, 'cause it should be in old CART.

And if we look at the years that Thom was in Sean's position, we should be able to do it.

We made it up, because we wanted to send the letter out as an introductory.

>> GLENNA ASHTON: Yeah, you're right, Cindy. We did have the names of those organizations.

So next we need a contact, we need an e-mail address or a physical address so that we can get something --

>> OPERATOR: Chris Littlewood has joined the conference.

>> GLENNA ASHTON: -- so we are at the point where we need more information. Well, hi there, Chris!

>> MARY HODGES: I was just about to let you know that Chris had joined us back.

>> GLENNA ASHTON: Yeah, thank you.

So, Chris, just to bring you up to speed, we're revisiting the letter discussion while we're waiting on any public comments, of course.

So we've been discussing -- well, Mary has so kindly volunteered to make a running list of state organizations and state agencies. And we know the names of many of those organizations, agencies, but now what we're going to seek is a specific contact person, whether a physical address or an e-mail address, so that we could get the letter and the report as a packet into their hands.

And so Mary has so kindly volunteered her willingness to do that and start us on that research.

[Pause].

>> GLENNA ASHTON: So Chris, would you happen to have anything you would like to share about generally anything?

>> CHRIS LITTLEWOOD: Not generally anything [chuckles]. The meaning of life, so to speak?

No, I think we're on track. The thing that I've always tried to impress upon the whole Council for the last several years is we need to keep letters and updated information as simple as possible.

And I think it's more important that we consistently do that, then we worry about including at least ten agencies or at least five agencies.

We need to be sending like communication letters that say what people are telling us in public comment, because when people do come and share information with us, they're somewhat preaching to the choir, using a hearing phrase, because they're just telling people that already know about some of the issues that are existing in this state.

And we need to be passing that information on very regularly.

We, at one point, had talked about making sure that after every quarterly meeting, we were gonna make sure that a follow-up letter went out. But we worry too much about

approvals and styles and, you know, the way the letter looked and I don't think one has ever actually gone out.

It can be very, very brief. We're talking about this, send this to the Governor's Office, send it to, you know, a few department heads in the Department of Health and, you know, like if somebody makes a comment to -- about Tampa General Hospital, then we send it to Tampa General Hospital, not that we're going to sue you or that you're in violation of the law or something.

But just because somebody is coming before the Council of the state of Florida for the Deaf and Hard of Hearing and they're bringing up these issues that are happening at your agency.

So I think it's very important that we continue to do that.

And I, you know, we asked, so I jump on my soapbox again, but I'm to the point where I keep trying to make it happen, but, you know, I tried to encourage people to do it.

I wrote several letters, but then they never went anywhere so, you know, I'm not going to write letters myself if they're not going to go out with the Council's approval.

I hope that made sense.

>> GLENNA ASHTON: This is Glenna. Yes, Chris, I hear you. I hear you. And that is what we're trying to do here today, is to take action and really truly accomplish one of our goals.

>> MARY HODGES: Karen has her hand up.

>> GLENNA ASHTON: I would like to figure out a way to do the work.

>> MARY HODGES: Karen has her hand up.

>> GLENNA ASHTON: Karen, go ahead.

>> MARY HODGES: Karen Goldberg has her hand up. She's saying -- first she said thank you. And she says how can I help with this research?

Then she says I think it needs to be educational, not threatening.

>> GLENNA ASHTON: Glenna here. Oh, yes, it will certainly be educational in nature. We are presuming that this is an issue that they are unaware of and we presume that they don't know how to address the issue.

And the letter is basically there to tell them the issue, give them the options for solutions, possibly resources for more information, you know.

We don't have to do it for them, just provide information, keeping it short. And, of course, name our organization and where they can find support so that they can solve the issue that has been brought to our attention.

I think there are so many people who might know of issues, but they simply have no resources to address those issues.

You know, if you're talking about a doctor that doesn't provide an interpreter, they may say well, I'm completely ignorant, I don't know how to solve the problem.

So information is what they're looking for.

>> MARY HODGES: Karen says that she is sorry that she cannot be on Zoom. And she agrees 100% with Glenna.

>> GLENNA ASHTON: Okay. So, Mary is going to begin making a contact list of organizations/agencies that we will target with this information. And perhaps we can divide up the work. Perhaps tie it to a specific issue.

Like we talked about before, we would have a general letter, which will be reduced, so that it's not too wordy.

And if we have specific agencies that we have issues to address with them, we'll add a paragraph of that issue, a description.

Again, keeping it short, and perhaps some general suggestions for solutions.

And then perhaps on a separate page, maybe give them some resources, links, websites, where they can find more technical, detailed information, so that they can take action.

I think if each one of us took one issue and had a deadline and sent that information through Sean, I think that that would work instead of, you know, talking and then never doing anything with it.

>> MARY HODGES: Karen has her hand up.

And she says she absolutely agrees and that is what I have said all along. Not threaten, advise, or educate only. I want to help Mary with that if she needs help.

>> GLENNA ASHTON: Okay. You know, I thought of an example. So, for example, if I've got an issue with video remote interpreting, VRI, we already have lots of information about that. You know, I wouldn't mind taking on that VRI issue if somebody else wanted to volunteer to take public television interpreting, picture-in-picture, PIP, interpreters. If someone else wants to take doctors/offices. Someone else take on hearing aids, paying and funding of hearing aids.

I think one of us can probably narrow down the issues of something that we all have a personal connection to.

I, like I said, wouldn't mind writing the letter about VRI, or -- unless someone else wants that topic?

[Pause].

>> GLENNA ASHTON: Sorry, what I meant to say is I'll do VRI and what would the others like to do? What would you guys like to do?

>> MARY HODGES: This is Mary. I have a question. Are you, just to be clear, what we're asking is we want to assign this task among all of us and communicate the information through Sean, correct?

>> GLENNA ASHTON: This is Glenna. Yes, but remember, we're writing a specific paragraph about a specific issue. So I'm just asking for volunteers to choose an issue and then that would go -- that additional paragraph section would go to Sean so that he could fit it into the letter and, of course, you know, it needs to be approved by other eyes, and then it could go out to the targeted agency or organization that it is meant for.

So I'm volunteering to write that particular paragraph to be added into the letter for VRI issues.

I, of course, expect for Sean to wordsmith it, take a look at it, and then once he has seen it and reviewed it, then I totally would leave it up to Sean to take it to the correct agency or organization.

For the VRI in hospitals letter, of course he would choose organizations that have to do

with hospitals or clinicians. You know, if it's meant for the Department of Health, then it would go there. So that's what I'm thinking of.

I was just thinking of that as a step-by-step process.

It does mean doing a bit of legwork, not just talking about legwork, but doing legwork.

>> CINDY SIMON: Well, if I can make a suggestion. Since I know for me it's hard to see it all, unless I'm just doing hearing aids, but maybe what we can do is have -- make a list of topics that Sean can send out to everybody on the Council. And let everyone write back to him with which topic they're going to do or send him which topic they're gonna do.

>> GLENNA ASHTON: This is Glenna. Well, Cindy, I did sort of rattle off some possible topics. And what I mean by these possible topics are the common topics that come up in our council. So, VRI, doctors' lack of communication access, interpreting for the police --

>> CINDY SIMON: You did, but I'm driving in the rain --

[Talking over one another].

>> GLENNA ASHTON: Emergent -- oh, is it raining? It's not raining here.

>> CINDY SIMON: It is where I am. And I just came through some monsoon rain, so... I'm not quite thinking of the topics as I go through this. That's why I suggested it --

>> GLENNA ASHTON: Okay.

>> CINDY SIMON: -- and that would give you the advantage of the other --

[Talking over one another].

>> GLENNA ASHTON: -- I'll make a list --

>> CINDY SIMON: -- or just sit here and assign to what you think would be everyone's interests. Just do it that way.

[Pause].

>> GLENNA ASHTON: I'll make a list and I'll send it to Sean and Sean can send it out and council members can choose the topic.

But we have to be committed to choosing. No silence. You know, we need to get on this and get it done. We need to do it!

[Note from CART Captioner]: Karen has her hand up in the chat.

>> CINDY SIMON: Okay. But, you know, if you want to look --

>> GLENNA ASHTON: It looks like Karen wants to speak.

>> CINDY SIMON: Okay.

>> MARY HODGES: Karen has her hand up.

[Pause].

>> GLENNA ASHTON: Yes, please go ahead, Karen.

[No response].

>> GLENNA ASHTON: Okay. Cindy or Chris? Was there anything else that you'd like to bring up at this time?

>> CINDY SIMON: The only other thing I was going to say, if you wanted to do it on healthcare, when we were doing the healthcare article for the newsletter, and, Glenna, you and I were supposed to be writing it and, you know, I submitted a whole thing with references and almost all of it was deleted and dumped for something else.

But you have a whole two paragraphs there, if we want to pull from it, it's already done.

>> GLENNA ASHTON: Yes, yeah, that letter would be a really good place to use that information that didn't get used in the report. You know, we have such limited space, literally limited space in the report, so we have to edit heavily, unfortunately.

But, yeah, that would be -- otherwise it would end up as a book, right?

But we could certainly include that, take that information that didn't get used and put that in the letter.

I think I did save everything that we worked on.

>> CINDY SIMON: I probably have it somewhere and the whole -- the whole thing -- it wasn't edited, it was cut or something else, so....

If you don't have it, let me know.

I'm also going to look and see if I can find the list of... uh... of which offices in the state we put down should be getting things. And... if there's anything else I can find on the PSA.

So I'll go find all of this.

And honestly, the very first thing that should go out is a paragraph about the effect of masks and the need for effective communication. And telemedicine just didn't do it.

I know Karen's frustrated with it.

So, I think masks are probably -- and the effect on effective communication are the most gripping things out there.

Get their attention early on.

>> GLENNA ASHTON: Yes, so, yeah, Cindy, I agree, either you or Karen, would either of you like to write about the topic of masks?

[No response].

>> OPERATOR: Has left the conference.

[Pause].

>> GLENNA ASHTON: I do recognize that masks would be a very important and timely subject to start with as our first issue. So if anyone would volunteer to write that

paragraph or two about masks and their impacts, I would appreciate it.

>> MARY HODGES: This is Mary. I have a question.

I may have missed some of the discussion regarding masks or....

Is -- are we... I remember at one of the meetings, we had a mask that was mailed, some masks that were mailed that were clear and shared with the Council.

The intent of the -- the issue with masks or the intent of our letter regarding masks, is it to communicate the need for a special type of mask?

Or what exactly are we communicating there?

We know that it makes communication difficult for people who are deaf and hard of hearing in maybe looking at lips and people don't recognize that they are -- that they rely on lips as much as they do when they're communicating.

But how -- what is it that we're communicating and trying to communicate?

Because this is a very delicate issue, this whole issue around masks.

>> GLENNA ASHTON: This is Glenna. Cindy or Karen, would you like to respond to Mary's question about our messaging when it comes to masks?

[No response].

>> GLENNA ASHTON: Okay. Well, this is Glenna. I'll tell you that earlier on, Karen shared with us that more people need to be aware of the need to use clear masks for those who rely on not only lip reading, but just facial expressions in general, to communicate.

Cindy also added in that masks like that can -- the use of masks, rather, has made more people aware of their own hearing loss.

Masks have become a barrier for many. And that's basically it.

Maybe some different strategies to try to help people understand the need for communication, in spite of masks and how some people try to just pull the mask down to let people lip read or get a better view. And how that is a serious issue when it comes to masks.

That's pretty much it in a nutshell.

[Note from CART Captioner]: Chris has a comment in chat.

>> MARY HODGES: Yes, Chris does have a comment in chat and he says: I don't think we should even mention clear masks. Clear masks perpetuate the idea that speech reading alone is effective communication, which it is not.

>> GLENNA ASHTON: This is Glenna. Well, a clear mask is still better than a completely opaque mask. So in terms of people who do use clear masks, it certainly helps the situation.

[Pause].

>> MARY HODGES: Chris has a comment. He says: Only if the person is an excellent speech reader.

That was part of his previous statement, I believe.

He's saying: And best speech readers only get 30-40% of message.

>> GLENNA ASHTON: Well, yes, every person is different and so everyone uses different strategies. Some help more than others.

It's always a guessing game as to what works and what doesn't work.

[Note from CART Captioner]: Chris has another comment in chat.

>> MARY HODGES: Chris is saying: We need to share other forms --

>> GLENNA ASHTON: Mary?

>> MARY HODGES: I'm sorry, I'm reading from the chat.

Chris is saying: We need to share other forms of visual communication are more important, gestures, writing, drawing.

[Pause].

>> GLENNA ASHTON: And this is Glenna. Chris, I do understand what you're saying, in general, yes. But specifically we're addressing the issue of masks and how masks have become a very significant barrier to many people, in not only deaf and hard-of-hearing communities, but to other communities, it's become a very serious issue and a communication barrier in and of itself.

[Pause].

>> MARY HODGES: This is Mary. I guess my question would be is the messaging here or is the communication that we want to get across regarding masks is that we have become more aware? Or that individuals may have become more aware of the difficulties in communicating when they have hearing -- that are deaf and hard of hearing?

Or that they're -- there are some suggestions for people who are deaf and hard of hearing during the pandemic in terms of communicating alternatives?

Or what exactly are we trying to say about mask wearing and deaf -- in the deaf and hard-of-hearing communities?

And Chris has a comment. He's saying: Which won't be solved with clear masks is all I'm saying.

That was part of -- that was his conversation.

>> GLENNA ASHTON: So... hmm... the thing to remember, though, is the CDC quite a while ago made a statement that allows for the usage of masks to be removed to assist in lip reading and seeing facial expressions. That could be used.

The only thing, though, that's really the only guidance that we've gotten from the CDC.

I do know that there are many deaf people who will pull masks down when they want to communicate. Others will try to write on pen and paper or text back and forth on their phones.

And some will forego visiting in office, in person, at all and do more of this telemedicine. Every person finds different strategies, whatever works for them.

So, I don't know how much we can say about masks.

So far, the different places, medical facilities that I've visited or even just stores, open businesses and what have you, I've seen a lot of people pulling down masks. Some people refuse to do that and would rather write back and forth or text back and forth. That's what I've seen.

[Pause].

>> GLENNA ASHTON: All right then. I'll go ahead and send that list of recurring issues, starting with an example of VRI as an issue that we see, and generate some ideas for issues that we can address with letters in the future. I'll send that to Sean, so that he can disseminate it to the group, and then each person can choose an issue.

At the same time, Mary, with the assistance of Karen, will work on a list of state organizations and state agencies, including specific information about those organizations, and where we would be able to send such a letter.

So, that's our homework from this meeting.

Now, in the fall, when we do start our campaign of contacting our local representatives and senators, we will, of course, introduce who we are as the FCCDHH, and try and build that rapport with our representatives and senators when they are ready to go back to Tallahassee in January.

Actually, the committee meetings begin in the fall, but they start formal sessions in January.

We will also have our next meeting in November and then the following one would be in February.

And February is when we traditionally meet in Tallahassee. But, of course that remains to be seen. Will we be able to do that?

But, whether we end up going to Tallahassee in February or not, it's still a good idea to start building that relationship, building that rapport with our local representatives and senators, on top of the other "homework" that we just discussed.

That seems to be the two major takeaways or action items so far.

Now, for our meeting in November, the plan was to meet in St. Augustine. I was planning to request a tour of FSDB, Florida School for the Deaf and Blind.

I will, however, hold off. I'll wait till sometime in September, so next month, before I reach out and ask if we can reserve a tour.

Maybe they can set aside some time for us.

And then, again, this is all dependent upon us actually meeting in St. Augustine. If we don't end up going, then that's, of course, the end of that.

Also, in November, Jenny Locy agreed to provide CERT training. She offered to come in person and provide an hour-long abbreviated training for us.

We have a pretty full agenda for that November meeting, between the tour, which would take roughly an hour and a half or so, and then the CERT training itself would be an hour-long session.

And then, of course, leaving time for public comment.

I do have a few friends in the St. Augustine area who I hope to convince to attend the meeting for public comment. So if that meeting takes place in person, we're going to have all of that on our agenda for November.

[Pause].

>> GLENNA ASHTON: This is Glenna. Would anyone like to comment?

Oh, guess what? I just noticed the time. It is 3:17. That means we are -- oh... we are due for another break.

>> MARY HODGES: Chris has a --

>> GLENNA ASHTON: We can take a break now for the interpreters --

[Talking over one another].

>> MARY HODGES: Chris has --

>> GLENNA ASHTON: -- we will break now from 3:15 until 3:30.
I'm sorry, Mary, what were you saying? Chris has his hand up?

>> MARY HODGES: Chris was asking if Jenny is a certified CERT trainer?

>> GLENNA ASHTON: Yes, she is, she is.

>> MARY HODGES: He says: Terrific.

>> GLENNA ASHTON: Yes, Jenny Locy is deaf, for those of you that may not know her, and she is a certified CERT trainer. And our hope is that she can provide that hands-on training to us when we meet in person. Not necessarily a presenter that we could have meet with us virtually. So it will be a hands-on training, not a presentation.

[Pause].

>> GLENNA ASHTON: Okay. The time is now 3:18. Let's try to be back at 3:40. We'll break now and return at 3:40 and then we will finish up the rest of our meeting today. Okay. See ya then.

[Break].

>> GLENNA ASHTON: This is Glenna. It is 3:43. Can we do a quick check-in to see who else is still connected?

[No response].

>> GLENNA ASHTON: Chris Littlewood? Karen Goldberg? We also should still have Mary, Cindy, and Sean?

>> SEAN ISAAC: This is Sean. I'm still here.

>> GLENNA ASHTON: Thank you, Sean.

[Note from CART Captioner]: No comments in chat.

>> GLENNA ASHTON: Okay. There may be some on the Council that haven't come back from the break.

I wanted to go back and clarify the CERT training to be provided at our next November meeting. Jenny Locy will be our presenter, she will have the dedicated hour. But there will not be a formal training, per se, just a little bit of hands-on to introduce the idea behind the CERT training and certification.

I just learned that the actual CERT training is 21 hours and takes place over a duration or span of three days. And it does involve a lot of hands-on physical involvement.

I just want to clarify that this presentation by Jenny Locy in November, if we do indeed meet in person, will not be a hands-on training to become CERT certified, but just will touch on some of the basics behind CERT training. And we might get up out of our chairs and move around a little, just to make note of that.

[Pause].

>> GLENNA ASHTON: Another thing that I would like to mention is that I notice that there are some -- well, I'm seeing more and more films about deaf people, movies with deaf characters.

We have A Quiet Place and A Quiet Place 2, which is a movie that has a deaf character, a young girl, played by a deaf actor, and the family, who all can hear, has learned to sign.

I don't plan on seeing A Quiet Place or the recently released A Quiet Place 2, because I don't like scary movies.

[Pause].

>> GLENNA ASHTON: Also, on Netflix, there is another movie that was recently released, and I hope I get the title correct, it's called The Sound of Metal and this movie is about a rock 'n' roll musician who, in his adult life, loses his hearing later, and then attends a camp, per se, on adjusting to life with a hearing loss.

And the character learns a little bit of sign language. And it's a good movie.

And I believe there are some deaf actors in that film as well.

I know that that is currently available on Netflix.

There is another movie that will be coming out pretty soon entitled CODA, I did mention that earlier in today's meeting, but it will be released in movie theaters and on Apple TV +.

And the plot is about a deaf family, with all deaf actors playing the deaf characters. And then the family, there's a young woman who is the only family member that can hear; hence, the acronym CODA, a child of deaf adults, which is the only one in the family, and the film depicts the challenges of being a CODA, but you realize they're a family, just like any other family.

Again, I'm not one to go to the movie theater, that's not my idea of a good time, to sit in a dark room for two hours. But I do have Apple TV + and plan to watch it there. So if you also are a subscriber, that might be another good one you want to check out.

Oh, correction, the interpreter misinterpreted that. I don't have Apple TV.

Let's check in. Is everyone back from break? Chris? Cindy? Mary? Anyone? Karen?

[No response].

>> GLENNA ASHTON: Okay. I'll just chat with the interpreters then.

Lisa Schaefermeyer? I don't know if you might be able to provide an update, but do you know if FRID is still planning to do an in-person conference this October?

[No response].

>> GLENNA ASHTON: Does anyone know?

[Pause].

>> GLENNA ASHTON: And I'm also speaking to the interpreters working with us today, you have my permission to comment, if you would happen to know.

[No response].

[Signing but no voicing for captioning].

>> GLENNA ASHTON: This is Glenna, I just was checking in with the interpreters. Carrie and Chris both commented that yes, they were planning on a conference on-site with FRID, that is the current plan.

>> LISA SCHAEFERMEYER: Hi, Glenna! Glenna, this is Lisa Schaefermeyer.

>> INTERPRETER: I will follow-up with FAD and see what they know.

>> GLENNA ASHTON: Hi, Lisa, would you happen to know more information?

>> LISA SCHAEFERMEYER: Hi, Glenna, this is Lisa Schaefermeyer speaking. I am so sorry! I responded to you, but I did not take myself off mute. So! [Laughs] oh my goodness!

>> GLENNA ASHTON: Start over.

>> LISA SCHAEFERMEYER: You were just saying what I was saying, too, in October, we don't know what it will look like, we don't know if FRID is planning to have a conference on-site.

I do know that It's A Deaf Thing is still planning to do their event in Lakeland, so I hope you all can get to go and be there. AQL will be there.

But, again, you know, it's following the protocols at that time and if whether or not they're gonna have to cancel it and postpone it again, we'll have to wait and see. But I'm sorry! I was on mute! [Laughs]

>> GLENNA ASHTON: Well, you know, I can appreciate that, because I'm sitting here, whether folks are on mute or not, I'm not sure if the rest of the Council is even listening either. I just feel like I'm talking to myself...

[Note from CART Captioner]: There is a note in chat from Chris. Would you like me to type it in?

>> GLENNA ASHTON: Well, Lisa, go ahead, since Mary is not there to monitor the chat.

[Note from CART Captioner]: Note from Chris: My apologies, I have to leave early now. Only point to mention in November meeting discussion, probably too early to call refer the pandemic. I would not recommend a tour of FSB at this time for that same reason.

Take care, everyone.

>> LISA SCHAEFERMEYER: Hi, Glenna, this is Lisa Schaefermeyer.

>> GLENNA ASHTON: Give me just a second, Lisa Schaefermeyer, Lisa Johnston is typing.

Correction. Chris Littlewood just said that the meeting is it may not be safe for us to take a tour of FSDB.

And this was Glenna, yes, I will have to find out, because as of right now, I know the Deaf School is not providing tours. I will reach out to them to see if tours would be allowed or not.

Lisa Schaefermeyer?

>> LISA SCHAEFERMEYER: This is Lisa, Glenna, that's what I was going to read from the CART chat. So since we're towards the end of the meeting today, I would be happy to volunteer and let you know what is in chat and voice that for everybody.

>> GLENNA ASHTON: Oh, I appreciate that, please do, yes.

>> LISA SCHAEFERMEYER: Sure thing.

>> GLENNA ASHTON: I appreciate it. Thank you.

Glenna here. I'm involved with two organizations here in my community and we're seeing the same thing. There is a lot of struggle and discussion about whether to have any kind of event or meeting in person versus virtually, and there are a lot of mixed opinions on that, not to mention everyone hates wearing masks and communicating with them, should we meet in person.

And we know, yes, we deaf and hard of hearing do depend on mouth movements and facial expressions.

I do have three things that I have been planning. August 22nd was an event that was going to be in person that has been postponed to October.

Another event in September, we're still a little on the fence about. Maybe we can host it on-site in person, or maybe it will be hosted by Zoom.

Again, people don't like masks, they don't like Zoom.

I think we're all at our wits end and so that continues to be an ongoing battle.

So... I see that happening not only with the organizations I'm involved in, but with others as well.

Do we or do we not?

It's a real problem.

Sean? I have a question. What is it like there in Tallahassee with the government offices and COVID? Are people kind of freaking out or are they still working remotely? What are they doing in Tallahassee?

>> SEAN ISAAC: This is Sean. Yeah, Glenna, it's -- I wouldn't say we're freaking out, but the Department of Health has basically gone back to working from the office I guess as of May, about May 12th, May 13th, something like that.

If there's a case-by-case basis for someone needing to be out for COVID reasons, for family having COVID or having to quarantine or something like that, and that happens.

But so far, for the most part, everybody is back in the office.

It is up to the individual if they want to wear a mask. Supervisors cannot require masks to be worn or ask if they have had a vaccine.

So it's really pretty individualized.

As far as Tallahassee, the community, mixed back. School has just started back this year and certainly there was a lot of discussion regarding the kids putting on masks.

For the longest time, the school superintendent said they would not be required to put on masks. However, with the recent uptick in the virus and the delta variance spreading, he required K-8th grade to have masks at the beginning of the school year.

High schoolers can sort of do what they want.

So it's been a challenge. And we continue to kind of fight through it.

>> GLENNA ASHTON: This is Glenna. I've noticed that -- I've noticed in Leon County, there's some controversy not following the Governor's decision on not mandating masks and starting to go ahead and require them. But we see that not only in Leon County but throughout the rest of the state.

I see the school districts in their own individual counties are struggling to make the right decision, which only leads to more mixed messages and confusion.

I guess we're at the mercy of the Governor...

>> SEAN ISAAC: Yeah, this is Sean. I would just say that there certainly is a lot of discussion as to what's the right thing to do. And I think everybody wants to do the right thing. What that is... hmm... I don't know [chuckles].

>> GLENNA ASHTON: Yeah, this is Glenna. You know, the CDC... um... well, I should say that some people seem confused by the CDC's recommendations because it seems that they're changing all the time.

But as we learn more and more about COVID and strains of COVID, I think people are realizing that COVID is a new thing. And scientists, doctors, researchers need time to study COVID and figure out what is the best approach.

And so that leads to lots of changes. It seems to be a guessing game some days, figuring out the recommendations from the CDC... um... and for myself, I would much rather follow the CDC recommendations rather than a politician's statement.

>> SEAN ISAAC: This is Sean. I have no comment on that, Glenna [chuckles], but as far as the CDC, I think you're right, the scientists and the health organizations like the CDC are doing the best they can to adjust to the new facts on the ground.

I would say that the Department of Health is doing the same thing, adjusting to the new facts on the ground.

I will say that when it comes to the Council, it would be good to provide some updated information, if you can, for the website, because the only information we had is outdated, and so some of those videos were not appropriate or they just -- they were referencing last year, and so we had to remove some of those.

So if you all do see some information that's new and updated for the deaf and hard-of-hearing community, that would be great, especially any videos or anything that you think would be helpful.

>> GLENNA ASHTON: This is Glenna. Okay. So you're asking us to look for new videos with more current information referring to 2021 rather than 2020; is that what you're asking us to do?

>> SEAN ISAAC: This is Sean. Absolutely, correct.

>> GLENNA ASHTON: This is Glenna. Actually honestly I haven't seen much. There was times when you were flooded with videos and I was inundated with e-mails. But things have gotten more quiet now, it's more difficult to find updated information.

[Pause].

>> SEAN ISAAC: This is Sean. It's probably related to the fact that people are a little bit confused as to what to do. So I think that sorta relates to the time that we're in, where we would like to move away from COVID and get back to normal. And sometimes facts on the ground make it difficult to do so.

>> GLENNA ASHTON: Yeah, I agree.

And what's worse, with schools opening again, back to school, we're seeing an affect on children's population.

>> SEAN ISAAC: This is Sean. There's certainly a lot of concern about how we adjust the issue with schools opening.

I think everyday in the news, there is more information, more guidance, more direction. Certainly something that the health officials and the school officials have been tackling, trying to get their best to get their hands around it.

>> GLENNA ASHTON: Well, I think there is a potential that the more we see COVID numbers amongst the K-12 population, not the adults, but the K-12 population, I think that will influence a decision for school closures, which we don't want.

>> SEAN ISAAC: Yeah, this is Sean. Nobody wants it --

[Talking over one another].

>> GLENNA ASHTON: There's no resolution until 2023 at this point.

>> SEAN ISAAC: This is Sean. Yeah, we've got a tough road ahead of us.

Glenna, this is Sean again. I did want to ask you to please do me a favor and send me a location that you would like me to consider as far as hotels in St. Augustine for November. I've started looking. I have a few hotels in mind. But if you have any that you've seen that you think would be appropriate, please let me know.

>> GLENNA ASHTON: Will do. It just so happens that I am more familiar with St. Augustine than I am with Kissimmee, so I can probably come up with some recommendations.

I'm trying to think of places that also have meeting spaces.

>> SEAN ISAAC: This is Sean. Exactly. And do you all want to be, I don't know, located closer to the beach area? Or located closer to the school area?

Just any recommendations that you have would be great.

>> GLENNA ASHTON: So I would think nearer to the school, nearer to -- somehow we're in an area where there are restaurants within walking distance. That's what I'm thinking.

>> SEAN ISAAC: This is Sean. Okay, great, thank you.

>> GLENNA ASHTON: But I wouldn't be surprised if we're on Zoom again in

November.

If we're on Zoom again in November, I will make a shorter agenda day. Maybe we do a half day and be done.

>> SEAN ISAAC: This is Sean, I understand.

Did you have in mind when you were going to -- what you were going to do as far as I guess surveying the Council again or... how are you going to make that decision?

>> GLENNA ASHTON: Honestly, it depends on people's willingness to show up in person or not. We have to have at least five people to have it in person.

>> SEAN ISAAC: Understood. This is Sean, understood. Is that something that you want me to send out soon or... when do you want me to send out that survey or....
I actually thought you all were going to vote on that today.

>> GLENNA ASHTON: Well, as of today, it's already decided, that November will be a face-to-face in St. Augustine.

But I just think that by the middle of October, whenever the public notice goes out, maybe a week before that -- you require two weeks' notice for the public notice to go out, right? So maybe that's the moment that we send out a survey to see who's willing to be in person or who would prefer Zoom as our meeting platform.

And if we can get a consensus at that point to go in person, then that's what we'll do.

>> SEAN ISAAC: This is Sean. So sometime in mid-October.

>> GLENNA ASHTON: Yeah, yeah, I would think so, yeah.

>> SEAN ISAAC: This is Sean, okay, sounds good.

>> GLENNA ASHTON: Remember, the November meeting is set for November 4th.

>> SEAN ISAAC: This is Sean, you're correct, November 4th and 5th.

>> GLENNA ASHTON: If we're on Zoom, I'll have a shorter agenda, maybe a half-day agenda.

If we're in person, then it will be the 4th and the 5th.

The 6th is DeafNation, and so, you know, there will be booths and planning and that kind of thing.

I think that DeafNation will probably happen, that expo. I don't know about It's A Deaf Thing, I think that remains to be seen.

But it's, again, that just reminded me, if you can just check on that, October 2nd, It's A Deaf Thing, if you can check and make sure that we paid our fee or not, I would appreciate that.

>> SEAN ISAAC: This is Sean, I sure will. I think -- it does not seem like we've done an It's A Deaf Thing -- excuse me -- but it does look like we did do Deaf Expo. So I think we still have to submit It's A Deaf Thing.

>> GLENNA ASHTON: Okay. I'm thinking if it hasn't been paid as of yet, I think the time is probably too close. Let's just skip October 2nd. Because I think maybe by

November, things might improve.

>> SEAN ISAAC: This is Sean. You're saying you want to skip October 2nd?

>> GLENNA ASHTON: Yeah, only if it hasn't been paid as of yet, then let's not.

>> SEAN ISAAC: This is Sean. Okay, I'll double-check and let you know.

>> GLENNA ASHTON: And if it's already been paid, then okay, we'll do what we need to do. But if it hasn't been paid as of yet, then don't pay it, we'll just let it go and look towards November instead.

>> SEAN ISAAC: This is Sean. Sure will.

[Pause].

>> GLENNA ASHTON: Sean, did you say that the mailout of the report -- how many will you be using for the mailout?

Sorry, let me explain. I just wanted to ask, you're going to mail out the report. And then we talked about having 10-15 copies for each council member, so that we have plenty left over.

So I'm wondering, what will that leave you?

>> SEAN ISAAC: I was looking -- this is Sean -- I was looking at the number of representatives and senators, I think that will be roughly 100, maybe 150.

And then 10-15 copies per council member, I think that's roughly about 100, maybe a little bit more than 100. So I still should have more than 200 left.

>> GLENNA ASHTON: Oh, oh, that's very good.

>> SEAN ISAAC: Mmm-hmm.

>> GLENNA ASHTON: So for the November -- I'm just recalling one thing that we needed to check out. I wanted to see if anyone can find the box with the things for our booth. Things for our booth, like our pens, we had ink pens, we had Post-It notes, we had lanyards. What else was in that box...?

I don't know what else we had in there, but there was swag. Oh, there was also a pop-up banner. We had... um... we had a big hanging banner as well.

I don't know, Sean, if you know where that box is that has all of our swag and our banners ready for November?

And then if we do have the in-person meeting in November, you could bring that along. And if you handed that off to me, then I would take it from there.

If you don't have it, then we'd have to ship all the boxes directly to me, and I guess I'll just throw it in my car before I drive.

>> SEAN ISAAC: This is Sean. I don't know where it is offhand. I will certainly look for it and let you know where it is. I would think I could bring it.

>> GLENNA ASHTON: Yes, you mean to the November meeting if we're in person, right. But if it's on Zoom, that's what I'm saying. It will have to be shipped to me.

But maybe we could check with Tiffany, she might be able, you know, Tiffany or Shay, one of them certainly would know where that swag box is.

>> SEAN ISAAC: This is Sean, you're correct, if we don't have the face-to-face, we will have to ship it. And I will definitely check with them.

>> GLENNA ASHTON: Okay.

[Pause].

>> GLENNA ASHTON: I'm hoping that you find those boxes soon. Because we might need to order some things before November. And if we need to order something, then we're going to need time to develop the order, send it off, have it made, get it back.

Can you start looking for the swag boxes soon? Because if we don't have enough inventory, then we might need to order new stock.

DeafNation Expo is about 3,000 people typically. So we need a good bit of swag to give out.

>> SEAN ISAAC: This is Sean. I was thinking the same thing, so I'll be looking for your swag as soon as we hang up today.

>> GLENNA ASHTON: Well, okay. Well, I really appreciate it.

>> SEAN ISAAC: Sure thing.

>> GLENNA ASHTON: It looks like we have about ten more minutes on the clock. Is there anyone here, Karen, Cindy, Mary, Chris, is there anyone here still with us?

[No response].

>> GLENNA ASHTON: I'm wondering if it's safe for me to go ahead and adjourn our meeting for today, if there's no one else here except for me from the Council.

I mean, we've passed the time for public comments, that has expired.

So am I allowed to do that? Can I adjourn early?

>> SEAN ISAAC: This is Sean. I mean, you're right, we are in the section of the announcements and adjournment, 4:15-4:30, so I think that's a call and decision by the Chair.

>> GLENNA ASHTON: All right. Well, it is time for me to announce the adjournment of our meeting. Thank you so much to everyone. Thank you to Lisa Schaefermeyer, to the three interpreters, to Lisa, who has been captioning today, for doing the hard work of captioning and trying to have this meeting all day long!

And making things happen, I appreciate each and every one of you. And I hope you have an enjoyable day!

I will see you in November, no matter where, no matter how!

And with that, our meeting is adjourned at 4:22. Bye-bye!

>> SEAN ISAAC: Bye-bye. Have a good one.

[Concludes at 4:22 p.m.]

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