FLORIDA COORDINATING COUNCIL FOR THE DEAF AND HARD OF HEARING

Quarterly Meeting

Daytona Beach, Florida

Thursday, August 8, 2019
9:00 a.m. ET

Onsite CART Captioning provided by
Lisa B. Johnston, RMR, CRR, CRC
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>> KAREN GOLDBERG: Good morning. It's 9:00 a.m., let's go ahead and get started.

We would like to welcome everyone to the Florida Coordinating Council for the Deaf and Hard of Hearing.

We have a very special person we would like to introduce today, is our new Department of Health representative. What's the official title? Coordinator. Tiffany Baylor. Let's give it up for Tiffany Baylor!

[Applause].

>> KAREN GOLDBERG: We're very excited to have you part of the team, we'll go around the room and give introductions and we would all love to hear about you and from you.

I'm Karen Goldberg, I'm the Chair of the Florida Coordinating Council for the Deaf and Hard of Hearing. Welcome to the August meeting in Daytona Beach, Florida, by the wonderful Daytona raceway, which is huge! I don't think I've ever seen it.

[Music playing on telephone].

>> KAREN GOLDBERG: So, let's go around the room and we will do a call to order and then we will do a council member roll call.

We'll start that away.

[Music playing on telephone].

>> MONICA PITTS: Monica Pitts, Department of Health and I'm here for Shay while she's at another meeting.

>> KAREN GOLDBERG: While she's where?

>> MONICA PITTS: She had another meeting.

>> KAREN GOLDBERG: I thought you said she had another baby!

[Laughter].
[Music playing on telephone].

>> KAREN GOLDBERG: Why is there music? I'm hearing things.

>> LsSHAY: No, I'm wondering why they haven't stopped the music. No one's called in.

>> KAREN GOLDBERG: Maybe nobody called in.

>> LaSHAY: I called back in.

>> KAREN GOLDBERG: Call back in.

[Music playing on telephone].

>> KAREN GOLDBERG: It's good to have a check that it wasn't actually on the inside of the head.

[Music playing on telephone].
[Pause].

>> KAREN GOLDBERG: And then we'll resume roll call in just a moment.

[Pause].
[Dial tone. Dialing back into conference call].

>> OPERATOR: The call-in number you entered is not...

[Pause].
[Telephone ringing].

>> OPERATOR: Welcome to open voice audio services. Please enter your conference room number followed by the pound or hash sign.

[Pause].

>> OPERATOR: Entrance conference room number. Please reenter your conference room number followed by the pound or hash sign.

[Pause].

>> OPERATOR: Conference room number accepted, if you are the organizer, press the star key now.

Please enter your PIN followed by the pound or hash sign.   Please enter your PIN followed by the pound or hash sign.

>> TIFFANY BAYLOR: Wait a minute.   I didn't get a PIN.

>> OPERATOR: Good morning.

[Laughter].

>> DARLENE LAIBL-CROWE: She's a little impatient, isn't she?

[Laughter].

>> KAREN GOLDBERG: I think it's the "guest," the WiFi?

>> MARY HODGES: Is this your telephone number?   The department's?

[Pause].

>> SHAYLA KELLY: Tiffany, do you have a PIN?

>> TIFFANY BAYLOR: I'm looking in an e-mail, but I don't see a PIN.

>> MARY HODGES: The one who starts the call has to have a PIN to open up the line.   The mean the leader.

>> LaSHAY: The organizer.

>> MARY HODGES: Yeah.

>> TIFFANY BAYLOR: Okay, don't worry, I'm going to get it.

>> KAREN GOLDBERG: What other noise am I hearing?

>> LaSHAY: That's my phone; I called in.

>> SHAYLA KELLY: That's LaShay's phone.

>> HOTEL STAFF: Excuse me, we're supposed to set up here for coffee, or wore like us to wait?   And water?   Karen for gin and tonic?

[Laughter].

>> KAREN GOLDBERG: Yeah, coffee is fine.

>> Is that okay?   And water.   We have water coming too.   So it's okay to set up?

>> KAREN GOLDBERG: Yes.

>> Okay, thank you.

[Pause].

>> TIFFANY BAYLOR: Shayla or Monica, are you able to see if there's a...

>> SHAYLA KELLY: I'm texting Shay.

[Pause].

>> KAREN GOLDBERG: That's the best word: Water.

[Pause].

>> KAREN GOLDBERG: Are we ready? What's happening?

>> TIFFANY BAYLOR: Hold on just a moment. I'm seeking information about that.

[Pause].

>> KAREN GOLDBERG: How is everyone? All good? Inner child's good? Anyone feeling depressed, anxious, anything I can do while...

>> DEBRA KNOX: Can we lay down?

>> KAREN GOLDBERG: Need a prescription?

[Laughter].

>> KAREN GOLDBERG: I make jokes.

[Pause].

>> KAREN GOLDBERG: So I renewed my DEA. Close to $800. For two years. A lot of money.

[Pause].

[Note from CART Captioner]: Cindy is on chat and said she can follow along while we're waiting for the phone to be fixed.

[Pause].

>> KAREN GOLDBERG: I think we'll give this five more minutes and then we start.

[Pause].
[Vacuuming sound in hallway].

>> KAREN GOLDBERG: Three more minutes.

[Pause].

>> DEBBE HAGNER: It's the blender.

>> KAREN GOLDBERG: Oh!

>> DEBBE HAGNER: They said it's a blender.

>> KAREN GOLDBERG: Well, that makes sense, since it's on, it's off, it's on, it's off, it's continuous.

>> DEBBE HAGNER: It's the blender.

>> MONICA PITTS: Cindy has come on the line.

>> KAREN GOLDBERG: You mean the chat line.

>> MONICA PITTS: You can go ahead and start.

>> KAREN GOLDBERG: We wanted to be fair to the public, because that's their right to call in.
I say that we go on and we acknowledge that there's some technical difficulties with the telephone that will be resolved in the next 90 seconds.

[Laughter].

>> KAREN GOLDBERG: It's fair to say that.
Good morning everyone again. This is Karen Goldberg, I am the Chair for the Florida Coordinating Council for the Deaf and Hard of Hearing. Welcome to the August quarterly meeting in Daytona Beach.
We're going to go around the room and do roll call. And we're going to start on this side of the room. So, if we'll start again.

>> MONICA PITTS: Monica Pitts, the Department of Health, I'm here for Shay Chapman today.

>> KAREN GOLDBERG: Welcome, Monica.

>> SHAYLA KELLY: Shayla Kelly, Department of Health.

>> KAREN GOLDBERG: Good morning, Shayla.

>> DARLENE LAIBL-CROWE: This is Darlene Laibl-Crowe and I am from Palatka and I represent the deaf-blind public.

>> KAREN GOLDBERG: Welcome, Darlene.

>> CHRIS LITTLEWOOD: Good morning, this is Chris Littlewood, I represent the Association of Late-Deafened Adults, I live in Seminole, Florida, and work for St. Petersburg College.

>> KAREN GOLDBERG: Good morning, Chris, and welcome.

>> DEBBE HAGNER: My name is Debbe Hagner, I represent HLAA.

>> KAREN GOLDBERG: Good morning, Debbe.

>> GLENNA ASHTON: Good morning, I'm Glenna Ashton, I represent the Florida Association of the Deaf.

>> KAREN GOLDBERG: Good morning, Glenna. Welcome.

>> DEBRA KNOX: Good morning, I'm Debra Knox and I represent A.G. Bell and I am also from Oviedo, Florida, and work at the University of Central Florida.

>> KAREN GOLDBERG: Good morning, Debra, welcome.

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

>> KAREN GOLDBERG: Good morning, Mary.

>> TIFFANY BAYLOR: Good morning, my name is Tiffany Baylor, I am the program administrator -- or not administrator, program assistant and coordinator for the FCCDHH. And I am glad to be here, this is my first meeting.

>> KAREN GOLDBERG: And good morning, Tiffany! And we are thrilled to have you as part of the team.
And the gentleman on the end?

>> LaSHAY: LaShay, Vanguard Audio and Visual.

>> KAREN GOLDBERG: Good morning, LaShay. And we have on the line?

>> DEBBE HAGNER: We have Cindy Simon on the line, or in chat.

>> KAREN GOLDBERG: Representing?

>> DEBBE HAGNER: The audiologists.

>> KAREN GOLDBERG: Okay. And we also have our CART Provider, what's her face.

[Laughter].

>> KAREN GOLDBERG: I mean Lisa Johnston. And a special good morning to Lisa.
We also would like to welcome our interpreters for the morning. I always like to give the full name, but we'll start with what I have here: Chris, Rebecca, Roger, and Rebekah. Repetitive.
Chris, Rebecca with a C, Roger, and Rebekah with a K. So we'll just call you C and K.

[Laughter].

>> KAREN GOLDBERG: Okay? Do we have anyone else joining us on the line, the chat line?

>> DEBBE HAGNER: Cindy said good morning, I'm Cindy Simon representing audiologists. Sorry I can't be there, I got in late from Copenhagen. Welcome, Tiffany.

>> KAREN GOLDBERG: Good morning, Cindy, and welcome. Anybody else on the phone or the chat line?

[No response].

>> KAREN GOLDBERG: Nope? All right, let's move forward.
Housekeeping rules: Please remember to wait to be recognized by either Karen or Gina, but I think Gina is out, so if that's okay, I'm going to ask Debbe Hagner to step in in that role. Everyone okay with that? All in favor, say something.

>> ALL: "Something."

>> KAREN GOLDBERG: Something it is.
Please remember to state your name before speaking so the CART Provider can properly recognize you, and those on the phone and on the chat line can recognize you, okay?
All right. Any other first-morning details before I move onto to the minutes from the February meeting?
It's actually the May meeting, it's not the February meeting.
Okay. All right. Let's move into our books on page... let me put this in here... where is the... do you have it?
Section 7. I want everyone to take just a moment to read over the minutes.
Do we need to go through the minutes from the last time? Yes, ma'am, Mary?

>> MARY HODGES: Yes, this is Mary Hodges and I was at the May meeting. And I'm not listed as being present.

[Pause].

>> KAREN GOLDBERG: You most certainly are not listed as being present.
I'm going to add her in, is that okay?
Anyone else? Any other comments about the minutes? Please take a moment to take a look.

[Pause].

>> KAREN GOLDBERG: It seems we had more people on the phone and chat than we do today, so far anyway.

[Pause].

>> KAREN GOLDBERG: Do you mind if I take just a moment to go over the minutes?

Just so it refreshes everyone's mind.
Yes, ma'am?

>> DEBBE HAGNER: Cindy said please note that I did not receive the documents for this morning.
So Tiffany, can you send her the minutes to Cindy Simon?

>> TIFFANY BAYLOR: I sure can.

>> KAREN GOLDBERG: Cindy Simon. All right. Thank you very much. I'm just going to go ahead and review the minutes, if that's okay, and we'll make a motion after we review them.
So we had a call to order at 9:00 a.m. Council members present: Karen Goldberg, Gina Halliburton, Cindy Simon, Chris Littlewood, Debbe Hagner, and Mary Hodges. Okay, anyone else that was not listed? Okay.
Via phone and chat, Darlene Laibl-Crowe, Cecil Bradley, Glenna Ashton, Debra Knox, and John Jackson. Staff present, Shay Chapman and Anna Simmons. Anybody else present at that last meeting that was not represented? Okay.
Staff updates: Shay Chapman update provided on the new Surgeon General, Dr. Scott Rivkees; update on the new coordinator position, which has been filled; update on legislative budget request and task list update.
Chair and Co-Chair elections were submitted, Karen and Gina were nominated to serve another term as Chair and Co-Chair.
Reports: Web Committee presented on website analytics from February to May.
Education/Medical/Outreach/Technology Committee discussed updating resource manual and utilizing Cindy's class, updating brochures, getting a private company to move forward with a partially completed PSA.
EMOT letters to hospitals who do not provide interpreters as requested.
Legislative committee reported on legislative visits in February. Bills that passed and impact the deaf or hard of hearing in Florida. Also discussed having a Deaf Awareness Day, Rally to Tally as we had called it for the 2020 session which is February of 2020, in honor of the 30th anniversary of the ADA, which is 2020.
Budget Committee updated the Council's on track to have enough funds to continue face-to-face meetings.
Biennial Report Committee updated the 2019 biennial report printed and mailed and copies given to council members to take home to their representative agencies.
Presentations, we had Nancy McFalls from the Resources Materials Technology Center discussing their discretionary project for the state of Florida and housed at the Florida School for the Deaf-Blind in St. Augustine and worked collaboratively to support education for students.
Anna Simmons from BrightExpections, the goals is to help families when their children are born with unexpected conditions and a clearing house and information for parents concerning different diagnoses.
Teri Schisler, a private citizen, formerly with FRID, presented a licensure bill that was before the Legislature this year that did not pass. The goal was to first address educational interpreters and then overall interpreting in Florida.
The bill needs more support next year. Discussed overall certification option for interpreters and history on certification.
Public comments, Reverend Mark Ehrlichmann discussed programs and services for the deaf particularly in the Panhandle of Florida, which is where our meeting was held, in

Pensacola.

Discussed the lack of mental health services, especially for deaf and hard-of-hearing kids.

Rhonda Eemisse shared her experience with Hurricane Michael. Reports that the Deaf community had issues in dealing with FEMA and other organizations. Does not feel messaging was timely and consistent for the Deaf community.

James Scott discussed lack of services for senior citizens with hearing loss. Concerned about Medicaid or Medicare paying for hearing aids.

Diana Tift discussed a VR grant and difficulty finding certified interpreters.

And we discussed our next meeting, which we will do today.

We have some action items that I think the Department of Health will go over and I won't outline those at the moment.

And anybody have anything else to add for the minutes, for the last time?

[No response].

>> KAREN GOLDBERG: Yes, Debbe?

>> DEBBE HAGNER: I would like to make a motion that we accept the minutes, with the correction.

>> KAREN GOLDBERG: Okay. That's wonderful. Can we get a second?

>> DEBRA KNOX: [Raises hand].

>> KAREN GOLDBERG: Yes, Debra?

>> DEBRA KNOX: I'll second.

>> KAREN GOLDBERG: Thank you very much. The minutes have been accepted and... um... I don't know what the next word is, and seconded.

We approve. Thank you. And we approve. Okay. All right. I thought that was awesome.

Okay. Did everybody have a chance to take a look at the agenda for this meeting? That would be found on page -- section --

>> DEBBE HAGNER: Cindy said: Please note, I received a message on the phone saying the organizer has not yet arrived. Please try your call again later.

>> KAREN GOLDBERG: We are still having some phone difficulties.

>> LaSHAY: Should I give it a try? I need a PIN. It will ask for a PIN again.

>> TIFFANY BAYLOR: We're still trying to reach Shay.

>> KAREN GOLDBERG: Is there a PIN number? There's a call-in number and then what, a chat number?

>> SHAYLA KELLY: There's a call-in number and conference room code.

>> KAREN GOLDBERG: And what are we missing?

>> LaSHAY: When I hit the star for the organizer, it asks for a PIN. We've never had that.

>> SHAYLA KELLY: We've never had a PIN before.

>> KAREN GOLDBERG: What's the telephone number?

>> LaSHAY: 1-888-299-2873.

>> SHAYLA KELLY: It's different one from the last meeting?

>> KAREN GOLDBERG: It's a different one that I use when I do fair hearings for the state of Florida, they do 585 something something, and then you put in the conference room I.D. and then you have to put in a security code. Which changes, it's actually different for every meeting.
Yes, ma'am, Debbe?

>> DEBBE HAGNER: Cindy said we always had to enter the PIN for the phones from the organizer.

>> KAREN GOLDBERG: So we just don't have that.

>> DEBBE HAGNER: The conference code number is the PIN?

>> LaSHAY: The PIN, I have no idea what the PIN is.

>> KAREN GOLDBERG: There's a different one. There's a four... there should be a four-number code that you input and hit pound.

>> DEBRA KNOX: But that's just for the coordinator.

>> KAREN GOLDBERG: For the coordinator. Or actually everybody that calls in.

>> LaSHAY: For the organizer.

>> KAREN GOLDBERG: All right. So who can we call at the Department of Health that will guide us?

>> SHAYLA KELLY: I will step out and I will try to pull Shay out of her meeting to see if she can get someone.

>> KAREN GOLDBERG: Okay, fantastic. We have a solution.
For those following along on the chat, we are working on the phone-related issues.
Yes, Debbe?

>> DEBBE HAGNER: Cindy said: There is a separate PIN to activate the call for those that are waiting.

>> KAREN GOLDBERG: We understand. That's what we're working on.
I say we keep moving. Okay.
Because this one issue could hold us up for hours and I really don't want to waste any time. Okay?
All right. The agenda adoption. So the agenda is on page... um... yes, Chris?

>> CHRIS LITTLEWOOD: Just a reminder that the agenda looks awesome, but the address of our meeting location is not at the top with the location of Daytona Beach, it should also have the address of our meeting, just for future reference.

>> KAREN GOLDBERG: Yes, for future reference, for future meetings, make sure that we have the actual placement of the meeting itself, like if it's going to be at the hotel.
There's a little bit of confusion about if it was going to be at the hotel or not.
I think really most of the time we try to keep it in the hotel, except for when we're in Tallahassee in February, then we usually go to the Easley Center, is that what it's called?

>> MONICA PITTS: Betty Easley.

>> KAREN GOLDBERG: But most of the time we try to keep it in the hotel.
Yes, ma'am?

>> MARY HODGES: I think the approval of minutes, it says from February.

>> KAREN GOLDBERG: It does, that was in error.

>> MARY HODGES: That needs to be corrected.

>> KAREN GOLDBERG: I had made that statement earlier.
And I think on the actual minutes themselves, it does have the correct date, May 9-10, 2019.

[Pause].

>> KAREN GOLDBERG: Oh, okay, right, so in our agenda. Okay.
Let me take a quick look around and look at everything else.

[Pause].

>> KAREN GOLDBERG: We have the discussion of our action items on the first day, we have that listed.

[Pause].

>> MONICA PITTS: Karen?

>> KAREN GOLDBERG: Yes, ma'am, Tiffany?

>> TIFFANY BAYLOR: Hi, this is Tiffany, it's listed on the DOH update, it is listed there, the 9:30-10:00.

>> KAREN GOLDBERG: That we're going to discuss the action items?

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: That's wonderful because I really want to make sure we stay on top of that.

Now, one thing that is different, we had typically changed or actually in the last, I think, three or four meetings, we changed it to where we had public comments 11:00-12:00 and again 5:00-6:00 because it had been 4:00-6:00 before, so I'm not seeing the public comments in the morning.

[Pause].

>> KAREN GOLDBERG: So can I suggest a change -- go ahead, Debra.

>> DEBRA KNOX: Well, I do see for tomorrow's agenda, there is public comment, an additional public comment in the morning, so I don't know if that substitutes that.

>> KAREN GOLDBERG: We really should have, in the future, I don't know if we want to vote on having it changed now, 11:00-12:00 in the mornings, both mornings, is public comments, and then 5:00-6:00 on the first day is public comments. Okay.

This means that people do not have to wait the entire day to listen to us go through our entire meeting before they're allowed to say anything; we really want to give an opportunity to the public to share in all three sessions, if you break it down to three sessions. Okay?

So, for today, can I propose a change? What time is it currently? 9:30.

>> KAREN GOLDBERG: So we're at 9:30, can I say the Department of Health update from 9:30-10:00 and we'll go over the action items. 10:00-10:30 to discuss the bylaws, okay. Break, 10:30-10:45 -- I'm asking, not proposing.

>> GLENNA ASHTON: You can't change the agenda because it was already published and sent out and people are going by that.

>> KAREN GOLDBERG: All right. My only concern is that we're not going to have public comments this morning. Okay.

>> GLENNA ASHTON: Well... we can be flexible. If somebody shows up, we can give them time.

>> KAREN GOLDBERG: All right, good enough. Then we will leave the agenda as is and make an allowance if there's a member of the public that wants to share, that we will make that allowance that they can. Okay? Fair enough to everybody?

Yes, Debra?

>> DEBBE HAGNER: Cindy said: If we put the public comments for the second day, then we won't have a chance to discuss it the next morning.

>> KAREN GOLDBERG: We've always had it at the end of the second day too.

>> DEBRA KNOX: No.

>> KAREN GOLDBERG: I thought we always did.

>> GLENNA ASHTON: Before, it was one time in the evenings and that was it.

>> KAREN GOLDBERG: Oh, we never had it --

>> GLENNA ASHTON: The next morning we discussed the comment without the people here.

>> KAREN GOLDBERG: I did not realize that.

>> GLENNA ASHTON: And your time is to change that --

>> KAREN GOLDBERG: Oh, okay, we want to give people adequate time to discuss or bring up issues.
I still like the idea of having it on that second day so if somebody is not able to come in on Thursday, they can come in on Friday and give a public comment. Okay.
All right. Okay. All right. Then we'll be flexible for that.
Would everybody like to accept the minutes as they are -- I mean the agenda?

[Pause].

>> KAREN GOLDBERG: Can I get a motion? Do I need a motion?

>> GLENNA ASHTON: You don't need a motion for the agenda.

>> KAREN GOLDBERG: I guess we don't need a motion.

>> DEBBE HAGNER: I make a motion that we accept the agenda as is.

>> KAREN GOLDBERG: Okay, great. So a motion has been made. Can we get a second? Yes, Darlene?

>> DARLENE LAIBL-CROWE: And I second it.

>> KAREN GOLDBERG: Thank you very much. Let's move forward.
Okay. We're going to have the Department of Health update from Tiffany Baylor, who is our new coordinator.

>> TIFFANY BAYLOR: Good morning, this is Tiffany Baylor. I'm going to go through the action item and then give you the status and that's how it will -- for each one. Okay?

>> KAREN GOLDBERG: Tiffany, prior to you doing the action items, I was wondering if you could introduce or tell the Council a little bit about yourself and how -- because this is really your very first meeting so we're very excited to have you on the team.

>> TIFFANY BAYLOR: Thank you. It is my very first meeting. And it's very new to me, working with this group.
I have -- my history is in disability services. I'm legally blind and newly deafened and

therefore I was working for the Division of Blind Services for a very long time in contract management and rehabilitation counseling.

Then, of course, I was already a TVI, a teacher for students with visual impairments and went back to teaching.

Since the hurricane, since I was living in Panama City, let's say I was motivated to move back to Tallahassee [chuckles] and I have just joined you all now for that.

I'm really looking forward to working with you.

This is an area that I'm very adamant about, looking for benefits and accommodations and advocacy for people with disabilities, generally deaf-blind, and so I'm really looking forward to learning a lot and providing all I can to help this Council meet its goal.

>> KAREN GOLDBERG: Well, we're thrilled to have you.

You did mention that you are newly deaf. Do you mean hard of hearing?

>> TIFFANY BAYLOR: Yes, just hard of hearing.

>> KAREN GOLDBERG: Hard of hearing. So it certainly brings a perspective that you can share with the Council about what that experience is like to have that new experience of being hard of hearing, okay.

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: All right. So you're going to give us an update now on the Department of Health. Thank you very much.

>> TIFFANY BAYLOR: Thank you. The first action item was to send a letter to Legal for feedback and it was completed. And Linda McMullin has been working on giving us back the feedback. She had to speak to a few people and a letter went out for her to gain the information that she could have and share back with us. It's not here yet. But we will update the Council as soon as we find out.

The other action item was securing a vendor space and presentation at It's A Deaf Thing for October 10 -- I mean October 15-19, and that has been completed.

We have two booths and that also offers us an opportunity to present.

And I'm hoping to get presenters from a few of you here as presenters for that.

And who would be going, so we'll be talking about that at at later time.

The next one was secure a meeting date and location for the November council meeting. And we have got it in Ft. Myers Hyatt Regency Coconut Point Resort.

>> KAREN GOLDBERG: Tiffany, if I can interrupt you for a second? For people who want to follow along, this is Section 7 from action items from the May '19 meeting so if anyone wants to follow along and make notes and discussions as we need to. Thank you, Tiffany, continue.

>> TIFFANY BAYLOR: The hotel reservation will be given to you as soon as we get that.

The Council, the next action item was for the Council to review bylaws and that is responsible, all council members, and that is in progress, and inside of your binders, I have provided a copy of the bylaws and I sent an e-mail out for council members to relay any information or changes you might suggest to be discussed here at the meeting.

I received a few responses and they are also included in the binder and so I would -- later we would be able to discuss that; I believe I have left space on the agenda for us to discuss the possible recommendations for those bylaws.

The next action item was for the Council to send Shay links for BrightExpections website and the responsibility -- and the responsible party was all council members, and that was completed, the links were sent and forwarded to Anna Simmons and she'll present it to her council.

The next action item was to complete a hiring process for a new coordinator and Shay was responsible for that. And that apparently was completed.

[Laughter].

>> TIFFANY BAYLOR: I started July 15 and I've enjoyed every minute of it since I have begun.

The next action item was council business cards. That was Shayla Kelly was responsible for that and that has been completed as far as a draft is concerned. I have actually brought those cards here with me and I would really like you all to take a look at that and see if you would suggest any changes or anything, and we will take that information back and move it around there at the Department of Health so at a later moment we will look at those cards.

The website analytics, that was by Shay Chapman and it was completed and it says it will be provided in your notebook, but I have the copies here and I can pass them out when you all are ready for those.

And the Council vacancy follow-up was another action item, and that was by Shay, and it's in process and she sends an e-mail to Victoria Parsons who is the new DOH contact for councils and boards and she checked with the Governor's office and they have reported that the Governor has not made any new appointments yet but we will find out as soon as they do and they will inform us and keep us informed.

>> KAREN GOLDBERG: One quick question on that. How many seats do we have open right now?

>> TIFFANY BAYLOR: I believe it's almost five, let me take a look.

>> KAREN GOLDBERG: Or 4.4?

[Laughter].

>> TIFFANY BAYLOR: Let me take a look to be accurate.

>> KAREN GOLDBERG: Either four or five, it can't be 4½, right?

[Laughter].

>> TIFFANY BAYLOR: I believe we are missing -- we need to have a vacant hearing aid specialist representative.

>> KAREN GOLDBERG: Hold on just a second. Hearing aid specialist.

>> TIFFANY BAYLOR: We have a vacant parent of a child with hearing loss. We have a vacant FAD represent. We have a vacant DSCA representative. And I believe

we have a vacant CART representative.

>> KAREN GOLDBERG: Okay. So that is -- okay, five. I have sent information about this Council to a parent of a deaf child and that parent is also hard of hearing. And that parent has expressed interest.

>> GLENNA ASHTON: And I know of four people that applied --

>> KAREN GOLDBERG: That are waiting.

>> GLENNA ASHTON: It's been more than a year.

>> KAREN GOLDBERG: More than a year. What seats are they applying for?

>> GLENNA ASHTON: Hearing aid, parent, FAD. I don't remember.

>> KAREN GOLDBERG: Hold on one second. Yes, LaShay?

>> LaSHAY: Can we take a five minute break and try to get this phone situation done?

>> KAREN GOLDBERG: We'll take a five minute break and try to fix the phone situation and we'll come back and talk about the vacancies. Five minute break. We will return at 9:50 we'll start back.

[Break].

>> KAREN GOLDBERG: Hello? I'm checking with the phone call. Who's on the line?

>> LaSHAY: That was me talking. But they can call in now, they should be able to call in.

>> KAREN GOLDBERG: Okay. Cindy, try calling in, please.
Does Cindy need a code or anybody else need a code to call in?

>> LaSHAY: Just the instructions in the booklet.

>> SHAYLA KELLY: Just the number in the book, they don't need a PIN.

[Pause].

>> KAREN GOLDBERG: What time is it?

>> DEBBE HAGNER: 9:48.

>> KAREN GOLDBERG: Okay. Two more minutes.

[Pause].
[Telephone beep].

>> KAREN GOLDBERG: Good morning, who's on the phone?

>> CINDY SIMON: Hi, it's Cindy!

>> KAREN GOLDBERG: Welcome, Cindy. I'm going to step out for an emergency call and I'm going to have Debbe Hagner continue leading this part of it.

>> DEBBE HAGNER: Okay. This is Debbe. I'll let Tiffany continue. Go ahead, Tiffany.

>> TIFFANY BAYLOR: Good morning, this is Tiffany, I'm continuing with the action items.

The final action item was the PSA follow-up and the responsible person, the person responsible was Shay Chapman, and the update.

It's in process. We confirmed that we will need to work with an outside vendor to complete this project and we'll gather quotes and identify a vendor and initiate the purchasing process prior to the next meeting.

There have been e-mails sent and we -- it's all in the process, we're working on it.

>> DEBBE HAGNER: Okay, great. Thank you so much, Tiffany.

Okay. Any other action items that we would call that needs to be added? Glenna?

>> GLENNA ASHTON: Can you hear me, Lisa?

>> LISA (CART CAPTIONER): Thank you.

[Laughter].

>> GLENNA ASHTON: Karen mentioned she wanted to discuss about the council appointments. We seem to have a long history of the appointment's office taking their sweet time of making appointments, if ever. I'm wondering, what do we have to do to get the appointments made? Do we have to make calls or be the squeaky wheel or something?

It's strange how they should drag out every appointment for every position. It's, like, what's going on up there?

>> DEBBE HAGNER: And not only that, but -- I mean, this is Debbe -- but not only that, but some of us who have not been renewed officially and so that concerns me, too, as well.

>> GLENNA ASHTON: Glenna. You would think that renewing would be easy, because they already have the information and everything, but....

Anybody from Tallahassee know anything about the Appointment Office and the timeframe or anything?

>> KAREN GOLDBERG: Chris?

>> CHRIS LITTLEWOOD: This is Chris. I agree with all the statements, but I will say that the fact that no appointments have been made to any councils is probably a good thing, because it's not that we're being ignored, it's just that we have a new Governor and

that hasn't happened yet.
I know it's August and he was sworn in in January, but we just keep making as much noise, so to speak, as we can and hope it happens very soon.

>> MONICA PITTS: This is Monica. We'll take that back to the Department as well.

>> KAREN GOLDBERG: This is Karen. I'm wondering if maybe we can write a letter and put that as one of our things that we do at this meeting. A lot of that goes out to the Appointments Office.

>> GLENNA ASHTON: Glenna. I'm wondering if the Chair or the DOH people can make calls asking about the Appointments Office or if all of us can bother them or what? I don't know.

>> KAREN GOLDBERG: This is Karen, I don't think it's going to hurt to write a letter. Whether or not it does anything is a different thing. But I think it's worthwhile to have it documented that as a Council, we are seeking their help in filling our empty seats so that we can have more voices and more representation from all 17 agencies to make up this Council.
Okay. All right.

[Background noise on telephone].

>> GLENNA ASHTON: We need to --

>> DEBBE HAGNER: The person on the phone, please try again.

>> CINDY SIMON: Hi, can you hear me?

>> DEBBE HAGNER: Now we can, yes, go ahead, Cindy.

>> CINDY SIMON: This is Cindy. This is not an unusual thing to happen historically and someone from the office would typically call the Appointments Office periodically, so I guess that would be Tiffany or maybe Shay to see what's going on.
I think at the last minute, I don't remember who it was, maybe John, don't expect to see appointments made that quickly.

>> KAREN GOLDBERG: I think that's a -- this is Karen -- I think that's a great idea. But I also don't think it hurts to have a letter. And we're gonna -- I'll work on it this evening. Anybody else want to work on it with me? I'm happy to have some assistance. And then I'll present it tomorrow to the Council.
Okay. More action items?

>> TIFFANY BAYLOR: That was the final action item.

>> KAREN GOLDBERG: Monica?

[Pause].

>> MONICA PITTS: Keep in mind as long as the -- as long as the public comments

are open from this evening until tomorrow, I think they'll be worked on, as a reminder.

>> KAREN GOLDBERG: Say it one more time. What?

>> MONICA PITTS: As long as the public comments are open from this evening until tomorrow, nothing can be worked on that's not done during the meeting.

>> KAREN GOLDBERG: Say that one more time, because we've written letters before. What does that mean?

>> DEBBE HAGNER: The Sunshine Law.

>> KAREN GOLDBERG: Right, I understand we can't meet. I'll write a letter and I'll present it tomorrow. Is that what you mean? It has to be just me.

>> DEBRA KNOX: Yes.

>> KAREN GOLDBERG: Oh, that's fine. Is that right?

>> GLENNA ASHTON: Making phone calls would be -- and sending e-mails before never got a response. Maybe trying to call and get a live person, somebody that's in the office actually.

>> KAREN GOLDBERG: This is Karen. I'm going to write a letter and then I'm going to ask each of us to look at it and then each of us to sign it in the meeting tomorrow.

>> SHAYLA KELLY: Okay.

>> KAREN GOLDBERG: In the meeting tomorrow. Sunshine Law. Yes, ma'am, Debbe? No? Anybody else?
I stepped out for a second, so tell me, did we go over the PSA follow-up already?

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: Wow. Okay. All right. That's wonderful.
All right. It's -- is it 10:00 a.m. yet? 9:56. We're a little bit ahead of schedule.
Is it okay, prior to the 10:00, to ask if there are public comments?

[Pause].

>> MONICA PITTS: Can we stick to the agenda?

>> KAREN GOLDBERG: Okay. We just have four minutes.

>> MONICA PITTS: I'll let you guys make that decision then.

>> KAREN GOLDBERG: In the four minutes that we have available, are there any public comments?

[Pause].

>> KAREN GOLDBERG: In the four minutes that we have available -- probably three now -- are there any comments among council members?

[Pause].

>> KAREN GOLDBERG: Okay. Then we have three minutes before our next agenda item. And I don't propose that we change that; we'll wait until 10:00 a.m.

[Pause].

>> KAREN GOLDBERG: I do have one question, while we have a couple minutes.
What training is done for our new coordinator for Sunshine Law?

>> SHAYLA KELLY: Tiffany, would you like to speak?

>> TIFFANY BAYLOR: Well, related to the Sunshine Law, I actually just spent this training through --

[Background noise on telephone].

>> TIFFANY BAYLOR: -- DOH, like, an online training, and there's also a research just for me studying it, just because I want to be well versed in it.
So, I'm in the process of studying that now; I've actually been studying it quite a bit because I had to learn acronyms and things.
But that's the training I'm getting.

>> KAREN GOLDBERG: Okay, great. I'm wondering if in the future we could have a little reminder on the Sunshine Laws in the agenda?

>> TIFFANY BAYLOR: Okay. Let me see what I can do.

[Pause].
[Background noise on telephone].

>> KAREN GOLDBERG: And also that action item about the letter that went out that we wrote the last time asking for information on the legal status and what we're allowed to do, do we have any feedback of when that might come back to us and what the holdup is?

>> TIFFANY BAYLOR: The letter went out and was given to the respective person it was supposed to go and we're waiting for a response, she's responded she's gotten it and she has to move it and refer it to the person that she was given to and we'll find out about it.
We'll let you know as soon as we find out.

>> KAREN GOLDBERG: Okay, great. Thank you.
Okay. It's 10:00 a.m., we'll go ahead and move on to the next discussion.
We had an open item in the past about wanting to discuss the bylaws. So if everybody can turn to, I believe it's Section 3.
We really wanted to address this. And I'm going to ask if we can go around and read

each section so that we make sure that we're all together on this.
Yes, Glenna?

>> GLENNA ASHTON: I sent in a few suggested changes. Did anyone send any suggested changes? I got the impression that Tiffany was going to put them up there so that we could see the changes or something?

>> KAREN GOLDBERG: Oh, is it up there? Do we have that available to do?

>> TIFFANY BAYLOR: It's not up there but I have copies that I can somehow get up there for you.
I've also included them in your binder, right on the very last page of Section 3 for the bylaws that are listed and it has the suggested changes and updates.

>> KAREN GOLDBERG: It looks like Cindy and Glenna were the ones who made comments.

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: Okay.

[Pause].

>> KAREN GOLDBERG: Okay. All right. I propose that we go through this, since we have 45 minutes to look at the bylaws, let's go through this section-by-section and have some people give comments in realtime. It may be easier to do it that way. Okay?
So, Chris, can I ask if you read Article I, general provisions, starting with Section 1? Would that be okay?

>> CHRIS LITTLEWOOD: You want me to read it or you're asking me if I have read it?

>> KAREN GOLDBERG: We've all read it. But can you read it?
What's going on?

>> SHAYLA KELLY: Go ahead.

>> KAREN GOLDBERG: Okay, all right.
This way we can discuss it in realtime.

>> CHRIS LITTLEWOOD: Okay. Well, if you want me to read it word-for-word here, Section 1, legal authority: Statutory authority for the creation, organization, and operation of a Council for the deaf and hard of hearing is granted pursuant to State Statute 413.271, that's a Florida State Statute, establishing the Florida Coordinating Council for the Deaf and Hard of Hearing.
This legislation specified, in part, it is the role of the Council to serve as an advisory and coordinating body in the state which recommends policies that address the needs of deaf, hard of hearing, and late-deafened persons and which recommends methods that improve the coordination of services among the public and private entities that provide services pertaining to interpreter services, computer-aided realtime captioning services, and assistive listening devices, excluding hearing aids. The Council is authorized to provide

technical assistance, advocacy, and education.

>> KAREN GOLDBERG: Okay. Hold for a second.
One of the things that's missing is the deaf-blind on that. And I don't know that we can change it, because that's a direct quote from the statute. But just to make a note that that is missing.
Yes, Tiffany?

>> TIFFANY BAYLOR: This is Tiffany Baylor. I'm wondering if at all, I would like to make a suggestion, I would think it might be beneficial to take a look at that bylaws discussion topics sheet, of the compilation of the suggested changes and decide and discuss these points.
Because I think these are the ones that stood out, number one, to people, the Council, and these are the ones that were reported by the Council that were -- that they found needed change.
Just in the use of time. Because by the time we discuss all of these, we might be into our full amount of allotted time on the agenda.
I have listed these as where they're located on the -- in the bylaws, so it would be an easy bridge from one to the next.

>> KAREN GOLDBERG: I appreciate that, but I really would like to go through it.

>> TIFFANY BAYLOR: Okay.

>> KAREN GOLDBERG: Okay. Yes, Chris?

>> CHRIS LITTLEWOOD: This is Chris, I was just going to say I agree with Tiffany's comments. I don't want to run out of time just because we're reading allowed the entire bylaws. I think everybody's ready it, to some extent, and we should focus first, if we have extra time, we can go over and read the whole thing, but we should focus first on the points that people suggested for making changes.

>> KAREN GOLDBERG: Okay.

>> CHRIS LITTLEWOOD: Also with regard to adding deaf-blind, I was thinking the same thing as I was reading it, but that does come directly from the state statute.

>> KAREN GOLDBERG: All right. And I appreciate the comments. I really would like to proceed, because I don't think everybody has read the entire document. So let's move forward. And I think we are going to have time for discussion.
Okay. Do you want to continue with title and scope, Chris?

>> CHRIS LITTLEWOOD: This is Chris. You want me to continue to read the next section?

>> KAREN GOLDBERG: Yes, please.

>> CHRIS LITTLEWOOD: Would you mind asking somebody else to continue reading?

>> KAREN GOLDBERG: Sure. Debbe, can you read?

>> DEBBE HAGNER: Yeah. Section 2, title and scopes: These bylaws govern the proceedings, activities, and organizations of the Council and shall be referring to generally as the "bylaws of the Florida Coordinating Council for the Deaf and Hard of Hearing."

>> KAREN GOLDBERG: Proceed with definitions, if you don't mind.

>> DEBBE HAGNER: Yeah, Section 3, definitions as used in these bylaws: One, advocacy means to act in the interests of the deaf, hard of hearing, late-deafened, and deaf-blind population.

Two, council means that the Florida Coordinating Council for the Deaf and Hard of Hearing.

Three, council members means that one of the 17 voting members appointed by the governor.

Four, deaf means having hearing loss of such severity as to make it difficult to understand speech through listening, with or without an auditory device. Some deaf individuals may depend on visual or tactile methods, or both, to communicate.

Five, hard of hearing means having a hearing loss severe enough to interfere with the ability to process linguistic information through audition, with or without an auditory device. A hard-of-hearing individual may depend on hearing and/or assistive devices and/or visual methods to communicate.

Six, late-deafened describes deafness which occurred any time after the development the speech and language; often it means after the age of adolescence. Usually a late-deafened adults has identified with hearing society through schooling, social connections, et cetera. They are usually unable to understand speech without the hearing technology and/or visual aids such as speech-reading, sign language, and/or Communication Access Realtime Translation/CART. A late-deafened adult is frequently cited as LDA.

Seven, deaf-blind means having a hearing impairment in conjunction with the vision impairment. Persons who are deaf-blind typically do not have total deafness or total blindness, but rather, have their functionality significantly affected due to the impairment of both hearing and vision.

Multi-sensory impairment can occur at any time during -- across the lifespan.

Eight, CART means Communication Access Realtime Translation and is a verbatim instant translation of the spoken word into English text by a specially-trained machine stenographer using computer assisted translation software which is displayed on a monitor, screen, or laptop computer.

>> KAREN GOLDBERG: Okay. Thank you. In the section there, we do have the deaf-blind. Under the definitions of hard of hearing, it states hearing loss severe enough to interfere. I don't know that that is the actual definition of hard of hearing. I think it's any amount of hearing loss, because mild hearing loss impacts children and adults all the way through.

Just something to think about in terms of a change in that definition.

Late-deafened was a great definition.

Deaf-blind, the only thing I would think about changing is the hearing impairment is typically not a term that is used anymore. It is a medical terminology, so the question would be do we want to change that.

And then my other question is do we even need the section on CART, because we are

not identifying all the other different types of assistive living -- assistive living? -- assistive listening or hearing aids.
Okay. Yes, Debra?

>> DEBRA KNOX: This is Debra. I think the purpose of the definitions is just to make sure that anyone who's reading it has a shared knowledge of what the working definitions that are being used, so CART may not be an acronym that your average person would know unless they have some association with it, which is why I think that definition is included.

>> KAREN GOLDBERG: Right. But we also don't have the definitions of all of the other types of assistive listening devices either. So it's something to think about. Cochlear implant and the average person may not know what it is.

>> DEBRA KNOX: What the difference is is there is a CART representative on this council, there is not a cochlear implant representative.

>> KAREN GOLDBERG: Correct, that is a good point, except there is a hearing aid specialist representative which may be an assistive listening representative. It may encompass hearing aids and cochlear implants. All right, go ahead.

>> GLENNA ASHTON: I'm wondering, maybe Cindy knows, but I'm wondering about the history, why are they including hearing aids and almost every meeting we talk about hearing aids.

>> KAREN GOLDBERG: Good question. Yes, Chris?

>> CHRIS LITTLEWOOD: This is Chris. One of the things we have to be careful about in looking at the bylaws is in the beginning, we quote Florida Statute and we cannot change anything in Florida Statute.
And in the Florida Statute, it says, in the last couple of sentences, um... public and private entities that provide services pertaining to interpreter services, computer aided realtime captioning services, and assistive listening devices, excluding hearing aids. That's why.
There are certain things that we can't give advice on other than we have a hearing aid specialist seat on the Council, but we're not going to make recommendations as far as hearing aids, because that's what's in the Florida Statute.
The other thing I really wanted to say is I object to, if we're going to read the entire bylaws, because the bylaws is ten pages and it seems a bit counterproductive to go through it that way.
I would rather look at the discussion point first. And I agree with Tiffany and if we have to put that to a vote, I think we should do that, because we're going to run out of time and I want to look at those points first.

>> KAREN GOLDBERG: Okay. And I appreciate it, you've stated your point. As the Chair of the Council, I'm recommending that we move forward and table the discussion about the points and we will get to it.
This is something that we have discussed in the past that we need to do, which is go through the bylaws. And I am recommending that we do that.
And your objection is noted.

Okay. Yes, Debra?

>> DEBRA KNOX: This is Debra. I respectfully agree with Chris, because I feel like there's so much that we try to get done and just reading straight from what's written I feel undermines the time constraints of what we're able to accomplish in the meeting.

>> KAREN GOLDBERG: Okay. Let's put it to a vote.

>> CHRIS LITTLEWOOD: This is Chris again. I also feel it's not fair to our service providers to have to interpret or type for everything that's already written down in the bylaws.

>> KAREN GOLDBERG: Okay. Let's put it to a vote. All in favor of just going over the points.

[Hands raised].

>> KAREN GOLDBERG: All in favor of reading the bylaws.

[Hand raises].

>> KAREN GOLDBERG: Okay. Going over the points passes.
Yes, Debra? Debbe.

>> DEBBE HAGNER: Cindy, go ahead and talk.

>> CINDY SIMON: Hi, can you hear me?

>> DEBBE HAGNER: Yes.

>> CINDY SIMON: Okay. I just wanted to say, I know there has been a question about the hard of hearing definition, but for pediatrics, anything over 15 dBs makes them hard of hearing and it actually encompasses everything. We've tried to fit individuals with hearing loss to encompass everybody in the past, but that hasn't gone over well.

And in terms of mentioning hearing aids, probably when this was done, cochlear implants were not as much out there.

Since a cochlear implant is like an implant, it's not quite a hearing aid, but almost, audiologists typically know about those. There are no separate pediatric audiologists would be the program or typically hearing instrument specialists are not.

So I don't know that there would be someone separate to put through that in terms of audiology and hearing instrument specialist.

If I remember correctly, those were after thoughts, because there were no individuals who worked with these things professionally originally on the first suggested roster for the Council. So these had to be added for it to go through.

>> KAREN GOLDBERG: Okay. Thank you very much, Cindy. Even though that's not one of the points that was brought up on this list, I recommend that we add it.

[Pause].

>> CINDY SIMON: I'm not sure what you want to add. For a cochlear implant?

>> KAREN GOLDBERG: No, no, no, what you had made the comment about, anything over 15 dBs, okay. Is that -- I find that very vital discussion.

>> CINDY SIMON: Oh, to add that within the definition.

>> KAREN GOLDBERG: Right. Or add it as a point.
Yes, ma'am?

>> GLENNA ASHTON: I would not add numbers. You never know, it could change. Cindy said it was 15, before it was 20. I would just say from mild to severe range, something like that.

>> KAREN GOLDBERG: Okay. I agree with you.

>> CINDY SIMON: And Glenna, it's actually even to qualify for IDEA, it used to be, I believe, 30 or 35 dB in the better ear.
Now after 15, they're allowing it.
So I think I agree, we need to leave the numbers open, as those can change based on current definitions with that, by governing bodies.

>> KAREN GOLDBERG: All right. Thank you very much, Cindy.
Okay. So, we have decided that we're going to just focus on the points.
Tiffany, do you want to go over the points?

>> TIFFANY BAYLOR: Yes, ma'am, I sure would. Thank you. This is Tiffany Baylor.
One of the -- I'm going to start with the generic, more generic-sounding points, so it's not going to send you to a direct space on the bylaws, it's just going to talk about things that need to maybe be updated.
Cindy wrote in that we need to change the standing committees and that you are planning to combine the EMO and the technology to EMOTe, so that was one point. I'm going to go through them all. We don't have to discuss them until I get through them all, because sometimes they might overlap.
And discuss the ideas of Executive Committees staying in place for two years, rather than one-year terms.
The other ones are going to be listing things that you might want to list on the page.
Next was by Glenna and it's in Section 3, definitions four, and she would like to change from -- change some deaf individuals may depend on visual or tactile methods or both to communicate. That whole sentence she would like to change it to where it reads American Sign Language and its variations may be the primary preference.
Another definition change, it would be Section 3, definition number six, where it states without hearing technology and/or visual aids such as speech reading, sign language, and/or Communication Access Realtime Translation, CART in parenthesis, a late-deafened adult is frequently cited as LDA. She would like to change that to they are unusual unable to understand speech with or without auditory device. A late-deafened adult may depend on speech reading, sign language, or other visual methods.
One of the other last few is from Glenna, it was Section 5, duties and roles, parenthesis one, and she would like to change from an assistive listening devices and excluding hearing aids and other devices, she would like to change that section to assistive listening

devices, comma, cochlear implants, comma, hearing aids and other devices.
Another suggestion is in Section 5, duties and roles, parenthesis (2)c, and she would like to add: The Council may maintain a banking account for the above purposes.
In Article II, membership and composition, Section 1, composition, she would like to remove formerly known as the Florida Association of Self-Help for Hard of Hearing People, FLAS and lots of H's. And in committee, Section 4, she would like to add composition.

>> KAREN GOLDBERG: I have no idea, add it where?

>> TIFFANY BAYLOR: I am going to tell you. The thing is I have -- I am going to pull that up for you.

[Pause].

>> DEBRA KNOX: Oh, I just saw it...

[Pause].

>> TIFFANY BAYLOR: If I had the thing where I could put it on the screen, it would be helpful, but what I am going to do is get you to the location.

>> LaSHAY: I can put it on the screen.

>> TIFFANY BAYLOR: You can put it on the screen? I don't want to waste valuable time; I'm really sorry.

>> KAREN GOLDBERG: Yes, Debra?

>> DEBRA KNOX: This is Debra, it's on page three of the bylaws on the bottom right-hand side. Is that what you're talking about?

>> KAREN GOLDBERG: She said Article VI.

>> DEBRA KNOX: Oh, sorry, I was on the one before.

>> TIFFANY BAYLOR: Okay. So I'm looking at the very top page, the top page of the bylaws under definitions, and number four in that, which is Section 3, number four, there was a track change suggestion, that's where the American Sign Language and its variations may be the primary preference section would go. That's in place of some deaf individuals, the last line in paragraph four.
He's hooking me up right now; we might be seeing that as a group.

[Pause].

>> GLENNA ASHTON: Glenna.

>> KAREN GOLDBERG: Go ahead.

>> GLENNA ASHTON: Article VI, Section 4, that was just the spelling, they left out the I.

>> KAREN GOLDBERG: Say it again.

>> GLENNA ASHTON: It was just a spelling correction, a typo correction.

>> KAREN GOLDBERG: Oh.

[Pause].

>> KAREN GOLDBERG: Correct the spelling, that's the only thing that she was recommending.

[Pause].

>> TIFFANY BAYLOR: Okay, good. Are we up?

>> KAREN GOLDBERG: Yes, ma'am, Debra -- Debbe?

>> DEBBE HAGNER: The only thing I have concerns about is --.

[Computer program talking].

>> TIFFANY BAYLOR: I'm sorry, I'm going to try to figure out how to turn that off.

[Laughter].

>> KAREN GOLDBERG: Okay, go ahead. Debbe, you had a comment?

>> DEBBE HAGNER: Yeah, we were going to investigate what would it take to be a commission instead of a council.

>> KAREN GOLDBERG: Well, I think that's -- yeah, I think you're right, but that's a little bit different than this discussion.

Right now the bylaws as it stands is as a council and not as a commission. A commission is a different political procedure.

Okay, go ahead, Tiffany.

>> TIFFANY BAYLOR: Okay. So here we are and this is the bottom of the first page, and it is the definition for deaf and you see where Glenna has suggested removing that last sentence and replacing it with the sentence listed in red where it says American Sign Language and its variations may be the primary preference. That's one of them.

The next is here, in parenthesis six, for late-deafened, you see where she has suggested --

>> KAREN GOLDBERG: Can we go back to, like, point-by-point? I think we're just blowing through this.

And so my question that I have about that is to go back to the definition of deaf, may depend on visual or tactile methods or both to communicate.

American Sign Language and its variations may be the primary preference is a reasonable addition, but the issue is that if you have deaf-blind, there may be a different

approach to tactile methods.
I did like having that tactile method in there.

>> GLENNA ASHTON: We have a separate definition for deaf-blind for Section 7.

>> KAREN GOLDBERG: Let me see.

>> TIFFANY BAYLOR: I will get you there.

>> KAREN GOLDBERG: Does it....

[Hands up].

>> KAREN GOLDBERG: But that doesn't include that discussion.

>> GLENNA ASHTON: Section 4, tactile, the visual deaf don't use that.

>> KAREN GOLDBERG: Fair enough, fair enough. Yes?

>> DEBBE HAGNER: Darlene?

>> KAREN GOLDBERG: Darlene, yes?

>> DARLENE LAIBL-CROWE: Tactile is just, like, a vehicle to use ASL or any other sign language with it, just like using tracking or close view or things like that, if they use American Sign Language, that was it.
So really it's not a language, it's just a vehicle in which American Sign Language is being conveyed.

>> GLENNA ASHTON: We don't normally discuss signing as a tactile thing, so....
It's not to use that term --

>> KAREN GOLDBERG: For --

>> GLENNA ASHTON: For any kind of signing. You don't say tactile for that.

>> KAREN GOLDBERG: So how would you say that under the deaf-blind? Would you add that?

>> GLENNA ASHTON: Well, tactile is usually associated with deaf-blind, not associated with deaf or sign.

>> KAREN GOLDBERG: Right, no, I understand that, I think that makes sense.
But under the deaf-blind, would you add it there?

[Pause].

>> GLENNA ASHTON: Yeah, under deaf-blind, it doesn't say anything about communication access, so we need to add something there.

>> DARLENE LAIBL-CROWE: Well, in that, not only -- the statement coming out now is pro-tactile, things like that, it gives you more environmental communication options as well. That's what the deaf-blind use.

>> KAREN GOLDBERG: So it makes sense to add something about communication under deaf-blind.
Chris?

>> CHRIS LITTLEWOOD: Okay. Can we go back to the definition of deaf first?

>> KAREN GOLDBERG: Absolutely.

[Pause].

>> CHRIS LITTLEWOOD: Okay. I understand the desire to add "American Sign Language" and its variations may be the primary preference, that's okay, but I don't like the leading what's said before that in its entirety, because many deaf individuals don't use sign language. Oral deaf people or people that have become deaf later in life or people that are severely hard of hearing.
So, it would be better to somehow combine those two sentences, somewhere in the effect of some deaf individuals may depend on visual or tactile methods or both to communicate, including American Sign Language.
So really only adding the word "including" American Sign Language and its variations may be the primary preference.
So you'd still keep the same sentence, the old sentence. You'd add the new sentence, and just put the word "including" between them.

>> KAREN GOLDBERG: But I think the point was about the tactile.

>> GLENNA ASHTON: Glenna.

>> KAREN GOLDBERG: Go ahead.

>> GLENNA ASHTON: One thing I didn't want about the definitions, they were not consistent all the way through, each one was written separately without being consistent all the way through, so, like, one definition is vague and the next one is more specific.
So we need to make them consistent all the way through.
One mentioned different ways, the other is very vague.
So, for deaf, I still don't like that sentence, because it's too vague. And the other part mentions different methods and whatnot.
So we need to make them all consistent.
Plus, all of them, all of them, speech reading somewhere or other, others might use hearing devices somewhere as "other" and some might use any kind of signing.
So I think we need to work on making it more consistent.
And, like, under deaf it's too vague.

>> CINDY SIMON: This is Cindy.

>> KAREN GOLDBERG: Yes, Cindy?

>> DEBBE HAGNER: Go ahead, Cindy.

>> CINDY SIMON: I'm sorry, everyone's voices aren't coming through the lines.

I would not want to use ASL or variations, because not all signing languages are variations of ASL. There are those who use signing exact English, and so I agree if we wanted to say including ASL.

However, I would not make the assumption that every other manual language is based off ASL.

>> KAREN GOLDBERG: I think the word "including" makes sense. I agree that we would have it as "including."

Debbe, do you have anything?

>> DEBBE HAGNER: [Shakes head].

>> KAREN GOLDBERG: Okay. All right. Let's go on.

>> TIFFANY BAYLOR: The next suggestion, of course, was Section 6 here for late-deafened. And I started to go over that one, I believe, and this one she would like to see if we could remove without hearing technology and/or visual aids such as speech-reading, sign language, and Communication Access Realtime Translation/CART. A late-deafened adult is frequently cited as LDA.

Instead it would read like: They are usually unable to understand speech, with or without an auditory device. A late-deafened adult may depend on speech reading, sign language, and/or other visual methods.

[Pause].

>> KAREN GOLDBERG: Okay, good. Debbe?

>> DEBBE HAGNER: What other visual methods are they referring to?

>> GLENNA ASHTON: It could be anything that's related to using a computer, typing, using your phone, you text each other, or future things may develop; we'll leave it open.

>> CHRIS LITTLEWOOD: This is Chris. It could also be as simple as just writing things down. We have some senior citizens in our other group that just pass notes back and forth.

So it just needs to include all visual methods.

The definition there that's listed for late-deafened, the only problem I have with the part that was struck out, as the representative for late-deafened adults, the only thing that really is not used is the very last part, where it says a late-deafened adult is frequently cited as LDA. That's not often used or that abbreviation is not used.

I describe myself as either deaf, with a small d, or very hard of hearing. So I rely very much on visual communication.

Personally I can hear a lot of sound, but I cannot understand speech without my eyes.

>> DARLENE LAIBL-CROWE: I agree.

>> KAREN GOLDBERG: I'm sorry, Darlene?

>> DARLENE LAIBL-CROWE: Hmm?

>> KAREN GOLDBERG: Darlene, you wanted to add something?

>> DARLENE LAIBL-CROWE: I was just agreeing with Chris. I can't understand what's being said without my eyes. I wish I had it.

>> KAREN GOLDBERG: Glenna?

>> GLENNA ASHTON: Three too!

[Laughter].

>> KAREN GOLDBERG: Tiffany.

>> DARLENE LAIBL-CROWE: I was --

>> KAREN GOLDBERG: I'm sorry, go ahead, Darlene.

>> DARLENE LAIBL-CROWE: One of the things, hearing and vision loss, there are varying degrees of loss. So we can't pinpoint the, you know, hard of hearing and deaf, because they come in different ranges.

So and then, like, the definition of deaf-blind is, you know, usually, like the Helen Keller Act, they explain basically that deaf-blindness is those who have combined vision and hearing loss that affects their functionality and daily activities, and, you know, it's really hard to define the hearing and the vision loss; you just have to lump it into a category that is going to be used simpler, I guess you want to say.

>> KAREN GOLDBERG: Yes, Mary?

>> MARY HODGES: Thank you. I was wondering to simplify these bylaws, that we do stick to a more simplistic and, if possible, definition, versus going into methods of communications and just define the condition?

>> KAREN GOLDBERG: I think I like the brief definition, though, just kind of to define what the condition is so that we're all using the same language.

Go ahead, Glenna.

>> GLENNA ASHTON: Just defining the condition is really not enough; we really have to discuss the communication method, because what Chris said before, you could be either deaf or hard of hearing. It doesn't mean anything. What it really means is how do we get the information out. That really makes a difference.

So, just saying, well, he said he could be -- he could say that he's deaf or hard of hearing. I could say I'm deaf or hard of hearing. She could say she's deaf or hard of hearing. It's not enough to say that.

The communication shows a lot of variation.

>> KAREN GOLDBERG: Okay. Yes, Debra?

>> DEBRA KNOX: This is Debra. So we may, I have a couple of thoughts, but one, in reference to what Glenna was just saying about how the method of communication is very critical in terms of, and it varies across all individuals who may be deaf or hard of hearing regardless, I think maybe that's something that could be included as a definition as different communication modalities.

But I think we also need to remember in these definitions that we're not just talking about adults and that specific to the definitions for deaf and then a separate one for hard of hearing, we have to remember it also includes children.

And there are children today who are born, identified early, receiving cochlear implants at a very early age who may not be using sign language at all or a visual mode of communication.

So, I just don't want -- I want to make sure that we're inclusive so that it covers all communication methods.

>> KAREN GOLDBERG: Thank you, Debra. Debbe?

>> DEBBE HAGNER: Cindy said: I agree with Debra and maybe we have to have a reference for varying communication methods.

>> KAREN GOLDBERG: Have to have a what? I'm sorry? A reference.

>> DEBBE HAGNER: Reference.

>> KAREN GOLDBERG: In the bylaws?

>> DEBBE HAGNER: Or its own definition, she said.

>> GLENNA ASHTON: Glenna, you mean, like, we just had the definition of the condition itself and then add another section about the phrase, the communication method that can be used by any of the above.

>> DEBRA KNOX: That's what I was saying and I guess Cindy --

>> KAREN GOLDBERG: Where would we add that?

>> DEBRA KNOX: In definitions number nine.

>> GLENNA ASHTON: We would do, like, deaf, hard of hearing, late-deafened, and deaf-blind, just the condition itself, what the industry's definition is or industry educational, legal -- well, we don't really have legal -- and Section 9 to discuss all the varieties of communication methods to be used by any of them. I mean, one person could use all of them.

>> DEBRA KNOX: Yes.

>> GLENNA ASHTON: And all of the groups could use all of them or...

>> DEBBE HAGNER: Just out of curiosity, Cindy? For people who are cochlear implants, what are they now considering themselves?

>> DEBRA KNOX: Deaf.

>> CINDY SIMON: Well, I know some who have them since childhood don't consider themselves any different than their regular peers or from the peers that they're with, so they don't look on themselves as having hearing loss.

The ones I know consider themselves equal to any of the other students, and so they don't feel that they are any different, nor do they describe themselves that way.

I know one who received a survey from a university and they were asking about personal attitudes and he was so insulted, he sent back and said to them why would I feel different than any of the other students? I'm insulted by this and I think you're insulting everybody with hearing loss to think they feel that.

>> KAREN GOLDBERG: Cindy? Cindy? Hold on a second --

>> CINDY SIMON: So, I don't know anyone who considers themselves different.

>> KAREN GOLDBERG: Cindy, and I appreciate your comments, but I actually think there's a wide variety of how people self-identify and that's the right of that individual, to self-identify as hard of hearing or --

>> CINDY SIMON: I agree with that.

>> KAREN GOLDBERG: Hold on a second, hold on, Cindy --

>> CINDY SIMON: I'm sharing with you what I see.

>> KAREN GOLDBERG: I understand.

>> CINDY SIMON: No, I'm only describing the ones that I see. Not everybody is like that. And a lot depends on the age at which you received it, which will make a difference on the family, on your educational system.

The question was what am I seeing and so I gave you what I'm seeing.

>> KAREN GOLDBERG: Okay. And I think that we all see maybe some different things. And it's the person's right to self-identify.

And I also talk with parents of kids --

>> CINDY SIMON: I agree.

>> KAREN GOLDBERG: -- who receive cochlear implants at a very young age. I spoke with one parent, interestingly enough, whose child was in that film "Sound and Fury" was one of the twins and I talked to that mother and the twin that received that cochlear implant, she discusses how he has a very strong Deaf identity in that he likes his "deaf time," I don't mean to misquote her, I would love to have her come and speak to us at some point.

I'm going to have Chris and then you, Debra.

>> CHRIS LITTLEWOOD: This is Chris. I just wanted to point out once again, and I think other people have expressed this, that how somebody self-identifies is a very personal thing.

And they may not self-identify exclusively as one thing.

Again, myself, sometimes I identify as hard of hearing, sometimes I identify as deaf. It depends on who I'm speaking to, my comfort level. It depends on the situation, what's required for communication.

I think one of the things that we maybe need to find a way to put in the bylaws is to use the analogy, it's never a cookie cutter approach, because somebody going to cochlear implants that has had great success with cochlear implants and works very much in an oral environment with great success, they may identify themselves one way.

And then somebody that received a cochlear implant and does not have as much success in their oral environment may identify themselves another way.

It's very, very personal, and I think for us to make any assumptions or narrow it down too much in our bylaws is really not serving the people of Florida that have hearing loss very well.

The last thing I would say is we need to make sure we go through the entire document and strike the word impair or impairment.

I know it's still used under deaf-blind at least once and when we're trying to get people away from hearing impaired, even for people that are blind or have low vision, I avoid visual impairment, and just focus on the disability as blind or low vision and not... I mean, I don't know how the blind and low vision community feels about that as much, but the word "impairment" I think we should try to avoid.

>> KAREN GOLDBERG: Thank you, Chris. I think that's a good point.

I am the co-chair for the deaf, hard of hearing, and low blind committee for the American Academy of Child Psychiatry, in our committee, we have a psychiatrist in Florida, actually, on treating blind individuals and her comment is that there does not seem to be the same level of cultural identity within the low vision/blind community as there is in the deaf and hard of hearing. I may not be accurate and I will give you her perspective on that.

I guess we can ask Tiffany who has been working quite a bit in that community to understand.

But my understanding is the use of visual impairment does not have the same... uh... offensive feel as hearing impairment does? But maybe I'm incorrect on that.

I was wondering if I could ask Tiffany that question?

>> TIFFANY BAYLOR: Well, the term -- this is Tiffany -- the term "visual impairment" is sort of a, in the groups that I have worked with, it tends to be an entry label. It might be an entry label based on the person's levels of grief in learning that they might becoming with a visual impairment, and then the word visual impairment is used.

It seems to come out more firm as they're understanding firmness in their own understanding of their visual impairment that they might say I'm legally blind or I'm blind.

And also just as Chris has stated, it is dependent on just the individual person and where they are in their walk and in their life and in their adjustment process at the time.

And it's sort of generally, when I first get clients, you know, they might say I have a visual impairment, I have a visual impairment while they're learning, and once they've got it and starting to learn and empower themselves and start learning advocacy, then we hear I'm legally blind or I'm blind.

>> KAREN GOLDBERG: Oh. That was excellent information and I appreciate that.

I would like for us to stick to our agenda, it is 10:45, we are scheduled for a break.

Do we want to take one last comment?

I felt like Debra had her hand up first.

>> DEBRA KNOX: I'm fine.

>> KAREN GOLDBERG: Okay. Glenna, last comment.

>> GLENNA ASHTON: A little bit of history. The term "hearing impairment" or even deaf or whatever kind of carries with it a connotation of deaf or hearing impairment is the same as stupid, okay, and too many times, you know, you hear deaf mute, deaf and dumb, too many times there's an overlapping connotation when you say I have a hearing impairment and you're really looked down on.

Also, those that say they are Deaf, there's also the other group that has a strong culture, and I would say that historically, signing Deaf are the ones that has a strong culture all along, and it was not until the Disability Rights Movement and other groups started saying they had a culture.

But I don't see how they have a culture, because the signing Deaf have a language and literature and all that stuff.

>> KAREN GOLDBERG: Okay.

>> GLENNA ASHTON: So, I don't know, Tiffany, would you say that the deaf-blind now are starting to say they have a culture? It was never mentioned before?

I'm just saying, it's a very loaded word when it comes to hearing impairment. It's a very loaded word.

>> KAREN GOLDBERG: Okay. Thank you very much. I would like to stick with our agenda.

>> DEBBE HAGNER: We can stick to the agenda but I want to read what Cindy said.

I think impairment comes from WHO, definitions of impairment, disability, et cetera.

Thus it is used in medical literature.

>> KAREN GOLDBERG: Yeah, it's medical terminology.

>> GLENNA ASHTON: And education.

>> KAREN GOLDBERG: Okay, we're on break. I suggest we put this on our agenda for the next time. What? Everybody is pointing. Shayla, did you have a question?

>> SHAYLA KELLY: It was for Darlene, can she speak?

>> DARLENE LAIBL-CROWE: What?

>> SHAYLA KELLY: Can she speak?

>> KAREN GOLDBERG: Yes, quickly, go ahead, I want to stick to the agenda.

>> DARLENE LAIBL-CROWE: Okay. I want to say two things. First, hearing aids and cochlear implants, this is what I think, they're part of the assistive listening devices, right?

And then I think that's why they put in the bylaws assistive listening devices, where they can put them all under there, and then excluding hearing aids.

So, the cochlear implants are probably included in those assistive listening devices.

And second, I wanted to say that I agree with Chris. It all depends on the person and the situation.

Myself, I consider myself visually impaired for years. I never considered myself deaf-blind.

But once I did recognize it, after I lost this ability to read lips, it opened doors of my mindset, got loose to where I can recognize other resources that I needed.

So it's a personal thing there.

I'm deaf-blind. But I'm also hard of hearing and visually impaired because I have to rely on technology.

So, it just depends on the situation. But it's best, in my opinion, to keep it deaf-blind and just define it as combined vision and hearing loss that affects daily activities.

>> KAREN GOLDBERG: Okay. Thank you very much, Darlene.

We're on break until 11:00 a.m. And we have a speaker.

I would recommend that everyone takes a look again and reads the bylaws, front to back, that's how I like to do things, and you can do it however you want to do it, but please send in comments to Tiffany and recommendations and we will put this on the agenda for the next meeting.

Thank you all very much and have a good break.

[Break].

>> KAREN GOLDBERG: Good morning and welcome back. I don't know if this is on?

>> LaSHAY: No, it's not.

>> KAREN GOLDBERG: Good morning and welcome back, it is 11:00 a.m., it's time to move onto our next portion of the agenda. This this is -- we have a speaker, I would like to welcome Scott Walsh who is in deaf education and a training specialist. I believe the talk is titled current and upcoming events, resource materials, technology center for the deaf and hard of hearing, RMTCD/HH.

Mr. Walsh, are you ready to go?

>> SCOTT WALSH: Yes, ma'am.

>> KAREN GOLDBERG: Okay, wonderful. We're still waiting on a couple of people to return.

We don't need to do roll call again, right? After a break? It's after lunch, okay.

[Pause].

>> KAREN GOLDBERG: I already did, I asked about AC. It's warm in this room. I spoke with them at the front desk, they're going to come in and take a look at the temperature.

>> DEBRA KNOX: It's, like, 900.

[Laughter].

>> KAREN GOLDBERG: I told them it's 900 and Debbe is very comfortable with the 900 and Debra is uncomfortable.

>> DEBRA KNOX: I'm fine.

>> KAREN GOLDBERG: It's not pleasant, but it's not cool.
I don't know if I hear the AC, I can't tell, so they may have changed it. I hear something.
Okay, so welcome, Mr. Walsh, you can go ahead and get started.

>> SCOTT WALSH: Thank you, ma'am. I am sorry, we have having difficulties getting it to project, I apologize.
Thank you so much for having me here today. My name is Scott Walsh, I am with the Resource Materials and Technology Center out of the state of Florida and I want to let you know what we have for the upcoming school here for teachers for the deaf and students for the deaf throughout the state.

[Pause].

>> SCOTT WALSH: So our resource center provides several different components throughout the state for our professionals that are deaf and teachers for the deaf, we provide professionals developments, observation, and -- awesome, thank you -- Miss Karen is okay if I take a minute?

>> KAREN GOLDBERG: I'm sorry?

>> SCOTT WALSH: Yeah, can I take just a minute to present this?

>> KAREN GOLDBERG: Sure, whatever you want to do.

>> SCOTT WALSH: Perfect, perfect. If you can move two more slides over.

[Pause].

>> TIFFANY BAYLOR: I'm going to do slide show.

[Pause].

>> DEBBE HAGNER: It needs to be in the slide format, a PowerPoint presentation.

>> DEBRA KNOX: Is it a PDF? That's why.

>> SCOTT WALSH: It's on a Google Slide. But this is fine, if you don't mind, you can just scroll through?

>> TIFFANY BAYLOR: I don't mind scrolling through.

>> KAREN GOLDBERG: Can't they just click on slide show?

>> DEBBE HAGNER: It's in a PDF.

>> KAREN GOLDBERG: Oh, you just recently said that. Okay. I don't care how you want to do it.

>> SCOTT WALSH: And I'm on page three.

>> TIFFANY BAYLOR: There we go. I'm sorry.

>> SCOTT WALSH: Awesome. Sorry, guys, I apologize for the delay.

>> DEBRA KNOX: No worries.

>> SCOTT WALSH: We offer a wide range of services to support our teachers for the deaf, administrators, and ultimately our students, and provide professional developments, on-site observations, consultation, training, and technical assistance, as well as offer a library for resources that are captioned for all of our students and staff throughout the state.

Next slide, please.

One of the many ways that we provide technical assistance is by our monthly live webinars called TA Live. We're really proud to announce that this year's TA Live is going to happen on the second Wednesday of every month at 2:00 p.m.

We do provide CART the day of each training and our target audience is Florida professionals working with students in a K-12 setting.

We welcome anyone to view these webinars, if you think it would be beneficial for you or your institution, please don't hesitate to join us.

Next slide, please.

This is our team. There are eight of us altogether. We are comprised of RMTC and we work collaboratively together no matter what part of the state our students are in.

The first top left is Sherry Conrad, she is a training specialist and has 17 years of experience working with students that are deaf and hard of hearing. She started as an interpreter for two years and worked in itinerate teaching for students who are deaf and hard of hearing and has worked there for the past 15 years and worked for the Florida Education of Deaf and Hard of Hearing also known as FEDHH.

Next is the bottom right corner, Nancy McFalls, she currently lives in the Panhandle and I believe she was at your previous meeting and supports our students in that area and is a part-time member of RMTCD/HH.

Candace McEntire recently she's our newest member to RMTC and came from Duval County and previously worked as a deaf education specialist, she earned a degree in deaf education from UNF and master's degree from Gallaudet University.

I'm Scott Walsh, I'm the deaf education and training specialist.

Cara Wilmot is based out of Jacksonville, Florida, and she is the transition coordinator in deaf education and has been with RMTC for the past four years and has a huge part getting the northeast side of our state up and running in that aspect.

Mark Keith is our coordinator for parents and families and Mark provides training and consultation and referrals for parents and school districts across the state of Florida.

Carmelina Hollingsworth is our program director.

And Laura McDonald is our communication assistant.

We utilize social media platforms such as Facebook and Twitter to get the word out in the field, as well as for students who are deaf and hard of hearing.

We connect with YouTube and video to offer current video trainings to provide our monthly webinars and online trainings.

All of our TA Lives are created every -- on the second Wednesday of every month, we archive them and if you're not available to attend those meetings, you can go back and view those at your pleasure at a time that is appropriate for you.

[Background noise on telephone].

>> SCOTT WALSH: Our social media platform serves as a way to connect with RMTC and keeping up with current events happening in the state of Florida.

We share current positions --

>> DEBBE HAGNER: Can you hold one minute?

>> SCOTT WALSH: Yes, ma'am.

>> DEBBE HAGNER: Can you please mute your phone, please? We're hearing all kinds of noise.

[Pause].

>> DEBBE HAGNER: Go ahead.

>> SCOTT WALSH: Yes, ma'am. We have current positions open and are posted and open throughout the state, letting us know and helping other districts find out where candidates are available and we're able to facilitate that transition to get people to those positions.

[Pause].

>> SCOTT WALSH: And... RMTC provides classrooms, school based districts, regional and statewide trainings for professional developments and best practices for educations and students who are deaf and hard of hearing, the training is face-to-face, virtual, synchronous or asynchronous, our goal is to building a capacity of the school district.

Our professional development can be altered from one hour to a quick overview or to a full in-depth training that can last up to a day or even a week or weekend. Just depending on what the need is.

[Pause].

>> SCOTT WALSH: So we have created and developed online trainings for stakeholders to participate in at their own time and on their own pace.

RMTC is available at any point to support the needs and the implementation of these components after the participant has taken place in that course.

Several of the main courses that we have developed are audiological eligibility, it's an overview of the audiogram and the requirements that are required for students to qualify for an IEP in the state of Florida.

Deaf ed express is an overview introductory course for deaf education in the state of Florida.

The functional listening evaluation is also pertaining to hearing loss and to the audiogram and evaluation based on the student's or child's loss.

Usher screening. And our newest one is learning reading connections, or LRC, and it's in beta test right now. But we're hoping to roll it out by the end of August and it's a beautiful in-depth course that covers all three areas of language acquisition and reading for students who are deaf and hard of hearing. Once it's out, I really encourage you guys if you have the opportunity to take a minute and go through it, or for a more in-depth look at it.

So we're excited to announce that the 2019-2020 school year calendar is out and available and these events will be offered throughout the year and they serve an exciting opportunity to get involved in the newest and greatest research supporting students who are deaf and hard of hearing.

Most of the events are sponsored by RMTC, however there are several sponsored by our collaborative partners in the field of deaf education and serving people who are deaf and hard of hearing.

As we hear about opportunities coming up, we will continue to update the calendars throughout the year and we encourage you to check that frequently for any updates that may occur.

We offer multiple online facilitated courses throughout the school year and summer to help refine and sharpen your skills in the field.

Our book studies cover topics that the best procedures for itinerate teachers using data and visual phonics is also another area we're working on Miss Christa Phelps based out of Orange County and she works with hooked on phonics and how that's applicable in a classroom settings.

All of these trainings serve teachers and students who are deaf and hard of hearing, by giving them tools and strategies that they can take back to their classrooms and start implementing immediately with their students.

[Pause].

>> SCOTT WALSH: And if you could skip one more?

Fingerspelling a way to reading is a new training that we are delivering to our teachers of the deaf in the state of Florida. The training is a two-day course that covers the principles of the program and provides participants the opportunity to practice and develop their skills in order to bring the training back to the classroom.

This is on our calendar and is a really great opportunity for our teachers and anybody in the feel working with our students who are deaf or hard of hearing.

It will be offered I believe in October, but check the calendar for exact dates.

I don't know if you could play it, but if you can play it, it is a video and gives, like, a brief description.

>> TIFFANY BAYLOR: It doesn't list a way to -- oh, wait a minute.

>> SCOTT WALSH: Okay.

>> TIFFANY BAYLOR: It's trying to connect to YouTube.

>> KAREN GOLDBERG: While they're setting that up, where are you located in St. Augustine? Are you on the campus?

>> SCOTT WALSH: Yes, ma'am, on the campus in Walker --

>> KAREN GOLDBERG: Okay. I will be there on August 26 and I'll come by and say hi to you guys.

>> SCOTT WALSH: Yes, ma'am, we would love that, we would absolutely love that!
A little bit, a cool thing about RMTC is we are spread throughout the states, some in the Panhandle, I'm based out of Deland and I work from a remote site up there and I have an office up there and Cara and Candace work there and our director will be there as well, but we would love to have you, we would love to have you up there.

[Pause].

>> TIFFANY BAYLOR: We're not connected yet.

>> SCOTT WALSH: And it's okay if the video doesn't work.

>> TIFFANY BAYLOR: It might just do that.

>> KAREN GOLDBERG: While she's working on that, there's an organization in Tampa that works with -- Success For Kids.

>> SCOTT WALSH: Yes, ma'am.

>> KAREN GOLDBERG: With hearing loss. Do you guys work with them at all?

>> SCOTT WALSH: We do partner with them. This is actually my third month in the position so I'm still learning about all of the organizations that are out there that we part matter with.
I personally haven't had any direct interaction with them, but we do partner with the visually impaired organizations in Tampa, as well as here in Daytona, to support our deaf-blind population. But we do partner with I believe, with them as well, yes, ma'am.
Ma'am?

>> DEBBE HAGNER: How does Tutor Doctor different or do you work with them?

>> SCOTT WALSH: Say it one more time.

>> DEBBE HAGNER: Tutor Doctor.

>> SCOTT WALSH: Tutor Doctor? How are they different?

>> DEBBE HAGNER: Do you work with them or not?

>> SCOTT WALSH: No, ma'am, I don't believe we do, I don't believe we do.

>> DEBRA KNOX: Oh, there we go.

[Pause].
[Video played with captions].

>> TIFFANY BAYLOR: Okay, hold on just a moment, let me get the sound going.

[Video played with captions].
[Computer program talking].

>> SCOTT WALSH: It's a very new program to our state and actually was originated out of Denver, Colorado, and we had a trainer come down --

[Computer program talking].

>> SCOTT WALSH: -- had the presenter come down this past spring for our very first presentation. I attended and I was really impressed with the impacts and it's based around a study and a study that made extensive impacts on fluency in reading and the ability to code for our students who are deaf and hard of hearing and we've taken that initiative on to see and get this into the state of Florida.

Go to the next slide.

[Pause].

>> SCOTT WALSH: Explicit contextualized vocabulary is brought by the literacy program, and this will be presented in the state of Florida and this strategy can be applied to vocabulary for any class in any vocabulary activity, consisting of four main components for deaf and hard of hearing, systematic approach to vocabulary and instruction and takes a moment to include -- I'm sorry, I had a repeat in there, I apologize....

If we can go to the next slide.

So we offer several additional trainings that I haven't covered yet that will be covered throughout this year, working with the experts for deaf and hard of hearing, it takes places throughout the state of Florida and we have locations throughout the state and we can impact and work with our teachers throughout the state in case they can't make the travel to a certain distance or in an amount of time.

We have 18 in a classroom, it's a lesson integration for access points, and fingerspelling, the video you just saw, and interpretive trainings in a district or as a whole, we will offer that in a TA Live session that our interpreters and staff members can attend throughout the state as well.

The Florida education of students who are deaf and hard of hearing, FEDHH, is a program of educators working with students who are deaf in Florida. The association promotes professional growth, close cooperation and effective communication among members and additionally provides a form of exchange of current information, teacher strategies, legislative content in relation to working with the students who are deaf and hard of hearing.

The 2019 FEDHH conference will be held this November 15-16 right here in Daytona Beach at the Shores Resort and Spa, the theme this year is a weekend among the stars, connecting language, literacy, and learning. The two keynote speaker is Dr. Stess (sp) and Dr. Trussle, both instructors and they're both in the -- instructors and they're both in the field of deaf education.

>> KAREN GOLDBERG: We have a question.

>> GLENNA ASHTON: FEDHH, is that the same organization that's used to be DHI?

>> SCOTT WALSH: Yes, it's the exact, they changed the acronym.

[Sneeze].

>> Bless you.

>> SCOTT WALSH: I believe they changed the name two, three years ago, but, yes, ma'am, same organization.

Deaf Pioneer Day is the registration is open now and the theme this year is your future with computers, registration deadline is September 9. You can watch live via streaming or attending in person at the Texas School for the deaf and it's for students deaf and hard of hearing and there will be a career exploration -- I'm so sorry -- a deaf adult role model panel and an exercise you can complete in your own classroom as well.

This year's SERID Conference is held in Huntsville, Alabama and in an NRSC STEM center is sponsoring this and if you're a deaf and hard of hearing student, you're eligible to apply through the website.

So, RMTC as a whole, we do travel districts for in-person visits but we do also take a couple of weeks to plan things to virtual technology, such as Google hangout, Skype, Appear In or Zoom and students can enter the classroom and join virtually using these online tools and we can help students and teachers can use strategies and share computer screens and collaborate data virtually and one of the our biggest things is trying to organize a time where we're able to get to that classroom that fits students and teachers schedules as well as ours and this virtual opportunity reduces this down where we can do same-day conferences.

I'm so sorry, one more slide down, I apologize. I'm sorry, guys, I apologize.

And it has really opened a lot of doors up for immediate feedback and assistance for students who are deaf and hard of hearing.

Yes, ma'am.

[Pause].

>> SCOTT WALSH: In an essence where the district does not have staff or training to perform assessment for a student with hearing loss, our staff can conduct assessments and evaluations for planning of the student. Some examples are the functional listening evaluation, ASL or self-advocacy inventory or assessments that pertain to ASL-based instruction. Priority is given to small rural districts and districts identified by RMTC as data-driven needed.

RMTC staff is available to consult with any professional who works with students who are deaf and hard of hearing. Sometimes school and district staff rely on RMTC specialists as something -- as a sounding board to discuss relevant topics in the field of education. Students who are deaf and hard of hearing will support families providing them with information and guidance and the appropriate reference when necessary.

[Pause].

>> SCOTT WALSH: You can watch the RMTC workshop online. We have quite a few ones on the Vimeo channel. Our districts can invite Mark to come and present with these topics in person, where it gives parents the opportunity to ask questions that they would otherwise send in an e-mail and we attend many of the same conferences you guys are involved with and Mark is a very, very big supporter for those families and the parents as

they're navigating the IEP or having any questions that pertain to educating students who are deaf or hard of hearing.

One way to get in touch with us is to continue to have the most current information or upcoming conferences, presentations, trainings, various technology, changes in the law, vacancies, or TOD interpreters or districts around the state and parents to sign up for our newsletter and recent opportunities and signing up once a month going on in your state and in our department just to keep you on board.

And we have a wealth of resources and materials to share with Florida stakeholders. We have the free loan library we talked about before, services for educators, interpreters, and professionals serving students who are deaf or hard of hearing. We have professional -- professional books on deaf education, DVDs with sign instruction such as signing times, entry schools on signing topics and projects with bookbags, which has pictures and books and DVDs with stories in ASL.

A lot of the families utilize this and TODs using this, especially younger students that need access to ASL they might not be receiving in their schools or in their classroom settings, they'll utilize this resource and we ship and send and receive back free of charge everything that we provide is free of charge for any of our stakeholders.

[Telephone beep].

>> SCOTT WALSH: Okay. So keep in touch with us. Follow us on Facebook, Twitter, Pinterest, and we have been -- I'm sorry -- and we have a Vimeo and YouTube channel with tons of videos of our presentation. Our TA Live is demonstrating all of this.

Are there any questions?

I really appreciate you having me here today.

Yes, ma'am?

>> KAREN GOLDBERG: What is the funding source to keep this up and running?

>> SCOTT WALSH: We are a discretionary project under these and the Florida Department of Education.

>> KAREN GOLDBERG: So DOE.

>> SCOTT WALSH: Yes, ma'am.

>> KAREN GOLDBERG: That's awesome.

[Pause].

>> SCOTT WALSH: I really thank you so very much for your time today and thank you for having me as a part of your conference this week. I really appreciate the opportunity.

>> KAREN GOLDBERG: Thank you. It sounds like you're doing excellent work.

Anybody have any comments?

I think a few council members have worked in the education setting over the years and is something like this -- are there some teachers among us? Glenna? Anybody that --

>> GLENNA ASHTON: No, I'm familiar with them, they have more than 30 years and I use someone else that teaches them and that's a great resource.

If you go visit, when I went to visit, they had a room full of all different kinds of technology there they were playing with and trying out different things and whatnot. I don't know if they still have all of that stuff but they're trying different things. It was fun to visit, so go visit.

>> KAREN GOLDBERG: Mary?

>> MARY HODGES: My question is is there a partnership of some sort with the group who would work with older populations to do this kind of training for people?

>> SCOTT WALSH: Let me just reclarify. Is there a partnership with --

[Cell phone ringing].

>> SCOTT WALSH: With a group to do this --

[Cell phone ringing].

>> MARY HODGES: Who may work with older individuals? This is kind of centered towards working with children, I believe, and educators.

>> SCOTT WALSH: Yes, ma'am.

>> MARY HODGES: For that population, working with children? Is there a group who would work with older people who may have become -- who have hearing loss later in life or folks who may work with them, learning to communicate with older people?

>> SCOTT WALSH: Yes, ma'am, to be honest with you, I don't know of any off the top of my head. I am absolutely certain that I -- um... let me back this up really quick... I'm trying to think of the organization that would be comparable to what we offer specific for deaf and hard of hearing, there are other organizations that work with adults, of course, that have disabilities in general, but in regards to deaf or hard of hearing specific, I'm not certain of that, if there are other organizations that are out there.

I apologize. I know that's not a very clarifying answer.

>> GLENNA ASHTON: You only work with K-12, parents and teachers and students only, right?

>> SCOTT WALSH: Yes, ma'am.

>> KAREN GOLDBERG: That's up to age 22.

>> SCOTT WALSH: We do go up to age 22 and we do support for the younger identified students that are identified at the age of 2 and 3 with a hearing loss, we support those organizations that are working with those families at that time.

But, yes, ma'am, we go up to 22 as well.

>> GLENNA ASHTON: That's the age, that's 22, does that include college or is it only 22 up to their senior year in high school?

>> SCOTT WALSH: It's 22 in high school and once they go to college, our resources... yes, ma'am.

>> KAREN GOLDBERG: What are some of the transitional age services available for kids who are transitioning to -- after high school?

>> SCOTT WALSH: So, right now we are working on a transition plan that's specific to DHH. We brought in several throughout the state, several members that have different perspectives that we want to get their ideas on how can we create this plan or eventually the goal is to have a website that's specific for deaf and hard-of-hearing students to either go onto a collegiate piece or get involved in work.

So we're in the development of that right now.

We support the staff with the resources that we currently do have and the trainings that we do have, as well as the connections through Daytona State College is a really local -- one of those components that we have an easy bridge for, but we have that throughout the state to use and moving them onto college or getting them ready for a career.

>> KAREN GOLDBERG: Which college was that? I'm sorry, I missed it.

>> SCOTT WALSH: Daytona State College.

>> KAREN GOLDBERG: Yes, Glenna?

>> SCOTT WALSH: Yes, ma'am?

>> GLENNA ASHTON: Do you have statistics of how many deaf and hard-of-hearing children you serve, parents, teachers, interpreters, do you have statistics?

>> SCOTT WALSH: I do. I don't have it with me, I hate to make it up, but, yes, we have statics of how many teachers and students we have in the state, deaf and hard of hearing, throughout the state.

>> GLENNA ASHTON: If you don't mind, send that to us, we like to have statistics.

>> SCOTT WALSH: Yes, ma'am, I will get that to you. And especially with you coming up, that would be a great opportunity to share that statistics to you.

>> KAREN GOLDBERG: I have so many more questions, they're, like, overwhelming me, I can't wait to visit with you when I come up.

Any other questions or comments? Other comments?

>> DEBBE HAGNER: Tiffany, are you going to send a copy of his presentation to all of us?

>> TIFFANY BAYLOR: I sure will, I can do that before we leave here.

>> SCOTT WALSH: Do you guys have a preference on what format that's in? Whether it's PowerPoint or Google Slides? I can send it in any format that's good for your organization. Is there a preference? Okay. I'll get a fresh copy sent off to you.

>> DEBBE HAGNER: It doesn't matter. I mean, a PDF is fine for me personally.

>> SCOTT WALSH: Yes, ma'am.

[Pause].

>> SCOTT WALSH: Excellent. Guys, thank you so much for the opportunity and thank you so much for having me today.

>> DEBBE HAGNER: Thank you so much for coming.

[Applause].

>> DEBBE HAGNER: Okay. It's 10:35 (sic).

>> DEBRA KNOX: Eleven.

>> DEBBE HAGNER: I mean, excuse me, 11:35.

[Laughter].

>> DEBBE HAGNER: And so we have to decide what we're going to do for lunch. Yes, Tiffany?

>> TIFFANY BAYLOR: Inside of your binders, I have included at the very back a list of various restaurants in the area. It's a sheet that looks -- if you find it before I do, hold it up for people.

>> MONICA PITTS: It's next to the last page.

>> TIFFANY BAYLOR: It is, it is. It's got blue trim and it looks like this [indicates].

>> DEBBE HAGNER: I didn't get that. I don't see it in my folder.

>> GLENNA ASHTON: It's in the back.

>> MONICA PITTS: It's the next to the last page.

>> TIFFANY BAYLOR: If anyone does not have it, I did bring extras. But someone can definitely have mine, if we're just one short.

[Pause].

>> DEBBE HAGNER: Typically in the past, they've put it in the pocket.

>> TIFFANY BAYLOR: Okay, I'll remember that for the next time.

[Pause].

>> DEBBE HAGNER: Okay. So we will take a break, a lunch break now, until... 1:15. See you back then.

[Break].

>> KAREN GOLDBERG: Okay. So it is 1:15 and we are due back at 1:15.
We can wait another minute, since I'm in the room alone, practically.

[Laughter].
[Pause].

>> KAREN GOLDBERG: Okay. It is actually 1:17. Why don't we go ahead and get started again. I hope everyone had a good lunch.
We're going to start with roll call. Let's do roll call first. Let's start with Tiffany.

>> TIFFANY BAYLOR: Good morning, this is Tiffany Baylor.

>> MARY HODGES: Mary Hodges.

>> DEBRA KNOX: Debra Knox.

>> GLENNA ASHTON: Glenna Ashton representing FAD.

>> DEBBE HAGNER: Debbe Hagner representing HLAA.

>> KAREN GOLDBERG: Karen Goldberg representing HLAA.

>> CHRIS LITTLEWOOD: Hi, this is Chris Littlewood representing the Association of Late-Deafened Adults.

>> DEBBE HAGNER: Go ahead, Darlene.

>> DARLENE LAIBL-CROWE: Hi, this is Darlene Laibl-Crowe, I am on the Council as an individual who is deaf-blind.

>> SHAYLA KELLY: Shayla Kelly representing the Florida Department of Health.

>> MONICA PITTS: Monica Pitts, Florida Department of Health.

>> KAREN GOLDBERG: Anybody on the phone?

>> DEBBE HAGNER: Cindy says Cindy Simon representing audiologists.
I would like to read what Cindy said.

>> KAREN GOLDBERG: Well, is Gina on the line? She said she was trying to connect.

[No response].

>> KAREN GOLDBERG: All right, go ahead.

>> DEBBE HAGNER: Cindy said that no, we were talking about I think impairment came from WHO, definition of impairment, disabilities, et cetera. This is used in the medical literature.

And then Cindy said no, not part of the ALDS, when she was talking about hearing aids and everything. Cindy said no, not even ASHA changed their terminology as others are not qualified to step in or collect them.

We need to be clear that non-hearing healthcare professionals cannot do anything with hearing aids or CI. When this was written, CI... I lost it... was not common, but under CI.

That's everything she said.

>> KAREN GOLDBERG: Okay, thank you very much. Anybody have any comments before we move onto our next agenda item?

[No response].

>> KAREN GOLDBERG: Okay. Next on the agenda is a little getting to know each other, it seems like.

Introduction of council members, an opportunity for council members to share their experience with hearing loss and how the professional and advocacy efforts work to enhance the lives or people with hearing loss. Seven minutes per council member.

>> GLENNA ASHTON: How far back do we go?

[Laughter].

>> KAREN GOLDBERG: Seven minutes, how it's summarized in seven minutes.

Okay. Who would like to go first?

[No response].

>> GLENNA ASHTON: I'll go first.

>> KAREN GOLDBERG: All right, Glenna.

>> GLENNA ASHTON: I was born deaf. I had hearing aids at 2-years-old, I had them forever, I signed as a teen.

As far as advocacy, growing up, I would go over to deaf friends' house and I would get mad because their parents couldn't communicate with them and I ended up being an interpreter between the parents and their own children, and that made me really radical!

Then I moved to Florida.

I've done a lot of things, so I'm just going to touch on a few things, that's all. I've done a lot!

The ASL teacher certification or endorsement bill, I was one of the two that worked on that and helped to get it passed.

And I was -- while I was at FAD, we worked with FRID to try to get the interpreter licensure passed and I was responsible for that.

And I try to make a point of visiting legislators both in Tallahassee and at home. This summer has been quiet since we started in the fall and it's something that I've been suggesting to everybody to start getting to local legislation and start a connection and that way they can learn more about the Council and learn more generally about the deaf and hard-of-hearing community anyway.

Most recent thing is that I'm the secretary for the Florida Society of Jewish Deaf and we started visiting the Jewish Federation in the county to establish relationships and encourage them to hire interpreters for their events, and encourage them to make their services known to the deaf senior citizens, because in South Florida we have a lot of deaf senior citizens.

And I have also been following -- originally we had worked on trying to get housing for deaf people. And the times changed so much, we stopped with that. So they've moved on to trying other things.

So... I was advocating while I was a teacher, while I was a professor, and while I was involved in different organizations.

That's enough.

>> KAREN GOLDBERG: Yes, we can ask questions as long as you keep it in that seven minutes.

>> DEBRA KNOX: This is Debra. Can you tell us a little bit about FAD and what they're doing as an organization currently?

>> GLENNA ASHTON: Well, we're going to host a FAD annual conference in Fort Lauderdale and I'm on the committee for that and I'm responsible for a workshop and if any of you want to come and present. I need more people, I'm responsible for that. It will be October 25-27 in Fort Lauderdale.

Other than that, what they've been -- what the Facebook account has become very active with posting and vlogs. I'm not secretary anymore.

>> DEBBE HAGNER: My name is Debbe Hagner. I am one of two deaf people certified, accredited genealogists in the country. I have been doing genealogy for more than 45 years.

It's my number one passion. I wear different hats.

I am the president of the Genealogy Society in my hometown area for 25 years. I am the president of HLAA Gulf Coast, president of HLAA Tampa, co-chair of HLAA Florida, and the treasurer for ALDA.

So I just got accepted for the peer mentor at Gallaudet University so I'm excited about that, that's a two-year program, so I will be learning about how to mentor and help people with hearing loss.

I used to work for IBM for 13 years before I got laid off. I'm originally from Chicago and then I moved to Florida to be closer to my family.

>> KAREN GOLDBERG: Can I ask you a question?

>> DEBBE HAGNER: Sure.

>> KAREN GOLDBERG: At what age did you have hearing loss?

>> DEBBE HAGNER: Oh, I was a premature baby. I didn't learn sign language until I was a sophomore in high school. I graduated with a bachelors degree in computer science.

>> KAREN GOLDBERG: Any other questions?
Wouldn't we like to have her present on genealogy at some point!

>> DEBBE HAGNER: Sure. HLAA, I just got back from HLAA convention. They talked about a lot about genetic hearing loss and so that was my passion, it's related to genealogy. So I got to learn the mitochondrial of DNA and the Y chromosome of DNA, and we talked a lot about what's happening with stem cells and different things.

>> KAREN GOLDBERG: Wonderful. Debbe mentioned the Gallaudet peer mentoring program. That is a two-year program sponsored by the speech-language audiology department at Gallaudet. For right now, there's a grant that's been covering it, so it is tuition-free. It's open to individuals with hearing loss and I just graduated from it, and it was an incredible two-year experience.

And the times that you're on campus is the first weekend of the two-year course and then the last weekend for graduation. And so the first weekend is a seminar and she has to read a book before she goes in two weeks [chuckles] and then the last weekend is also the final seminar weekend.

And it's such an incredible bonding experience and you learn so many different things about hearing loss, from the biology of it, which I loved, the psychosocial aspects, which I also loved, to the technology, where I needed a lot of learning [chuckles] to understand kind of all the different technological advances that are happening.

And the goal is that you're going to be an advocate and serve as a peer mentor to other individuals with hearing loss.

And part of that being a peer mentor, now that I've graduated, is to encourage each of you to look into the peer mentoring program.

So what a great experience. I'm very excited for you.

I don't know if they're still recruiting; I think they're done.

>> DEBBE HAGNER: They're done.

>> KAREN GOLDBERG: They're done for this year, so two years for the next cohort, so...

>> DEBBE HAGNER: I got my cochlear implant four years ago and I wear a hearing aid in the right ear.

>> KAREN GOLDBERG: And your brain accommodated, right? That's really amazing.

Any other questions for Debbe?

[No response].

>> KAREN GOLDBERG: Okay. Chris?

>> CHRIS LITTLEWOOD: You're not going to go first?

>> KAREN GOLDBERG: I'm being respectful letting the Council go.

>> CHRIS LITTLEWOOD: Okay. Well, I'm Chris Littlewood, I'm representing Association of Late-Deafened Adults, I live in Seminole, Florida. I moved to Florida when

I was about 10-years-old. I had hearing in normal range until I was about 21-years-old. I was working as a police dispatcher at the time. I had plans to be a police officer and then retire and become a teacher, but that all changed when hearing loss started. And although I had the three agencies ready to put me in the police academy, I knew it wouldn't be a safe profession for me to be in with a hearing loss.

My mother is late late-deafened also. Hearing loss runs on my mother's side of the family mostly.

I grew up in rural New Hampshire before I was 10-years-old, so my mother really didn't have anybody that she could sign with, so other than a little bit of fingerspelling, she was almost completely oral until we moved to Florida and I think when we moved to Florida was the first time we got our first caption box for television, and it was huge; it was about, I don't know, six or seven inches high and 30 inches or so wide. Very different compared to TVs now where captions are built in and all the things that have changed with the updates and ADA and CVAA law.

I've worked as a deaf and hard-of-hearing and disability advocate probably for the last ten-plus years. Past president of ALDA Suncoast in Clearwater. I'm still on the board as past president.

I've been vice president of ALDA National and the regional director of the south east ALDA National and I've served on the FEMA Advisory Council for recommendation and advising people with disabilities in disasters and with the implementation of the CVAA law in 2010, the Communications and Video Accessibility Act, if you're not familiar with that, I've served on that committee for 8-10 years for making recommendations on how to implement the law, and a lot of the things that we've done related to Text to 911 and plans for NG911 or next generation 911 related to that.

So in the circle of disability advocacy and meetings and association with people with hearing loss and other disability groups, I tend to be known as the emergency preparedness guy. We have our regular ALDA Suncoast meeting next Tuesday and very fortunately we will be talking about emergency preparedness, but you will be hearing from somebody other than me, so we have some guest speakers from Pinellas County talking about Text to 911, and I will talk about that tomorrow.

I love what I do as an advocate. I am also an instructional designer for St. Petersburg College. A big part of what I do includes for emergency planning for people with disabilities and making sure the training that we design is both accessible and includes people with disabilities for law enforcement, emergency managers, things like that.

So my seven minutes are probably pretty close up.

>> KAREN GOLDBERG: You have four minutes left.

[Laughter].

>> KAREN GOLDBERG: I'm, three. What else?

>> CHRIS LITTLEWOOD: You really want me to talk for four more minutes?

[Laughter].

>> KAREN GOLDBERG: You got nothing?

>> CHRIS LITTLEWOOD: Let's move on.

>> KAREN GOLDBERG: What about family members? Do they have any hearing loss, the younger ones, meaning your kids?

>> CHRIS LITTLEWOOD: Well, very interestingly, like I said, hearing loss runs on my mother's side of the family. I did a lot of research in college when my hearing loss started; it's caused by a dysfunctional mitochondrial DNA meaning I can't pass it on to my children, and my sister has two children that have hearing in the normal range and they could develop hearing loss in their late teens or early 20's, but so far they have hearing in their normal range.

I have two hearing children. My wife is hearing. When we first met, I had a mild hearing loss. We use sign language at home, in signed English, and I would tend to be it's signed support, we talk first and when dad can't hear and understand and pick things up through speech reading and everything, we sign.

I would say my kids could sign wonderfully as babies until they could talk, and then as soon as they talked, they started to stop signing.

My son is 12-years-old and he's probably, other than me, the best signer in the family; he really likes being involved and he comes to ALDA meetings sometimes, if he's interested in the activity we're doing, and he won't hesitate to step up and sign when he can, even if it's fingerspelling or whatever.

But it's fun to watch him. So....

But I'm very proud of my family and what they've done to advocate for me. And also I think they represent me well and I try to teach them to do that also.

>> KAREN GOLDBERG: Thank you for sharing.

Anyone else have questions?

[No response].

>> KAREN GOLDBERG: Darlene, do you want to share a little bit about your experience with hearing loss and vision loss?

>> DARLENE LAIBL-CROWE: Hi, my name is Darlene Laibl-Crowe, and I am from Palatka in Putnam County, where I grew up.

I didn't find out that I was losing my -- I had -- I was hard of hearing is when I was 6-years-old, when I started school, and my teacher recognized that I was having a hearing problem. And I'm the oldest of my siblings.

And so my mom and them had my hearing tested, and my brothers, and they realized we weren't so hard headed as they thought we were.

I got my first pair of hearing aids, along with my brother, when I was 8 and he was 7. And then when I was 28, I began having problems with driving. And one day, a friend of mine called me while I was at my mother's house and told me that I had pulled out in front of him and he had to go into the inside lane to avoid hitting me. I never saw him. And he was driving a log truck.

So that was a rude awakening. I went to an ophthalmologist and diagnosed with retinitis pigmentosa and I had to go to Shands and for all the years I thought I was visually impaired and never thought about my hearing, because I grew up with the hearing aids and if anybody ever asked me if I was deaf, I would say oh, no, I can hear something.

So, I could see centrally for 22 years, reading, write, I would read lips to accommodate from what I couldn't hear.

But when I hit 50, things started changing. And words on the pages started becoming jumbled up and disappearing, as my field of vision narrowed.

At that time, I had, like, a ten-degree vision, central vision. Now I have less than one degree.

And just losing that caused me to struggle. And so in 2010, at the age of 52, I was angry, disappointed, bitter, and I took my anger out on the VR system in Florida, because I had been a client of theirs since 1986, when I was first diagnosed with retinitis pigmentosa but I didn't seek employment until 2001.

When I was diagnosed, I was working for Putnam County and I was working as a physical assistant and paying all the insurance, and so I had worked, I continued to work until 1992, when a crime was committed to my family, and I had to make a decision to stay home with my children, so I did, and I applied for SSDI, and I raised my two boys by myself and they are now currently 38 and 28.

And I have an almost 16-year-old granddaughter.

But as far as the vision and the hearing, in 2010 -- we'll get on that, in 2010 when I was struggling to hide and pushing and trying to find a way to stay positive and not be so negative, I told the Division of Blind Services to either put me to work or put me back in school, so we decided to put me in a certificate program and I went for information technology management certificate program in January of -- oh, I think it was January 2010, and I was hit with a reality check, because the last time I had attended school was 2007 when I completed my bachelor's degree. I could still see to read the print. In 2010, I couldn't see it. And I was lost. And at that time, the State had economic difficulties, so they weren't able to accommodate me.

So, I had to wing it with the help of the professors. And they ended up helping me; I ended up with two A's and two C's, and the two A's were whatever I reviewed on the computer, following the instruction.

But then again, during that time because I was researching all that I could do to keep my home computer up to date so that I could continue to use it, I was connected with a deaf-blind individual who is reliant on sign language who is also a web developer for the Florida Deaf-Blind Association, she told me about the Helen Keller National Center. Within the next year, I was signed up to go to the Helen Keller National Center in January of 2011.

When I came home from there, in New York, in September, it was 2011, I jumped on board with Florida Deaf-Blind Association as a working -- working with them to form the Florida Support Service Provider Program and I became the program coordinator as a volunteer, and I did that for seven years.

And then I just recently resigned from that position and somebody else has taken over, so we have new blood and a fresh outlook.

And I am also on the council of the Florida Building Commission, Accessibility Advisory Council, where I represent those who are hard of hearing.

I have also been a member of the Palatka Lions Club, and very involved in my community.

And I have been the head reunion chairperson at my high school for about 25 years now.

And I have been amazed with my community, because they basically grew up with me as a sighted person and they have learned a lot from me. And they respect me. And I sure am respectful of them. I don't know what I would do without them to help me.

[Cell phone ringing].

>> DARLENE LAIBL-CROWE: But my family has grown a little. My brother, who also

had Usher syndrome, he died in 2000. And he was the only one, we don't have any other people in our family. And we went back five generations that had Usher syndrome and vision and hearing loss.

So, I am very passionate about helping those who are deaf-blind. And I hope that I can continue to do so and provide information. And as I do so, I am learning myself. And I'm a work in progress.

>> KAREN GOLDBERG: Thank you, Darlene.

Anybody have any questions for Darlene? Yes, Chris?

>> CHRIS LITTLEWOOD: Yes, shame on me for not talking more about ALDA, but Darlene, can you tell us a little bit more about the Florida Deaf-Blind Association?

>> DARLENE LAIBL-CROWE: The Florida Deaf-Blind Association was born in 2004, about the same time as the Florida Coordinating Council for the Deaf and Hard of Hearing. Joe Naulty who was also part of the founding members of FCCDHH also was the founding member of FDBA.

And they provide a way for them to reduce isolation and provide information on resources. And they decided to form the Florida Service Providers Program with the help of the Helen Keller National Center representative and it has been a slow process. And the funding is really -- we haven't been able to get funding because we don't -- it's not a big organization.

And so they are fighting hard and they will continue to be doing what they do.

And I'm still a member.

And it's just an amazing group, sighted -- I mean, not sighted, but visually and hearing impaired, hard of hearing, and deaf, that try to get together and work together with interpreters and things like that, with SSPs.

We're very involved throughout the state. And plus, the president is involved with Florida Association for the Deaf and also HKNC and she's a former English high school teacher from FSDB.

>> KAREN GOLDBERG: Thank you very much. Tiffany is our newest member. Would you like to share?

>> TIFFANY BAYLOR: Good afternoon, this is Tiffany Baylor and I kind of mentioned a little bit earlier about a little bit of my background and recent hearing loss. But just personally, I guess, I was born with limited vision in my right eye, actually none in my right eye, and limited vision in my left, and this was quite sometime ago [chuckles], where surgeries weren't done that are done now.

So, I did most of my childhood as a person with vision loss, but my mother was a teacher and did not want to have me in a special school or anything like that. So I just attended regular elementary school, I played outside, I rode bikes, I climbed trees. I was the typical child, just with very, very limited vision.

At this point, I have a pinhole vision in my left eye and nothing in my right.

Still, I'm able to use the computer quite well and my mobility is good, I get around and do things.

And during the hurricane, I suffered hearing loss in my ears. And at that point, honestly, while I was thinking I was doing everything so wonderfully and able to be independent, I didn't realize how much of my hearing was being used to compensate for the lack of vision. And I, frankly, had 50-something odd years to be good at that, which left me with no skills to be good at this.

So, I -- this was recent, it was, like, December, and so I guess I'm learning a lot right now. And I believe I would have sought you all out if I hadn't been here as the coordinator, because I was seeking services and resources and people to talk to to understand all of this.

So, at this point I can hear sounds still and I can -- I cannot localize sound. So I won't know where the sound came from. And frankly, as someone with vision loss, it's mandatory that I have that skill.

So I'm still learning for what I'm going to be doing.

That's why this is such a blessing, to be honest. Because I get to sort of learn from the best, just walk in a room and suddenly learn from the best! [Chuckles].

So, I don't think it gets much better than that! I've got all my resources right here and all the people I can ask right here. And if I can't get to you guys, I can get to the people who you work for and who can give me resources.

So I'm really in a good position and I'm grateful for being here.

And that's pretty much me.

>> GLENNA ASHTON: Tiffany, you said you lost your hearing around the time of the hurricane. The hurricane caused the hearing loss or it just happened to be the same time?

>> TIFFANY BAYLOR: The hurricane kind of caused it.

>> GLENNA ASHTON: Really?

>> TIFFANY BAYLOR: My house was destroyed there in Panama City, I lived straight up the street from Mexico Beach and the military base and all those houses are flattened, and so after illness from being all in the mix of that, I lost my hearing from that.

So, it was all kind of new.

>> GLENNA ASHTON: I wonder, if it happened to you, could it have happened to other people in the area, too?

>> TIFFANY BAYLOR: I am so sure that it did.

And I think that's why there was this mad search for answers and things. But I was too busy dealing with my own, that I didn't really reach out. But even if I did reach out, there really wasn't anything that I could tell anybody of how to fix all that.

So I'm sure that you guys will start hearing more about that as Panama City tries to rebuild and people are finally trying to get their lives back on track; you'll probably hear about people who might need some more assistance and people calling to your representative agencies and things.

>> DEBBE HAGNER: I'm trying to understand how the hurricane itself could have done it, unless it's the pressure. That's the only thing I can think of.

>> TIFFANY BAYLOR: Well, I -- I'm sorry, this is Tiffany again. Actually it wasn't the pressure, while being in the hurricane, people get sick and get, you know, ill and the fevers that might come from that or a virus that might come, I got shingles, a long with a couple other things [chuckles], so it did from that.

>> KAREN GOLDBERG: But I think that's actually a really good point, that there's something in that hurricane that a pathogen that could have impacted people and made them sick and could that have been associated with hearing loss. I don't know that we've heard that through the Department of Health as a, you know, as a phenomenon that happened with the hurricane. But that is certainly very interesting. And I'm sorry to hear for your illness.

>> TIFFANY BAYLOR: Thank you.

>> KAREN GOLDBERG: Thank you for sharing.
Yes, Chris?

>> CHRIS LITTLEWOOD: This is Chris. Tiffany, welcome once again. And I'm just guessing, it probably wasn't easy to get healthcare in a timely manner during all that was happening with the hurricane in Panama City last year.

So thank you for sharing that. I hope you will continue to share with us the experience and what the state of Florida can do to improve.

Debbe was just showing me at the lunch break how the National Hurricane Center has said that this year is going to be an even busier hurricane year than it originally thought.

So, we'll see what happens the rest of this year. And hopefully everybody will be safe.

This is Chris, I also did want to correct my earlier mistake and mention just a little bit more about ALDA, Association of Late-Deafened Adults. There's only one chapter in the state of Florida. We are centered in Clearwater, Florida, in the Tampa Bay Area. We're a really small organization; we probably have only about 15-20 official, long-time members. I started being involved in ALDA when I was in my mid 20's and most of the people in ALDA were senior citizens or a few younger people, but most of them were very well into adulthood.

So, it was interesting for me. I feel a lot more comfortable now, being my children --

[Laughter].

>> CHRIS LITTLEWOOD: It's just as it works out in an organization.

But ALDA is, I mean, we love all of our HLAA friends and we're very connected with HLAA.

But the difference probably is that ALDA is not about hearing, it's about it's okay to be deaf and it's okay to have hearing loss.

And I really enjoy my deaf time and my deaf friends. And one of the things I often say to my wife is oh, I need deaf people.

[Laughter].

>> CHRIS LITTLEWOOD: And I'll just get out of the house and go be with my ALDA family. And our motto is "Whatever works." Some people use sign language, some people don't. We have captioning at every meeting, realtime captioning/CART, and we also have sign language interpreters at our meetings.

>> KAREN GOLDBERG: Chris, I appreciate you sharing and I'm sorry to interrupt, but we have several members who haven't had an opportunity to share and we're coming up on the 2:00 o'clock hour where we have another scheduled item on our agenda.

>> CHRIS LITTLEWOOD: Sure.

>> KAREN GOLDBERG: I wanted to open up to Mary and Debra. Mary?

>> MARY HODGES: Thank you. I'm sure that I'll be yielding probably four minutes of my time, because I don't have really experience with this population.

Basically I am a representative from the Department of Elder Affairs. I have worked the majority of my career with older people and treasure that and know that hearing loss is common with the population.

And just sensitivity, we do a lot of sensitivity training in terms of loss that older people incur. And hearing is one of those, among other physical conditions.

So, this is just something that is very, very interesting to me. And I appreciate the opportunity that I have to be on this Council.

I do want to learn more about how to assist older people.

I think one of the things that can be done is just awareness, awareness that this is sometimes part of -- and we're all living longer, people are living to be much older than they used to live to be!

And so it's just becoming more common, that people are tending to have hearing loss issues.

So, I told you I would be yielding time. And I think Darlene has lots to say over there.

>> KAREN GOLDBERG: I just want to make sure we have enough time for our other folks. Yes, Darlene?

>> DARLENE LAIBL-CROWE: That was Mary speaking, right?

>> MARY HODGES: Yes, ma'am.

>> DARLENE LAIBL-CROWE: Okay. I just want to ask Mary, I know you said that y'all would like to know more about how to help those who are older.

Have you considered partnering with organizations that represent this age group?

>> MARY HODGES: I'm learning that that is a solution through my work here with the Council.

Generally speaking, the answer to that question would be no.

I think our state agency and other state agencies are learning to partner more with each other, because we are accustomed to the big Health and Human Services, health and rehabilitative services, those of us who are older remember HRS, Health and Rehabilitative Services remember that agency and now all of these agencies, a special agency for this, a special agency for that, so we have lost the ability to communicate and have lost a lot of connectiveness.

So I think that as state agencies are learning to come back together at the table and talk about issues that kind of go across generations and families, and none of us live in isolation, we all live in communities, so things that impact one population, youngsters, will, you know, maybe impact other age groups.

So, the answer to your question is no. But I think that as I said earlier, I'm learning about, even with Chris's association, he said there's one, and that's in Clearwater, but I think that something like that even, the Association of Late-Deafened Adults is something that we can build on, at least through awareness and hopefully through creating additional associations or those kinds of groups.

>> KAREN GOLDBERG: Okay. I just wanted to remind everyone, it is 1:58 and we do have an agenda item at 2:00 p.m., so...

>> DEBRA KNOX: My plan worked!

[Laughter].

>> GLENNA ASHTON: Glenna. Mary mentioned about that, it's very common for older people to lose their hearing, but that age of losing hearing is getting younger and younger.

>> KAREN GOLDBERG: Yeah.

>> GLENNA ASHTON: So it's not just the "old" people.

[Laughter].

>> GLENNA ASHTON: A lot of the younger ones, like, 45.

>> KAREN GOLDBERG: Younger than that even.

>> DEBRA KNOX: It's actually younger now.

>> GLENNA ASHTON: Yeah.

>> KAREN GOLDBERG: Okay. It's 1:59, so I want to propose that there's at least three other folks who have not had a chance to share, and I want us to propose that we transition over to the next agenda item, which is public comments.

And if there is extra time allowed, that we go back to having council members share.

How's that sound to folks? Does it seem reasonable?

Okay. All right. Thank you to those who have shared to this point. It's wonderful to learn more about each other.

Okay. So, at this time -- actually it's 45 minutes that we have time for public comments.

So -- is that correct? Okay. All right. So let's go ahead and open it up to the members of the public, either in the room, on the phone, or joining us on the internet chat.

[Pause].

>> KAREN GOLDBERG: And we're open for the public.

[Pause].

>> KAREN GOLDBERG: Nobody here from the public?

[Pause].

>> KAREN GOLDBERG: Gina, are you on the line? I know she was trying to connect earlier.

[No response].

>> DEBBE HAGNER: I believe Cindy is still on the line.

>> KAREN GOLDBERG: Okay. And I've lost my internet and I have to call my IT people, so I can't check the internet chat room.
Anybody on the phone? I hear something.

[Background noise on telephone].

>> KAREN GOLDBERG: Cindy, Cindy, you are not muted!

>> CINDY SIMON: I am here.

[Laughter].

>> KAREN GOLDBERG: Did you want to -- did you have something that you wanted to share at the moment? We're doing public comments.

>> CINDY SIMON: Let's see... yeah, I'm following where we are. And I can't mute my phone.
So that's why I heard typing earlier.
I've been an audiologist for about 40 years now. And I feel that I'm there to help people and help guide them into options and understand that as they change needs, their needs change and try to help them as they need.
So, it works for me.
I have people that I have been seeing since they were as young as three-months-old. I have one I have been seeing from out of the country at the age of three, she's 32 now, I even went to her wedding in Panama.
So, I'm just there to help other people and it feels really good when you look at someone and say oh my god, this works.

[Pause].

>> KAREN GOLDBERG: Okay. And how did you get into that field?

>> CINDY SIMON: It was an accident. I was going for one major and then I changed my major and I needed an extra class to change and they made me take a graduate class instead of independent study and I took oral rehabilitation and fell in love with it and went to graduate school, and I really get --

[Computer program talking].

>> CINDY SIMON: -- and that is from -- and I get certification from 2001 and my husband did not take his crutches (sp) with him and his understanding about it on this Baltic and Russian cruise and trying to get him to wear his cross-hearing aids is so difficult --

[Computer program talking].

>> CINDY SIMON: -- and I try not to get impatient with him when he doesn't understand things because he's not wearing it. So I deal with this issue everyday.

>> KAREN GOLDBERG: Okay. All right. Thank you for sharing that.
Other folks?

[Computer program talking].

>> KAREN GOLDBERG: Anybody? Debbe? Debra? Share with your personal history.

>> DEBRA KNOX: Oh, sure. I thought we were waiting until....
Okay. This is Debra. I am a speech-language pathologist and most of my career I have been working with children and their families who have hearing loss.

[Computer program talking].

>> DEBRA KNOX: As a speech-language pathologist we work with all individuals with different types of disorders but the main focus of what I've been doing has been working with these families.

I have worked in a variety of settings, starting in the schools in Miami-Dade County public schools, I worked in private practice, I have worked at the Debbie School which is an aural school in Miami, and most recently I have worked at the University of Central Florida where I am the clinic director for the master's program in speech-language pathology.

But through my work at UCF, I'm also involved with the UCF Listening Center and really have been supervising graduate students, providing services to children and adults who have hearing loss.

I also teach at the graduate level the oral rehabilitation course for the program, and so I cover topics across the lifespan in terms of individuals who are experiencing all severity levels of hearing loss.

Beyond that, my work with A.G. Bell Florida, I am currently the president of A.G. Bell Florida and this has really been kind of a building year, I think for the Florida chapter.

We've had quite a few board members who have been elected to serve on the board and we've established new committees and we are in the process of developing goals for each of those committees so that, you know, really as we move forward as an organization, we can further the mission of ensuring that we're connecting with families who need our services -- who need services and resources.

Of course, promoting -- A.G. Bell promotes listening and speaking, but you can see on their -- on the national website that they're really looking at more of a global perspective now, and being inclusive of supporting all individuals with hearing loss in their communities to be successful in everything that they do.

And I say more globally, because A.G. Bell National has just, this summer, had their first international conference, it was held in Madrid, Spain, and I think one of the challenges that has been seen is really about what supports and resources are, or the lack of supports and resources that are available, not only in our own communities within the United States, but certainly in other countries. There's very little that is available, and so A.G. Bell is really pushing to try and change that.

I think that's about it.

>> KAREN GOLDBERG: That's amazing. A lot of good work.
How did you get interested with A.G. Bell and -- is that through the Debbie School, your experience?

>> DEBRA KNOX: With A.G. Bell, I mean, yes, I think I've been to conferences that they've had and, I mean, I just got involved -- some colleagues introduced me to the organization and have been involved over the past several years.

>> GLENNA ASHTON: You also sign too. So traditionally A.G. Bell has been against sign language. And I know on a national level, there's been comments made that NAD got mad about, but it seems like other people were more flexible. Can you explain that?

>> DEBRA KNOX: Well, I think there's been a lot of transition over the past several years. I do sign because I learned to sign when I was 12, because I was interested in it.
And actually working -- starting out working in the schools in the '90s, there were very few children who had cochlear implants, and if they had a cochlear implant, they got it when they were 13, and so, you know, the technology and the early identification has changed the landscape of what it means to be born with a hearing loss these days.
So, a lot of families are making choices, you know, to go with cochlear implants or to go with an aural approach.
And while yes, there has been a lot of polarization in the past with feelings that A.G. Bell was against sign I think even -- I actually was looking at the A.G. Bell website today and I think that you would see that there's much more inclusivity and not polarization and you will always find people who have strong feelings on either end of the spectrum.
But, you know, I think families have the option to choose and it's important that they have the supports and qualified professionals, regardless of the option that they choose, and the difficulty in finding qualified professionals regardless of the communication option that's chosen remains the same; it is challenging to find those.
And I think that's, you know, A.G. Bell's position is to really support the professional development to ensure that those qualified professionals are there for those families that choose a listening and spoken option for their children.

>> KAREN GOLDBERG: Beautifully stated, I want to say.

[Background noise on telephone].

>> KAREN GOLDBERG: I'm not quite sure if Gina ever made it on; I know she was having problems with connecting. But I know she reached out a little bit.
So one last time, Gina, are you on the line?

[No response].

>> KAREN GOLDBERG: Okay. Shayla -- okay, Darlene, did you want to share?

>> DARLENE LAIBL-CROWE: Yeah, I just wanted to tell Tiffany thank you for coming on board. And it was really nice to see the board that you made. And I think it's gonna be a very good experience for me and everybody else on the Board. So thank you.

>> TIFFANY BAYLOR: Thank you so much!

>> KAREN GOLDBERG: I think we all agree, we're so excited that you're here! Yes, Glenna?

>> GLENNA ASHTON: Your turn!

[Laughter].

>> GLENNA ASHTON: I didn't know if Shayla or Monica? No?
Okay. So, let's see... how did I get involved?
I have had hearing loss since childhood. We do not know if I was born with it or if it developed later. They didn't find out about it -- well, I didn't find out about it -- as a little kid, I didn't know I had it [chuckles], you know, because for one thing, I come from a very loud family, so everybody's screaming all the time, so I didn't have any hearing problems! Jewish family!

[Laughter].

>> KAREN GOLDBERG: So I really didn't know that I had the hearing loss until I was in second grade, when they moved the desks around, so I went from being in the front of the classroom to being in the back of the classroom and I started failing.
And I was a very, hard to believe now, but I was a very shy child.

[Laughter].

>> KAREN GOLDBERG: I would not speak up about anything. So I really was clueless.
But, they suddenly started having a lot of meetings about me in school and there was some discussion that perhaps maybe I had a learning problem or a learning disability.
So, I went through a lot of psychological testing, psychoeducational testing, and I recall when I went for the testing, because I was an anxious kid, I was in a small room, I remember the testing very -- like it just happened, and she sat to my left and I'm deaf on the left and she asked me to do things and I didn't understand them and I wouldn't ask her to repeat because I couldn't really understand what she was asking me to do, so part of that was my anxiety, part of it was my hearing loss.
And so whatever it was I did, I didn't do it correctly, and so it came back with a very low IQ.
And so they had told my parents that my IQ was low and that I would need to be maybe in a special education classroom.
So [laughs]... and all I recall from that is my parents talking behind their bedroom door and my mom crying and saying I know that my child is smart. I know this kid. And, you know, and then my sister saying what did you do? Mom's so mad! So upset. And I was, like, I don't know what I did, I don't know what I did....
But then I remember they took me to a psychiatrist, probably much needed by then for me! [Laughs]. Who basically said that based on the testing, I likely had, at that time it was called mental retardation or borderline intellectual or something along those lines, but I remember them screaming, that, I heard, through the office door, because I was sitting in the waiting room and I heard my mother screaming and I think I heard her saying you're nuts!
And we didn't go back after that [laughs].
So then I think my mom met with the teachers because I remember being called out of

class and I went up to the nurse's office and they did a hearing test on me. And I'm not sure how that all came about, but then after that, it was a whirlwind of meeting with doctors and figuring out what the problem was.

And one doctor saying that I needed surgery and I remember explaining, I was very interested, I was nerdy even then and excited about learning and he showed me a model of the ear and said your bones are malformed in the ear on the left side and we're going to go in and fix those bones and have surgery.

And I was scared, I took a tour of the hospital, I remember that, because it's hard to believe, but I had a little bit of a potbelly then.

[Laughter].

>> KAREN GOLDBERG: And I remember a nurse tickling my belly saying you have no teeth, I remember that! And it really kind of reassured me they were nice, because I was a little kid, seven-years-old, and they said where's your front teeth! I remember that.

[Laughter].

>> KAREN GOLDBERG: I remember my mom saying she had to get me a present, and I thought this is awesome! This is great!

[Laughter].

>> KAREN GOLDBERG: And the day I was supposed to go in or a couple days, they had another consult, and it was an older, I remember this, I think he was from my tribe, I'm telling you, he was a little 'ole Jewish man, he scratched his head, he had gray bald head, and he had glasses and you know how older folks put them right here or somewhere above and I remember thinking what if he has four eyes? Things you think about when you're seven....

But I remember him saying surgery isn't going to help him, this is bilateral, not one sided, and I remember my mom saying what do you mean? I thought it was one side? He said he thinks there's something wrong with the bones on the left, but this is nerve damage and it's permanent.

And I remember my mother started crying and I remember I just played with the model of the ear, clueless.

And so they said what could be done? And he said she needs hearing aids and my mother said what else can be done? Is there anything else? She did not anything to identify me as different.

So, he said you can sit her in the front row of every class from now until forever, and that is where I have sat, in the front row [laughs] of every class, I made straight A's, I went to medical school, and I was told very clearly by my parents, well, I think because in the '70s they worried I would get labeled, they said don't tell anyone about your hearing loss, just don't. Pay attention.

And I was a good girl, so I paid attention. And I did very well. And nobody would notice if I didn't tell them that I have a hearing loss. No one would ever know. Unless they're trying to talk to me over here.

But most of them, nobody knows.

So I kept true to that. And then medical school, I didn't tell anyone. I was afraid to put it on my application, I was afraid if I said I have hearing loss, that they wouldn't accept me to medical school, so I said... my mom's voice was very strong in my head, so I didn't say anything.

And then they made an announcement that we're going to get our hearing -- not hearing aids, that we're going to get our stethoscopes soon. And I had a panic attack, I was, like, what if I can't hear out of the stethoscope? I would have no idea.

So I borrowed my friend's and I was listening and I don't know which one I need, and I looked at the electronic ones, and that was the first time I actually went somewhere and I got an audiology updated test and I don't know if it was different from when I was growing up, because I wasn't aware of what I had, but I got where I was at that moment and they said you need hearing aids. And of course my head said I'm fine....

And then I looked at the electronic stethoscopes and they weren't that good in the '90s. They were okay. But I got an ultra sensitive cardiology stethoscope that these cardiologists use, and they are fancy, and that is what I used for my basic medical school [chuckles] and it worked fine.

So, what else....

And then I started sharing about my hearing loss and that's where I started getting interested in why am I keeping it such a secret? And I think my identity was affected by it, and I started to, you know, there's an identity issue, right, I mean it affects the sense of your self, and so when I went to residency, I was at Emory in Atlanta and I started being much more vocal about my hearing loss, I started going to community, the hearing loss community at that time, GCHI was the Georgia -- Georgia Council for Hearing Impaired and I went to a few meetings and met people with hearing loss and then I shared, so it was really kind of good for me and I started taking sign language classes and started meeting the School for the Deaf there and expressed that as a psychiatry resident and I started learning more and learned about mental health issues and people who are hard of hearing and deaf and I got a passion and thought this is what I want to do with my life, I'm brought here for a reason.

So -- and then I went on in residency and fellowship in child psychiatry working on that and then started talking to the American Academy of Child Psychiatry about deafness and nobody -- had a lot going on, there was a small committee for psychiatrists interested in working with kids who were deaf. I joined that, and actually I was a resident, yeah, I was a resident when I joined that and I've been on that council -- or that committee ever since, I've been chair for the past seven years, I just stepped down and we changed our name to the council for -- not council -- for the committee for the deaf and hard of hearing to deaf, hard of hearing, and blind/low vision, which is really exciting, there was nothing in the American Academy of Child Psychiatry representing blind and low vision and we expanded it and I stepped down as Co-Chair so the psychiatrist who specializes in blind and low vision can step up and be Chair and now we're fully represented.

That's my passion, I've written on it, lectured on it and presented on mental health issues on deaf and hard-of-hearing kids and how we can impact that and how we can recognize it, and it's more than just -- you can do the same with them as you can do with a hearing child and there's different issues, and I'm very much a big proponent and passionate about various syndromes and this is my passion on it, and that's where I am.

And I have been a member of HLAA for the past four years.

And I think it's a great organization and it really is doing a lot of work and I have my co-representative, Debbe, has been instrumental with HLAA and keeping it on the map and being very active in it, so....

I think that's all my questions -- I mean my things about me.

And now I have a really cool electronic stethoscope, by the way. It can pick up people's inner thoughts from across the room.

[Laughter].

>> KAREN GOLDBERG: You can hold it up in the air and read your minds.
Okay. That's it.

>> DEBBE HAGNER: I just wanted to share, there are special DNA where you can swipe your cheek to determine whether you do have hereditary deafness. I can share that information at the next meeting, if you're --

>> KAREN GOLDBERG: That would be really cool!

>> DEBBE HAGNER: And take the DNA testing to see if it's hereditary.

>> KAREN GOLDBERG: Do you know if they have the buckle swap and I just like to rub kids with a Q-tip -- let me start that again -- I can rub the cheek and send it off for DNA and you can do it too on how your body processes medications, it's called pharmacogenetic testing, I should offer that in my office.
Nowadays you go to your doctor's office, don't present your body to your doctor but your Q-tip and say run this and tell me what's wrong with me!

[Laughter].

>> KAREN GOLDBERG: All right. What else and what else?

>> GLENNA ASHTON: It's interesting to talk about DNA and deafness. Researching it through audiology, it's like over 100 different possible genes that can cause deafness, and one of the most common one is Connexin 26 and when I was born, I had no idea why I was deaf, my mother was RH negative and my father was RH positive and they thought that was the reason because I was the second baby and they never found and taking imaging --

>> KAREN GOLDBERG: I thought you were giving a name! I was, like, I don't know who she is! Antigen, antigen.

>> GLENNA ASHTON: They didn't find it, or any evidence of it. But I had a typical hearing loss, like those who are affected by RH negative and I did the DNA thing and it says that I had Connexin 26, so that was confusing and I was saying where is my deaf family!

[Laughter].

>> KAREN GOLDBERG: Maybe there's a connection.

>> GLENNA ASHTON: Maybe. I don't know. But they talked about there's a new GEDmatch, G-E-D match and they're going to specializing in matching deaf people, because so many deaf people share --

>> DEBBE HAGNER: Yeah.

>> GLENNA ASHTON: One of my friends does genealogy and she says you're my

cousin, you're my fourth cousin, you're my fifth cousin!

[Laughter].

>> GLENNA ASHTON: I don't know....
And the A.G. Bell original thought was back there there would be a human race of deaf people.

[Laughter].

>> GLENNA ASHTON: It's interesting...

>> KAREN GOLDBERG: It's very interesting the more we learn about genetics. There's no one deaf or hard of hearing in my family and that's why they thought it was -- when they were first telling me about it, they said when it was either when I had the mumps, I do remember having the mumps and I had terrible pain on my left side, so I remember that and I thought that's possible.
Then they said it was possibly the MMR vaccine, remember the poor vaccines get blamed for everything, and I think that was it, they said it was either the mumps or from the MMR.
So, they weren't quite sure, you know, what caused it.
But I did want to just share one other thing, I worked at a treatment center in Tampa for deaf and hard of hearing, I was the medical director for this group, for this psychiatric treatment center for the deaf unit, and I had a really hard time being accepted when I first joined, and like I said, nobody would know I have any hearing loss because I don't really advertise it, but they didn't accept me and there was sort of this feeling of, well, you're yet another hearing doctor who doesn't know anything about deafness or has some other alternative or ulterior motive about being here and I remember being confronted by this group of medical professionals who are deaf saying why are you here? And they said you talk down to us in our treatment team meetings and they were all deaf and I asked them how do you do that? And they said well, you repeat everything we say, like, you summarize it, like I think what I hear you saying [chuckles] and I said it's so interesting that you think that that's talking down instead of my being neurotic and OCD, some of it being kind of how I've learned to summarize in psychiatry and some of it is me having to write a note.
And then you, like, decide to teach us and we turn your back to us and we go on with the treatments and we design behind your back and I'm at the board like a nerd saying bipolar disorder is... you can imagine me as a nerd, right?
And it's interesting, they only accepted me when I shared my history and I said I purposefully didn't share my history and I wanted you to like me and respect me as a physician on the team, and so really, it's a different connection, I think, that people have.
And now I'm very close with them, it's about 15 years.
All right. Mary, do you want to share something else?

>> MARY HODGES: Not really, I just want to check and see if we have public comment.

>> KAREN GOLDBERG: Okay. Thank you very much. Okay. Do we have anybody from the community or the public that wants to share?

[No response].

>> KAREN GOLDBERG: Thank you for keeping us cognizant of that.
Anyone else? On the chat line?

>> DEBBE HAGNER: My chat is shut down for some reason.

>> KAREN GOLDBERG: Mine popped back up.

>> DEBBE HAGNER: It says server error.

>> KAREN GOLDBERG: All right. You were motioning to other people. Did you want to ask anyone?

>> DEBBE HAGNER: Do you want to ask them if they would like to share their experience?

>> MONICA PITTS: So Shayla and I were placed here and we have enjoyed listening to you all [laughs]. It's very interesting to know the things that you all go through and that you struggle with the hearing belt and the things that we've learned. I haven't been here in quite a while, but I will reference the -- I can't remember his name -- the gentleman that came in, that he had the tactiling on his back, he had a deaf person tactiling everything that everyone was doing in the room, he was deaf and blind, but he was teaching you all so much about what -- I don't recall to call it a gadget -- but the gadget he uses.
It's very interesting.

>> KAREN GOLDBERG: When was that meeting?

>> MONICA PITTS: Oh, that was a couple of years ago. I haven't been here in a couple of years.

>> KAREN GOLDBERG: Oh, before me.

>> MONICA PITTS: No, you were here.

>> KAREN GOLDBERG: I was here?

>> MONICA PITTS: Mmm-hmm.

>> KAREN GOLDBERG: Was I aware and focused?
Yes, ma'am?

>> GLENNA ASHTON: You were talking about how the school thought you were low IQ or retarded or whatever. The same thing happened with me also, they thought -- and the same thing happened with my son. My son is hearing and they automatically thought, you know, low function, whatever. He was just ADHD, when we finally got him tested, he was actually gifted and moved to a gifted class instead of a slow class.
So it's interesting that the school would automatically think mentally retarded and not be aware of all the other possible things.

>> KAREN GOLDBERG: I think that's kind of a default, maybe it was back in the '70s, it was a default.

>> GLENNA ASHTON: Well, with my son, that was in the '90s.

>> KAREN GOLDBERG: That's true, that's true. They've come a long way, baby. All right.

>> DEBBE HAGNER: Any other comments you guys have?

[No response].

>> DARLENE LAIBL-CROWE: I just have one.

>> MONICA PITTS: Shayla is happy to be here as well.

>> DARLENE LAIBL-CROWE: I just want to ask Karen a question?
You teach mental health at USF, right?

>> KAREN GOLDBERG: Not anymore.

>> DARLENE LAIBL-CROWE: Not really?

>> KAREN GOLDBERG: No, no, no, I mean -- I teach mental health, I was psychiatry attending at University of South Florida and I supervised residents in psychiatry and child psychiatry fellowship.

>> DARLENE LAIBL-CROWE: I was just wondering how the educators are about educating the mental health students that want to pursue a counseling career, about those who have sensory loss?

>> KAREN GOLDBERG: That's actually a good question.

>> DARLENE LAIBL-CROWE: And things like that. I was just curious.

>> KAREN GOLDBERG: That's a great question. And there's a big push in the medical school level, so before physicians even specialize in whatever they're going into is teach them about working with folks with different abilities and different challenges, so I worked -- part of what I taught in the medical school was something called doctoring, that is the practical applications of everything they're learning in the classroom, the biochemistry and all this other stuff, it's the art of doctoring, so I did it at doctoring one for the first year's med students, two for the second year, and three for third year, and they have different goals for each of those, and the first year is really how do you hold your stethoscope and how do you examine a patient, and that was the fun part, and how do you examine a patient, and the first year was deaf and hard of hearing and second year was more skills on pathology, what are you looking for when you do an examination for different types of things, not just psychiatry, but also the body, and the third year was special, even more specialized skillsets and we did a whole panel on different abilities, so we had people who are wheelchair users, people who have a variety of different challenges, we have several deaf and hard of hearing and deaf-blind who come to the

university and volunteer to be standardized patients.

So that's something actually that's available, if you live near a medical school, you can always apply to be a part-time standardized patient, you get paid for it, and you let medical students interview you or if you like it, you know, this part of it, you can let them examine you, and it's a paid position.

But the panel that we did for different abilities, we had the medical students going into different rooms with patients that were wheelchair users and they would have to figure out how do you do an examination? If they have a particular complaint, how do you maneuver yourself around so you don't look like an idiot or insensitive? And we take that very seriously because I'm observing them through a one-way mirror, you know what I mean -- what do you call it? It's a mirror on your side as a student but I'm watching every damn thing that you're doing!

[Laughter].

>> KAREN GOLDBERG: And then I'm giving you feedback on it, okay, on how you did. But that's an important skill.

Enough with these doctors who are not sensitive.

Now, I don't teach other areas of mental health, so they have their own departments that teach them about that, so I don't -- it's not uniform in that sense, but I'm responsible for med students so I teach them certainly.

Yes, ma'am, Tiffany?

>> DARLENE LAIBL-CROWE: I wasn't done --

>> KAREN GOLDBERG: Hold on, Darlene, Tiffany first and then you.

>> DARLENE LAIBL-CROWE: Okay, Tiffany first. Go ahead.

>> TIFFANY BAYLOR: This is Tiffany Baylor again, I want to point out when it comes to people with visual impairment and blindness and working with the different colleges who are teaching the students that are getting their CRC or LCSW or any of the other things, Florida State tends to use people like me, I come in and I have a company that's called My Pink Cane and we do advocacy and training on service provision related to visual impairments, working with people with visual impairments for this specific kind of situation, so they actually don't have a whole lot of training that they do to these people at the colleges and around in other fields besides medical.

However, there's beginning to be a shift where they'll call me to come in and I just teach a class, like it might be a day class, it might be a two-day class, but it is on, like, one of my for Keiser University is occupational therapy or blindness and visual impairment and its relation to service provision of occupational therapy, and so it depends on what the occupational field that they're talking about, whether it be, you know, the LCSW or whether it be teaching or whether it be anything, because with inclusion and things, you're going to get students with different types of disabilities and a lot of times people aren't getting the full major training and they haven't set that up yet, but at least we can go in and give them a little bit. A lot of hands on, the way I teach it is a lot of hands on and they learn the basics and how to interact, and what not to be expecting, you know.

For example, the thing with testing that you went through where you took a test and they automatically thought you were intellectually delayed when someone needed to automatically consider oh, wait a minute, this person might have a hearing impairment, in my case I would be teaching maybe they have a vision impairment and they're not reading that book as fast, please do not automatically label them.

So, there are things happening these days where they send people like me out to do this public speaking in that kind of situation.

>> KAREN GOLDBERG: And I think we can all do that advocacy and speak up.

I think the professional schools are eager to train their students and it's just a matter of reaching out and making that contact, because I know that at USF, they were very good about they really want these med students sensitive. That's one of the aims now for the medical education mission, through all medical schools, they want these students sensitive and aware, so....

Okay. Darlene, you had another comment?

>> DARLENE LAIBL-CROWE: I have a couple, but when I was at Helen Keller National Center for eight months, part of their program was to do one-on-one counseling in social groups, so when it came time for me to come home, I had to -- they had to search in Florida for a therapist that is experienced with those who have sensory loss.

And there was only one person they could find and that was in St. Augustine.

And she's no longer in practice, but she was amazing. And she counseled several deaf people.

And I had a psychologist down where I was going at James Jones Richland College and they asked me do you believe that deaf people have schizophrenia? And I said yes. And she was concerned because she expected they did because they can't speak, and I said no, I said it's just like somebody speaking Spanish. They have their own particular language.

And so I spoke to my therapist about it and explained to her. She said yes, she said that happens all the time. She said as a matter of fact, she had a client that she suspected was schizophrenia and sent to the facility at the hospital and they actually sent him back to her stating he does not -- he can't have it because he does not speak.

So, the misconceptions are out there. And that's why I was asking about the mental health instructions, how are they addressed to resolve this misconception about those who are deaf? And to stop that from happening?

Because, I've heard from many people, they have struggled through mental illness in one way or another and they can't get the help they need because the person doesn't understand them, and I think that's a change and they shouldn't be doing it.

But besides that, we do have one person we haven't introduced on here. Not person, animal, sorry.

This is Jayden. Do you want me to talk about her?

>> KAREN GOLDBERG: Well, does Jayden want to share?

>> DARLENE LAIBL-CROWE: Pardon?

>> KAREN GOLDBERG: Does Jayden want to share?

>> DARLENE LAIBL-CROWE: Does Jayden want to chat?

>> KAREN GOLDBERG: Before we hear about Jayden, can we make sure we have five minutes left on our agenda item, I want to see if anybody from the public has any public comment they want to make? Anyone on the phone or on the chat line?

[No response].

>> KAREN GOLDBERG: Okay. All right. Jayden has four minutes.

>> DARLENE LAIBL-CROWE: Okay. Do you want me to talk about her?

>> KAREN GOLDBERG: Four minutes.

>> DARLENE LAIBL-CROWE: You ready?

>> KAREN GOLDBERG: Three minutes and 55 seconds.

[Laughter].

>> KAREN GOLDBERG: Yes, please.

>> DARLENE LAIBL-CROWE: Yes. Okay. Jayden was born in Long Island, New York and grew up there for the first year with a puppy raiser family and trained her, she is eight-years-old and she was trained through the guide dog foundation for the blind in mid-town New York on Long Island and she loves to eat! So there we go.

[Laughter].

>> KAREN GOLDBERG: That's wonderful. And what a treasure and a gift.
Okay. Any last thoughts, comments before our next item on the agenda?

[Pause].

>> KAREN GOLDBERG: We appreciate that there are so many different avenues that have brought us all here together today.

And I don't want to really leave out my appreciation for the interpreters and for the CART Provider, and our technical support.

You know, these are jobs that we sign up for, but we all, as we all shared, have passions for it, and I would love to hear from the interpreters at some point about what their passion is and how they came to this.

And I don't know that we have time to hear it now [chuckles], we'll save that for the next session. That's a psychiatry joke.

[Laughter].

>> KAREN GOLDBERG: Anyway, maybe at our next moment, if we have some time during the next public comments this afternoon and there are none, then if they are comfortable sharing, then I'll invite them to. Okay?

All right. We have about two minutes before our next presentation. If anybody needs to take a quick bathroom break. We're on break until 2:45. Thank you.

[Break].

>> KAREN GOLDBERG: Okay, folks, we really are supposed to be starting back at

2:45. And we go until 3:45. We have a speaker now, discussion of service delivery for individuals who are deaf and hard of hearing, disability rights of Florida from Ann, is it Siegel?

>> ANN SIEGEL: Yes.

>> KAREN GOLDBERG: Legal director of advocacy and education and outreach and Barb Page, senior advocacy investigator. Welcome.

>> ANN SIEGEL: Thank you, Barb just stepped out for a moment.

>> KAREN GOLDBERG: We can start when she comes back, if you want to wait? We want to be respectful of your time.

>> ANN SIEGEL: She's actually the star of the show. I'm just here to be her Vanna White.

>> DEBRA KNOX: And a fine Vanna you are!

[Laughter].

>> ANN SIEGEL: Thank you! Thank you very much. I'll put that on my résumé now.

[Pause].

>> KAREN GOLDBERG: Is everybody back? Let's go ahead and get started with our next presentation and we welcome both of you here and I will turn it over to you.

>> BARB PAGE: Great. Thank you everyone for having us over. We're really excited to be here. I am Barb Page and this is Ann Siegel.

>> ANN SIEGEL: Hi.

>> BARB PAGE: We have a slide presentation, we'll go through it, and then certainly we look forward to having an exchange with the Council afterwards.

Okay. Disability Rights Florida is Florida's federally mandated protection and advocacy agency. We have funding and authority under nine federal programs. We're a not-for-profit program since 1987, we provide free and confidential services which include information referral, advocacy, legal representation, negotiations, investigations, and facility monitoring.

Access to education, employment, and independence.

And elimination of abuse and neglect.

We have offices in Tallahassee, which is our main office, we have offices in Hollywood, Tampa, Gainesville, and a few satellite offices throughout the state.

Our mission is to advance the quality of life, dignity, equality, self-determination, and freedom of choice for persons with disabilities through collaboration, education, and advocacy, as well as legal and legislative strategies.

I am Barb Page, I have been a senior advocate investigator with disability rights since 2001, I just celebrated my 19th anniversary with the agency.

I have specialized -- in my work, I specialize mostly in equal access, whether transportation, services, title III, architectural access, those are the things I primarily work on.

I've worked in the disability community for 30 years. My other positions that I've worked with, not-for-profit agencies again dealing with agencies and with persons with disabilities and I manage the deaf program in program in Clearwater and it was an IEP program through the Department of Education and it was more providing services for people, young adults really, and we had a residential program and a vocational adjustment training kind of situation, we had independent living skills training and it was really a wonderful opportunity for young adults to become more independent and unfortunately that funding didn't last as many IDEA grads know.

My degree is in social work and I'm from University of South Florida, and that's me.

Do you want to talk about yourself?

>> ANN SIEGEL: Always! So, hi, I'm Ann Siegel and I am a director of advocacy and I work with Barb. I've been with Disability Rights Florida for about ten years now. I have a law degree from Nova Southeastern University and when I was in law school, everyone said that I would not be able to make a living representing individuals with disabilities. So I proved them wrong. And I joined with the advocacy center right out of law school. Then went on my own, did some work at legal aid for about eight years, and in 2009 I returned back to the advocacy center, which is Disability Rights Florida, so I am -- I am really blessed. I get the opportunity to work with a great team of people that do some amazing work, and Barb is one of them!

>> BARB PAGE: All right. So the topics covered, Disability Rights Florida, the ADA, medical access, court and settlement decision, collaboration, and resources, those are the things we're going to talk about from here.

Our intake process, to provide services, we have first, it's an intake department, and so callers will call our intake unit, which is the first team, and they will do the initial assessment. After that, it goes to legal review, supervisors like Ann will review it and if it is something that is to be assigned to an advocate, like myself, to an issue team, whether it's a system reforms, investigation team, advocacy and outreach team, that will get assigned to a staff member like myself.

Service request acceptance, investigations, advocacy, and litigation. That's kind of what we all do.

So, I had someone in our office pull some rough numbers before we came here and the service requests on deaf and hard of hearing that I've done, just in my work since 2001, of that time, I've provided services to almost 2,000 individuals who are either diagnosed or labeled as persons who are deaf or hard of hearing.

447 of those cases -- no, I'm sorry, 1800 -- 1800 were cases, 447 of those were diagnosed with deafness or hard of hearing.

131 cases were specific to a client who was deaf or hard of hearing and was denied an interpreter at a medical facility, doctor's office, or hospital. Almost 30% of those cases involved denial of an interpreter or accommodation in a medical setting.

That is, by far, when I have a client who is deaf or hard of hearing, that is by far the largest issue that I face in providing the services. They are going to the doctor's and they are denied an interpreter, and so that almost always, if I have a deaf client, that is the chance of the case is what it's about.

The ADA requires that Title II and Title III entities communicate effectively with people who have communication disabilities.

The goal is to ensure that communication with people with these disabilities have equal -- is equally effective as communication with people without disabilities.

Communication preference should be a patient or customer should have some consideration into determining what the aid will be. The method chosen shall be effective for both parties. The use of the most advanced technology is not required so long as effective communication is ensured.

A few examples are auxiliary aids and sign language interpreters and CART.

So, qualified interpreter means an interpreter who is able to interpret effectively, accurately, and impartially, both expressly or receptively and communicate specialized vocabulary, the key to communicating effectively is to consider the nature, length, complexity and effective communication is communicated by both parties.

And I'll just say that a lot of times when I have a physician who insists on writing notes back and forth to their patient who is deaf and native language is ASL, it's my role and my goal to educate the medical professional that writing notes back and forth is going to be ineffective for this individual. And so it's really -- I really try to impress upon that just because it's okay with one patient to write notes back and forth, it may not be effective for someone else.

Individual assessment is really key to assessing what's needed.

Section 36.303, auxiliary aids and services, paren a, general, a public accommodation will take steps to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Unless the public accommodation can demonstrate that taking those steps would fundamentally alter the nature of the goods and services, facilities, privileges, advantages, or accommodations being offered would result in an undue burden, significant difficulty or expense, and I will tell you I get that a lot. The doctors will say I cannot afford an interpreter, it's not cost effective for me to provide an interpreter, and so we go over that with them.

Responsibility of effective communication, the ADA places responsibility for providing effective communication including the use of interpreters directly on covered entities, i.e. the doctor's office is responsible for providing the interpreters, not forcing them to bring -- their patients bringing their own interpreters. They cannot require a person to bring someone to interpret for him or her. A covered entity can rely on a companion to interpret only in two situations: One, an emergency involving an imminent threat to the safety or welfare of the individual or a public. An adult or minor child accompanying a person who uses sign language may be relied upon to interpret or facilitate communication only when a qualified interpreter is not available, or number two, in situations not involving an imminent threat, an adult accompanying someone who uses sign language may be relied upon to interpret or facilitate communication when, a, the individual requests this, or B, the accompanying adult agrees, and C, reliance on the accompanying adult is appropriate under the circumstances.

This exception does not apply to minor children. And I will venture to say that a lot of children of deaf parents probably have interpreted for their adult parents when they were minors.

>> KAREN GOLDBERG: Can I ask a question? I know you're right in the middle of it.

>> BARB PAGE: No, please.

>> KAREN GOLDBERG: What about parents, deaf parents of children who are hearing and they take a child into a pediatrician's office, do they have that same right?

>> BARB PAGE: Yes, yes, the doctor should be providing a sign language interpreter or the reasonable accommodation for effective communication, whatever that is. So that accommodation -- so that parent who is deaf needs a sign language interpreter in order to fully participate in their child's pediatric --

>> KAREN GOLDBERG: So if a parent who is deaf has that experience, who can they call?

>> BARB PAGE: Us.

>> KAREN GOLDBERG: Okay.

>> BARB PAGE: [Chuckles]. So who gets to decide? Title III entities are encouraged to consult with a person with a disability to discuss what aid or service is appropriate.

The goal is to provide an aid or service that will be effective, given the nature of what is being communicated and the person's method of communicating.

Unfortunately, the ADA doesn't say that the doctor -- let's use the doctor as an example, since that's what we talk a lot about -- let's say the doctor says writing notes back and forth I feel is effective for this patient.

If that's the case, then, you know, then we have to go back and look further into whether or not it's effective and then that's a whole deeper level of investigation.

But we do get doctors saying that. I will write notes back and forth, I will type notes on my laptop, sometimes they use texting.

For some patients it's effective and they're okay with it and some other patients are, like, I just don't get the vocabulary, it's too complex, I'm not understanding and I can't effectively tell my doctor my doctor what I'm feeling and what I'm needing to share with them through reading notes.

Okay. Exceptions, covered entities are required to provide aids and services unless doing so would result in an undue burden, which is defined as significant difficulty or expense.

If a particular aid or service would result in an undue burden, the entity must provide another effective aid or service. If possible that would not result in an undue burden.

So in determining whether a particular aid or service would result in an undue burden, a Title III entity, which is like a doctor's office, they fall under Title III, a Title III entity should take into consideration the nature and cost and the nature of size, overall financial resources and overall expenses.

Generally, a business or not-for-profit with greater resources is expected to do more to ensure effective communication than one with fewer resources.

Medical access. So medical professionals have the obligation under the ADA to provide equivalent services to individuals with disabilities, including obviously those who are deaf or hard of hearing. They must provide reasonable accommodations to ensure effective communication, reasonable and necessary accommodations such as auxiliary aids and services, should be determined on a case-by-case basis.

Effective communication is particularly critical in healthcare settings where miscommunication may lead to misdiagnosis and improper or delayed medical treatment.

Hospitals, ADA requires that hospitals provide effective communication for their patients, family members, and hospital visitors who are deaf or hard of hearing. This applies to all hospital programs and services, such as emergency room care, inpatient, outpatient services, surgery, clinics, et cetera.

Exchanging notes or pointing might be effective for brief communication, you know, where's my -- the parent's room number, purchasing at the gift shop, things like that, forms or informal sheets where little interaction is required could be effective, admissions information, insurance forms.

But complicated and interactive communication may require a qualified interpreter.

Hospitals should have protocols and provide training to ensure that staff know how to obtain interpreter services and other communication aids and services when needed by persons who are deaf or hard of hearing. And that is one of the things that when I'm working on a case where a hospital is allegedly not provided a reasonable accommodation for their -- for a person who is deaf, the very first thing I do is I ask for a copy of their policy for effective communication and how they -- and the hospitals always have the policy in place and typically it's requiring retraining of employees, refreshing their minds of what the process is and the procedures.

It is helpful to have signs and other types of notices to advise persons with disabilities that services and assistance are available and what they need to do to obtain them.

Many times emergency rooms or emergency departments, as they're now called, should have signs posted to let patients or visitors or whomever know if they need a reasonable accommodation, they can ask for that.

Hospitals cannot charge patients or other persons with hearing disabilities the extra fees for interpreter services.

An interpreter may be required when discussing a patient's symptoms, medical condition, medications, medical history, I find that to be extremely important, especially on first patient visits with doctors, that's when the doctor gets to go over the background, history, and truly there's more in-depth information sharing at first patient appointments, explaining and describing medical conditions and tests, treatment options, medications, surgery, providing a diagnosis or prognosis, recommendation for treatments. Obtaining informed consent for treatment and how important is that to make sure that the person understands and is consenting with full understanding and knowledge of the treatment or procedure that's beginning to start.

Communicating with a patient during the treatment, testing procedures, physician's rounds, providing instructions for medications, post-treatment activities, and follow-up treatments.

>> KAREN GOLDBERG: Can I ask a question again?

>> BARB PAGE: Sure.

>> KAREN GOLDBERG: Why does is say an interpreter "may be" required? Why isn't it says an interpreter is required?

>> BARB PAGE: Well, I think, I'm not a lawyer but Ann is, I think part of the problem is that the ADA doesn't ever say an interpreter is required. It says that the -- the ADA says that effective communication must occur, and so then there's always this -- it's like the onion, you have to keep peeling away and figure out what is effective for this particular individual and so I've always said that I wish that the ADA was a little clearer in saying that interpreters must be provided. It just says that effective communication or accommodations for effective communication must be provided and even then it doesn't say that the person who's deaf or hard of hearing has the final say.

>> KAREN GOLDBERG: It really doesn't say that? I mean, it really doesn't't? That

the person who decides effective communication is not the individual with the communication need?   I want to ask Glenna on that one, because I know that she knows a lot about that too.

I mean, I know the lawyers are in the room [laughs], but in the advocacy -- and the advocacy folks are in the room.

Wow, did you realize that the ADA does not say that it's the person with the communication need who has the final say?   I mean, we believe that, those of us who are passionate about the rights.

>> GLENNA ASHTON: I know it does say that, but I know that a lot of times the business or the office, say "we decide" and they really flush it out through that, they try to play the games and say oh, we decided.

>> KAREN GOLDBERG: Who's we?

>> GLENNA ASHTON: The office they're saying they can say that.

>> KAREN GOLDBERG: No, no, they're saying it is true.   They're saying the ADA law cannot say that the individual has the final say.   The ADA law does not put it in there.

>> GLENNA ASHTON: No, no.   It's supposed to be both working together to decide what's effective communication.

>> KAREN GOLDBERG: Sure.

>> ANN SIEGEL: And in our -- sorry.

>> GLENNA ASHTON: And consult with the person, what's the best way to communicate?   And they don't do that.

>> ANN SIEGEL: And I was going to say, in our presentation in a couple more slides, we'll talk about what the 11th Circuit, which is the circuit that oversees Florida, how they determine how you determine what is effective communication.

>> KAREN GOLDBERG: Oh, that's good.

>> ANN SIEGEL: You are correct.   It is a collaborative, it's not that I can walk in as an individual who is deaf or hard of hearing and say this is the only way you need to effectively communicate with me.   It is an exchange, so...

>> KAREN GOLDBERG: Well, are you also talking about the national class standards?   Will you talk about that a little bit at some point?   Not right now?

>> BARB PAGE: Probably not, no.   I know that -- I don't have enough knowledge to speak on that -- oh, sorry, I don't have enough knowledge to speak on that.

Do you want to tell me a little bit -- I'm not sure --

>> KAREN GOLDBERG: Well, the national class standards are the culturally and linguistically services, it's the Health and Human Services commitment to meeting the cultural and linguistic appropriate services.   So that's from the U.S. Government.

I have talked about it in some of my presentations on the national class standards. I'll send you information. I'll send it to Tiffany. Tiffany, disperse it to everyone here -- disburse it to everyone.

>> BARB PAGE: Is that for the medical community?

>> KAREN GOLDBERG: I'll take a peek at it.

>> BARB PAGE: That may be helpful in my work.

>> KAREN GOLDBERG: I'll send it to you.

>> BARB PAGE: Okay, thank you.

[Pause].

>> BARB PAGE: Where are we?

>> ANN SIEGEL: This is the next slide.

>> BARB PAGE: Okay. Providing mental health services is, of course, another must for effective communication. Providing information about blood or organ donations, living wills, powers of attorney, discussions for complex billing, insurance matters, and then making educational presentations such as birthing and new parent classes. Management and nutrition and CPR training.

We talked about signs very briefly, but this is an example of one side that could be in a hospital or the emergency department posted to let people know that they can request effective communication accommodations and telecommunication devices as needed.

When telephones and TVs are provided in a patient's room, the hospital must provide patients who are deaf or hard of hearing comfortable, accessible equipment, including TTYs, captioning on TVs, telephones that are hearing aid compatible, et cetera.

Visual alarms must be provided in all public and common use areas, including restrooms where audible alarms are provided.

TTYs must be provided in public pay phones, for emergencies and pay phones and TTYs must be provided at other locations where there are more affordable pay phones and there are fewer and fewer pay phones anywhere and I would love to later on have the discussion from you all on what your thoughts are about pay phones and TTYs and compared to, like, what is happening now with all our cell phones and, you know, needs for TTY and what your thoughts are on that.

>> GLENNA ASHTON: What about video phone?

>> BARB PAGE: The video phones? Yep.

>> GLENNA ASHTON: Deaf and hard-of-hearing people -- most deaf and hard-of-hearing people who sign use video phones.

>> BARB PAGE: Yes, all the time.

>> GLENNA ASHTON: There's no TTY anymore. Other deaf that don't sign don't use

a TTY and that needs to be updated.

>> BARB PAGE: Updated, yeah.

[Pause].

>> DEBBE HAGNER: Or caption phones, caption phones to be provided.

>> BARB PAGE: Mmm-hmm.

>> DEBBE HAGNER: You know what that is, caption phone?

>> BARB PAGE: Mmm-hmm, mmm-hmm.

>> ANN SIEGEL: Okay. So as we touched upon briefly, we'll talk about the 11th Circuit, so this was a case that was actually litigated by an attorney down in Miami named Matt Dees and Mr. Crane went to the Palmetto General Hospital and requested a sign language interpreter and evaluated by the psychiatrist who evaluated Mr. Crane by writing notes and used basic sign language she learned when communicating with her doctor who had a developmental disability. Mr. Crane remained in the hospital and could not discuss his issues for another two days and at the end of the hospitalization, he was provided an interpreter to advise him that he was being discharged.

So, the court found that the focus is on the ability of the person who is deaf to communicate, not on whether the basic requirements of the doctor's procedure were completed and whether the doctor's choice was correct.

So, was Mr. Crane able to exchange the same medically relevant information as a hearing patient would have been? And the 11th Circuit determined that there was evidence that supported that Mr. Crane could not understand and suffered a real hindrance due to his disability to provide material, medical information, and his healthcare provider.

So the court then did remand it back to the district level.

So, according to the 11th Circuit Court of Appeals which is this case is under, under the circumstances, if it is achievable with something less than an on-site interpreter, then the hospital is well within under its obligations with the Americans with Disabilities Act to provide other alternatives and indeed regulations clarify that the ultimate decision as to what measures to take rests with the hospital.

So, it all depends whether the individual who it deaf has an equal opportunity to understand and participate in his and her medical treatment and medical decisions.

And you see a lot of cases and issues where they use VRI and the problem with that is the equipment is malfunctioning or the individual also has a visual impairment and doesn't have access to their glasses and can't see, so ultimately as we said, there's no mandate that you must have an interpreter, but it does depend on the individual's unique needs.

So, one could make the argument that that is not effective communication.

And we would, of course, like it to be a little more black and white, a little more cut and dry that you must, because it would make everyone's life a little easier and a little clearer, especially when we're interpreting stuff.

But unfortunately in most of our language on federal laws, there's a little bit of squishiness to it, and so that's the problem and that is why advocates still have a job, basically.

So that, and we just threw in, and I know this is kind of an old settlement, it was from

2010 between DCF and HHS, and this was also an issue of providing appropriate auxiliary aids and qualified sign language services, so we kind of just threw that in there. And I know that you all are very well versed in advocacy and the rights of individuals with disabilities, but we kind of wanted to put that in there.

And then what we really came to talk about is -- drum roll, please -- collaboration and how we as an agency can collaborate with you all, and I'll turn that over to Barb.

>> BARB PAGE: So because a lot of what we do is in individual cases and individual investigations and my clients will call and say, you know, I was denied an interpreter at whatever location, whether it's a doctor's office or a hospital or the hospital provided VRI and that was ineffective and they didn't provide an interpreter in its stead, one of the things I would like to know, and I know that this Council, I think back in 2006, did videos that showed -- there was a task force that did videos for, like -- for, like, in a medical setting, what happens when there's a sign language interpreter provided versus when it's not provided, and I found that on their website and I thought well, that was back in, I think, 2006 and we're still, you know, we're still always revisiting the same issue over and over again.

And systemically, I'm having a trouble figuring out how to resolve that physicians are educated and recognize the importance of spending the money to make sure that there's an interpreter there for their patient who cannot communicate efficiently and effectively without the interpreter.

And I know Karen was talking about earlier about how she does this training for med students and I think that that is terrific, but I don't know that it's pervasive across the state. And I just, you know, would love to know more, like, how could we, the Council and Disability Rights Florida can work together to make a systemic change to make sure physicians understand what their obligations are and hopefully listen to their patients better.

>> KAREN GOLDBERG: Well, I think you're singing to the chorus here and my ears just perked up -- my ear.

[Laughter].

>> KAREN GOLDBERG: So, before I go on and comment on that, LaShay, Cindy is saying on the phone that the speakers are inaudible on the phone. Is that -- is the microphone connected to the phone?

>> LaSHAY: No, no, not at all, it's probably because she is close to the speaker here and it's possible she's hearing an overlap of what she's saying.

>> KAREN GOLDBERG: So Cindy is saying there's an echo?

>> DEBBE HAGNER: No, she said the speaker is inaudible on the phone, so I don't think if the speaker is here or there.

>> CINDY SIMON: Can you hear me?

>> KAREN GOLDBERG: Yeah, we can hear you. Speak for yourself. What are you saying?

>> CINDY SIMON: I've been trying to say this for a while, but I had to skip from one space to another and I didn't have CART, and I would get two words and then nothing for the next two minutes and then a burst of two words.
So, I can hear [indiscernible] but otherwise I cannot hear the speakers at all.

>> LaSHAY: Okay. Make sure everyone is on mute.

>> CINDY SIMON: And it's not me being on top of anything, this has been the same thing all day long.

>> MONICA PITTS: LaShay, can you tell them how to mute their phones?

>> LaSHAY: Tell them to put it on mute.

>> KAREN GOLDBERG: Okay, thank you, Cindy, we're doing what we can on this end. But if people on the phone can mute --

>> LaSHAY: Those that are not responding, put their phones on mute.

>> KAREN GOLDBERG: I think there's only one person on the phone line then.

>> CINDY SIMON: My phone was on mute, [indiscernible] while I was riding so --
[Distorted audio].

>> LISA (CART CAPTIONER): CART cannot understand; I'm sorry.

>> KAREN GOLDBERG: Yeah, and the phone that you are on right now currently, it's very difficult to understand you too, Cindy, so it may be a connectivity issue.

>> CINDY SIMON: All right. I'm holding the phone to my ear, so there is not much else I can do. It could be that it's blending here as well and flushing everything.

>> KAREN GOLDBERG: Yeah, because we can't really hear you very clearly.

[Telephone beep].
[Pause].

>> BARB PAGE: So do we have -- I mean, any questions or comments, you know, please, now is a good time for us to address them.
If you, the council members, have any ideas for working collaboratively with Disability Rights Florida to try to resolve this systemic issue, we are wide open to listen to ideas.
And of course, in your -- as you go back home and you start working in your community and with your friends and family and colleagues and clients, you know, please be sure to refer anybody who's having problems with being accommodated, to please contact Disability Rights Florida.

>> KAREN GOLDBERG: I think this is a tremendous presentation and I thank you very much.
I think many of what the things that you spoke about and what you're putting up there right now on the board are the exact same types of discussions we have on our council

every time.

And Debra has something she would like to share.

>> DEBRA KNOX: I was just going to say that oftentimes our public comment, the individuals who come and share the challenges that they've had with us as a Council throughout the state is often related to these -- to the same exact issues; it is effective access to communication, particularly with medical appointments and hospital visits.

And so I do think if there was something that we could do to come up with some way to affect systemic change, we could change the world [laughs].

>> KAREN GOLDBERG: Yes, Debra -- Debbe?

>> DEBBE HAGNER: I was wondering, is it possible that we could add her website and her name on our council page?

>> DEBRA KNOX: Oh, yeah, that's a good idea.

>> KAREN GOLDBERG: I would think we could, but let's ask. Monica?

>> MONICA PITTS: We can make sure that would be okay with Shay and there's not any conflicting information there.

>> KAREN GOLDBERG: And Tiffany, I saw your hand up.

>> TIFFANY BAYLOR: It's just a quickie, this is Tiffany Baylor. As the coordinator, I answer phone calls from the community related to questions for about hearing impairments and things and one of my most common is this issue where someone is needing an interpreter or something like that at a doctor's office.

However, I'm not getting the calls from the client, I'm getting the calls from the doctor's office.

And their biggest concern is the cost that it will take to secure an interpreter for this particular client, and one of the things that comes up repeatedly is this works for all my other clients, I've been using this particular program and this for this long and it's worked. So why should I have to incur higher costs because the client is much more rigid and accepting only one means of communication to be used?

How should I deal with that? Because I'm going to get more calls just like that.

>> ANN SIEGEL: Well, one of the things I would say is as an attorney is liability. So if you want to ensure that you're providing appropriate medical care with informed consent, you want to make sure that your patient is truly understanding and able to have that exchange of information.

So, one of the things Barb has been very creative about, sometimes insurance will cover an interpreter, certain insurances do, so -- but ultimately, as a doctor and the oath you take to serve your patients, it behooves you to serve them and make sure.

I wouldn't want to advise someone legally of something and only have half the story, because they weren't able to effectively communicate with me and I wasn't able to communicate with them. That would be ultimately legal malpractice.

So I would say the same for the doctor. We advise them that, you know, effective communication, as you've seen, is a two-way street. But if somebody may be able to -- and we've had clients who said, you know, reading notes are not good for me

because I also have a learning disability. So that's not effective.
So I think that the doctor has to be a little more flexible too and understand ultimately, and I'm sure their malpractice carrier would like them to be effective in their communication.

>> TIFFANY BAYLOR: Exactly. One of the things that comes up is the concept of undue burden.
I researched a little bit with that ADA after starting to get several of these calls and undue burden in the ADA, it lists that line of things that, you know, could be considered undue burden based on the size and the cost and things like that.
But they want a specific, how many employees do I have to have in my practice? Because I have five and I really need -- I think that would be an undue burden with me having such a small practice. What do I do?
So is there anywhere in the ADA that lists how many, what's the percentage to make it an undue burden? I didn't see any and I was just wondering.

>> BARB PAGE: No, I don't know that there's anything specific that would satisfy the doctor's question there.
When you run into an obstacle like that, encourage them to call the ADA hotline through the Department of Justice.

>> TIFFANY BAYLOR: Okay.

>> BARB PAGE: And they will tell them their opinion of that, which I think, in my experience when I've researched that, the Department of Justice will say when a doctor or an organization is claiming undue burden because of financial hardship, they will -- a lot of times the doctors will say well, you know, Medicaid is only paying me X amount of dollars, but I'm putting out almost double that for the interpreter cost.
And then from what I understand, the DOJ would say well, you have to look at your overall budget, your whole budget, not just that one patient's income versus expenses.
You know, it's sort of like electricity. You know, it's a cost of doing business. You have to have enough power on.

>> KAREN GOLDBERG: Let me ask a question related to that, is I'm a -- I have a very small private practice and it's all, you know, what I can do, so I see patients who are deaf and hard of hearing and I say to them, well, they all know me for years, you have the right to request an interpreter to facilitate the communication and really none of them want one, okay. That's up to them, it's their right. Even though I sign, it's really up to them. Okay, I don't want to miss anything, it terrifies me. Well, to miss anything on any patient, you never want to miss anything.
But there are patients who speak different languages such as fluent Spanish speakers or other types of languages and I'm not fluent in every language on the planet, so there are some patients that I would refer to someone else that is a fluent Spanish speaker and would meet their needs best.
Is it okay for someone who doesn't sign to say you would be best treated by someone who's fluent? I get a lot of referrals that way, but...

>> GLENNA ASHTON: Who?

>> KAREN GOLDBERG: Well that's the question is who.

>> GLENNA ASHTON: In South Florida, I only know one doctor who can sign and nobody else.

>> KAREN GOLDBERG: Right, that's a little bit different. Right, so it's availability.
But when I was at USF, we had such a strong interpreting program, you can pretty much go anywhere.

>> BARB PAGE: So, my two cents, my non-lawyer two cents on this is if -- because foreign language is not covered under the ADA --

>> KAREN GOLDBERG: Well, that's true!

>> BARB PAGE: -- so if you are referring someone to a Creole speaking profession for your Creole speaking patient, that's great. But then I think that a doctor cannot say to a deaf patient, I'm going to send you to Dr. Karen because she can sign. And that absolves him or her of having to pay that cost of the interpreter.
So I think that's a violation of ADA, but not treating your patient simply because of you don't want to provide the accommodation.

>> DEBBE HAGNER: Glenna?

>> GLENNA ASHTON: Okay. Two things. I have heard stories of doctors refusing to treat patients because they didn't want to pay for an interpreter. That's one.
And I'm from South Florida where the status of always going to the doctor, and many have said they don't use interpreters every time, they know when they need to use interpreters and when they don't. It's going for a regular blood pressure check or anything like that, they don't bother with that, but they found a serious diagnosis and then they want an interpreter.
So it's not -- as far as I know, I don't think there's -- they demand an interpreter every single time they go in, they have one interpreter every time there might be a discussion or whatever, so for a doctor, I wonder about that doctor calling in and objecting, and for me, they got to a point where they need more communication.
But most of the stuff, people, they choose when they want to use an interpreter and when not, but they know it doesn't make sense, you go and you have your blood taken, you don't need an interpreter for that, you know.

>> BARB PAGE: And --

>> GLENNA ASHTON: So for that doctor calling and complaining, you have to wonder, you know, what the situation is.

>> BARB PAGE: And unfortunately, I think that a lot of times that if the patient and the doctor have a good relationship where they can communicate at one point together and say look, for basic easy appointments, I won't ask for an interpreter, but if I'm coming in for something serious, I'm going to ask for an interpreter.
But we see a lot of problems with first-time patients and I think a lot of the calls maybe Tiffany is getting from doctors are new patients, where they've not seen that doctor yet and so the doctor is, like, well, I've always done it this way.

>> DEBBE HAGNER: Mary, go ahead.

>> KAREN GOLDBERG: Mary?

>> MARY HODGES: Thank you. I was going to ask something related to that whole question about communication.

So if it is a new patient and most doctors, before they -- because sometimes they're not taking new patients, but if they are taking new patients, can that be something that they ask initially, "do you need accommodations to communicate or something like that?"

>> BARB PAGE: That would be wonderful if they do that! But they don't.

>> MARY HODGES: We were talking about collaboration, we were talking about education, awareness, things like that.

It's not just one side of that, I don't think, I think everybody needs to be -- needs to be educated.

So, from a patient perspective and also from the physician perspective, if we know we have a communication need, I think that -- I don't know, it's just a matter of public awareness and communication and how do we get that information out.

I don't think that doctors really don't want to do the right thing. I think that they want to do the right thing in a less burdensome way and if there's a way that this whole thing can be made easier, like you were saying, maybe if they hear it from their attorney or -- well, not their attorney but their insurance company saying here's why this is important or make that part of their plan or what have you, then it's easier for them to be prepared to know that that's something they need to do, or have the calls -- the dollars, the insurance, to cover that.

>> BARB PAGE: In an ideal world, a private doctor would set up their practice and have that sign that says "If you need accommodations or effective communication" or really any accommodations for any disability, you know, please see the front desk or whatever, and then also that they would, in building their budget, their yearly budget, you know, put in there the amount that they anticipate they might need to pay for accommodations like sign language interpreters or accessible tables that lower and, you know, build into their budget that kind of stuff that really makes it accessible to everyone with a disability.

>> GLENNA ASHTON: Right. You hit on the one thing that I'm always saying is that business and organizations, doctors, everybody, don't have a line item for accommodations, because everybody thinks oh, put in a ramp, we're done, put in the bars, we're done, put in this, we're done, and they don't think of putting in a line item for accommodations and we need to talk to them about that and that would solve a lot.

>> BARB PAGE: Yeah.

>> ANN SIEGEL: And I think, honestly, it goes to education and awareness. You know, like you said, it's not that they're intentionally choosing to not accommodate, it's the lack of awareness and understanding, because there are lots of individuals out there who don't and are not aware of the obstacles that individuals with disabilities are constantly getting thrown in their way, and so if doctors are made aware, if we are able to educate and Barb had come up with a good idea about talking to med students and individuals who

are going to go out into practice and say these are individuals that oftentimes our complaint is we're not at the table to make people aware of the things that they need to do and what their responsibilities are.

>> KAREN GOLDBERG: Yes?

>> GLENNA ASHTON: On the other hand, something is happening, and I use the video phone to call for an appointment or something like that, and they told me we're now doing a phone call and for a person using sign language, I don't know, what do they say, or something... a method of calling a person for using sign language or whatever it is, the interpreter....

And several times it has happened and they would be aware that oh, okay, so do you need an interpreter? And I'm [Sighs]... oh, no. Unless they have a phone, no, but one-on-one, I'm okay, group, forget it.

Chris, have you ever had that happen to you? Where you call and they're immediately aware?

>> DEBBE HAGNER: Yes, I had to make an appointment to have the colonoscopy and they said that I'm deaf and I let them know, oh, sure, we would be happy to provide you with a sign language interpreter. I said oh, great, so they did. Great.

>> GLENNA ASHTON: I think it's the funds because the Tampa area has a lot of deaf and South Florida has a lot of deaf.

And it helps, with the video phone and announcing that I'm interpreting for a person who uses sign language and helping and the awareness, that's one way, so...

>> DEBBE HAGNER: Cindy has her hand up. Yeah, it's time. Yeah, Cindy, go ahead.

>> CINDY SIMON: Okay. I just have a question. Is this something that is in our professional board something needs to be written about accommodations or providing accommodations -- that we're providing accommodations appropriately and put everybody on notice?

[Pause].

>> DEBBE HAGNER: Repeat that please, Cindy, we didn't catch the last part.

[Pause].

>> CINDY SIMON: Yeah, the question was in our professional licensure board for healthcare and medical professionals, you know, we have licensure bar and we have rules and regulations.

Is that something that you can put in there that under ADA, you must provide accommodations upon request?

Where at least if there's no, you know, if you can't refer someone else, and they're coming to you or if they turn down patients because of this, we blended it for the Florida medical board and that maybe physicians could have input when they need to get an interpreter or some other accommodation.

>> KAREN GOLDBERG: I am not sure how to answer that question. Glenna, then Debra.

>> DEBRA KNOX: NAD has been working on the idea of convincing medical insurance companies for them to cover interpreters. You mentioned that some do so maybe that could be expanded too.

>> DEBRA KNOX: This is Debra. I do think that Cindy brings up a very good point. When we talk about, like, professional licensure, you know, for audiology, for speech pathology, for medical doctors, it all has to go through the Florida Department of Health.
Funny that our Council is Florida Department of Health.
I wonder if there's any means to communicate with the different licensing boards across the different professions. That could be some avenue for at least promoting awareness of accommodations that might be necessary. And maybe that's just a very small piece of a larger picture of things that could be done, but it's got to start somewhere.

>> KAREN GOLDBERG: Good thought. Debbe?

>> DEBBE HAGNER: Real quick, I had worked for IBM for 13 years and when I was working for IBM, they made just a big issue when I needed an interpreter, because you've got all these acronyms and all these things that they're talking in IBM language.
I mean, they really literally made a big issue about it, oh, that's going to take it out of my budget, blah, blah, blah, why do I have to pay $75 an hour for an interpreter?
And it's, like... I felt like I was being punished for being deaf.
And I didn't like that feeling.
And it was... and then one friend of mine, after I got laid off, said why didn't you tell IBM that they should take it out of their IBM money instead of the budget money? And I never thought of that.
And I think that all companies should contribute to a pool of money, a million dollars, just for all companies to use interpreters where there's deaf people.

>> GLENNA ASHTON: For me, a line item is important when they do their budgeting every year, they should put in a line item.

>> DEBBE HAGNER: And by the way, do you have a newsletter that we can share that with our people in our organizations?

>> BARB PAGE: We have an annual --

>> ANN SIEGEL: An annual report.

>> BARB PAGE: -- an annual report that -- I don't think we have, like, a quarterly newsletter or anything like that, but an annual report.

>> DEBBE HAGNER: I think a newsletter would be, like, tips for the month or are you aware of this?

>> BARB PAGE: Our website is updated with different tips and techniques and different bits of good information, so our website is a good resource for people to go to periodically to see, we have podcasts, we have videos, we have information.

>> DEBBE HAGNER: Is it -- do I have your permission to add your link to our HLAA chapter website and ALDA?

>> BARB PAGE: Yeah, yeah, the Disability Rights Florida website, yeah, absolutely.

And anybody who wants to refer someone to Disability Rights Florida for assistance, just have them call that number for intake, because, you know, it could be for any numerous areas of services.

So, you know, like she mentioned IBM and, you know, we do some employment stuff too and we do special education and so many other different things, so please refer people to us.

>> KAREN GOLDBERG: All right. This is a fantastic presentation, I just really enjoyed it a lot.

And I'm going to send you all the information on national class standards and I'm hoping that we can, in fact, collaborate with you.

Our committee -- our council has talked about having a Rally to Tally in February at our quarterly meeting, which is during the time that Legislature is in session, and to commemorate the 30th anniversary of the ADA and so we would love to certainly combine with you and have you about a part of that.

>> ANN SIEGEL: Great.

>> BARB PAGE: Sounds terrific.

>> KAREN GOLDBERG: Okay. If we can get this Hindenburg off the ground.

[Laughter].

>> GLENNA ASHTON: Are you in Tallahassee? Hollywood? Where?

>> BARB PAGE: Ann is from the Hollywood office and I'm in a satellite office in St. Petersburg.

>> KAREN GOLDBERG: Oh, we can meet in person. You meet with her, I'll meet with her.

[Laughter].

>> KAREN GOLDBERG: And we'll talk to Tiffany because we can't talk directly.

[Laughter].

>> KAREN GOLDBERG: Oh, it's break time! It's break time.

>> BARB PAGE: Thank you.

>> KAREN GOLDBERG: Thank you.

[Applause].

[Break].

>> KAREN GOLDBERG: Okay, folks, welcome back. I hope you had a nice little break.

We are here now to talk about our committee meetings. And we're gonna start with Darlene with the Web Committee. And Debbe's also on that.

>> DARLENE LAIBL-CROWE: Do what now?

>> SHAYLA KELLY: The Web Committee.

>> DARLENE LAIBL-CROWE: Hmm?

>> SHAYLA KELLY: The Web Committee. Are you ready?

>> DARLENE LAIBL-CROWE: Oh. I don't have anything.

Hi, this is Darlene. I really don't have anything to report, but I do know that the Facebook page has gotten more likes and a lot more views, but I don't have those figures with me.

Debbe, do you have anything you want to say?

>> DEBBE HAGNER: Yeah, we've been getting a lot of postings, Shay has been posting different things, we have been getting postings. I want to report how many friends and followers we have.

We have over 800 likes, and so we're doing really good.

>> DARLENE LAIBL-CROWE: What do you think that everyone can do when they go on to our Facebook page? Invite your friends, invite your friends to like the page. And that would help too.

>> KAREN GOLDBERG: What else?

>> GLENNA ASHTON: Question: Have you been paying attention to messages that are sometimes posted, people looking for help and people responding? Are you keeping track of that?

>> DEBBE HAGNER: No, and I apologize for that. But I will be more careful of that.

>> GLENNA ASHTON: And the comments. There's one person in particular I see making comments and I will --

>> DEBBE HAGNER: I caught that one, yes, I know who it is.

>> GLENNA ASHTON: Okay, yes.

>> KAREN GOLDBERG: Is making what? What is one person doing?

>> GLENNA ASHTON: It's kind of sticky...

>> KAREN GOLDBERG: Not making positive comments? Making negative

comments?

>> GLENNA ASHTON: He's doing -- well, opening up, I see his name and I go hmm... and I see the negativity coming up again, and I know who he is and his situation and... basically it's best to ignore his comments, let's just put it that way.

>> KAREN GOLDBERG: Well, we invite everybody's comments. But we can choose to ignore.

>> DEBBE HAGNER: I know there was people looking for jobs, looking for interpreters, there was interpreting training, they were looking for interpreters.
A lot of information, videos, how to make your home safer for deaf and hard of hearing, deaf-blind.
But next time when I see there's a problem on a posting, I will take the initiative to forward that to Tiffany.

>> GLENNA ASHTON: Okay. Because I know that before with the phone calls and the e-mails and to develop, like, a list to respond to it right before Christmas and we need to do the same thing for Facebook, because a lot of it can be the same thing.

>> KAREN GOLDBERG: Right. So I think sending those comments to Tiffany would help her to generate that list, not just calls that she gets, but what we're seeing on the website.
Yes, Tiffany?

>> TIFFANY BAYLOR: Good afternoon, this is Tiffany again. Are we talking about the Facebook website or the one where we would be taking analytics from?

>> GLENNA ASHTON: This is from the website, but we also have a group page on Facebook.

>> TIFFANY BAYLOR: Right, okay.

>> GLENNA ASHTON: So you might want to add her as an administrator so that she could see what's going on there.

>> KAREN GOLDBERG: That's a good idea.

>> GLENNA ASHTON: And Facebook does provide statistics too.

>> DEBBE HAGNER: I think Chris has the authority to add Tiffany.

>> CHRIS LITTLEWOOD: Yeah, I think I do.
The only thing, one time -- this is Chris -- at one time I don't know if the Department of Health was supposed to be involved with maintaining the social media website. That was supposed to be independently done by council members, because it's not an official DOH website.
So, that may be something we need to check with Shay on before we add Tiffany as a state employee do that.
So, if you could just check and you're welcome to send me an e-mail and say yes,

please add me, and I would be happy to do that.

>> TIFFANY BAYLOR: I will do that.

>> KAREN GOLDBERG: Fantastic.
Anything else on the Web Committee?

[No response].

>> KAREN GOLDBERG: Okay. Let's move on.
Education/Medical/Outreach/Technology Committee, Gina Halliburton and Cindy Simon co-chairs.
I feel like I'm announcing the Academy Awards.

>> CINDY SIMON: Hi, everyone.

>> KAREN GOLDBERG: Hi, Cindy.

>> CINDY SIMON: I have nothing to report at the moment. However, I know that we are getting the conference calls set up and I guess that we're also going to have to get quotes for the PSA and I think that we need to find out and how we can do this, either Shay or Tiffany, this is coming in mostly to Tiffany, and there is material they already shot and if we can continue from there or do we have to go back from scratch?

>> KAREN GOLDBERG: So, Cindy, correct me if I'm wrong --

[Talking over one another].

>> CINDY SIMON: We'll be soon having a conference call.

>> KAREN GOLDBERG: Cindy, correct me if I'm wrong are you saying that we're going to go professional with a company to help with the PSA? I remember that in the action item? Is that what we were talking about? Am I wrong?

>> CINDY SIMON: Well, what I was reviewing, I thought I had said that because we were doing it [indiscernible] I could be wrong, I was going through a whole bunch of e-mails from getting back from my trip and it could have been an old e-mail, but I know that everything was put on hold because the person doing it was changed and a change in the department.
[Distorted audio].
I'm not sure how fast that's going to come up.
In the past, we put it out for bid, but when I was reviewing the bylaws, it said that David is supposed to do that, so I'm not sure what the story is.
[Distorted audio].
However -- well, we'll figure it out when we have the conference call.
And in the CART, I did not say that David was supposed to do it, I thought the state was supposed to help us. I did not say any name.

[Note from CART Captioner]: I'm sorry, Cindy, your audio is pretty bad.

>> KAREN GOLDBERG: So, what are we hoping to achieve with David?

>> CINDY SIMON: No, no, no, there's no David.
Apparently you guys can't hear me very well.
I said when I was reading the bylaws, it looked like it said that the State would help us with this, so maybe we need to go back to that department, but if we have to go outside, maybe it's just adding a couple of things that we can use that have already been shot.

>> KAREN GOLDBERG: Cindy, I'm sorry, I really want to make sure I'm understanding. Are you on a speaker phone right now? Because it's really muffled.

>> CINDY SIMON: Well, I'm not on a speaker phone at all.

>> KAREN GOLDBERG: Okay. It's just really muffled, so that's why I thought I heard David.

[Talking over one another].

>> CINDY SIMON: I've been trying to follow this all day and you guys are coming in muffled as well.

>> KAREN GOLDBERG: Oh, okay, so you're hearing it as well.

>> DEBBE HAGNER: Is there anything that the AV can do better as far as the quality?

>> CINDY SIMON: And I am actually on my cell phone and I am not on speaker. Earlier today, I was on the landline at the office, and when I left, I switched it to speaker -- no, not speaker, I'm sorry, to my cell phone.

>> KAREN GOLDBERG: Okay. Going back to the action item for the PSA, it stated that we confirmed that we will work with an outside vendor to complete this project. We will gather quotes and --

[Talking over one another].

>> CINDY SIMON: That's what I thought.

>> KAREN GOLDBERG: No, I'm just reading, I'm just reminding us because it's hard for us to hear you.
Okay. So it sounds like we're in the process of getting that information.

>> CINDY SIMON: So, in the past, and Chris can help with this, what we did is we put it out for bid. We got two or three bids in and we picked out one company.
Then that was nixed. That was taken out, because the State was going to do it.
And then the guy got out and then that's how we left it.
I think it's something that Tiffany has to put out for open bids.
Chris probably knows more about that process. And can probably make some suggestions.

>> KAREN GOLDBERG: Okay. Chris?

>> CHRIS LITTLEWOOD: This is Chris. I've been plenty involved with procurement and RFP process, but elsewhere, outside of the state of Florida, more with the college or with previous employers.

So, my last recollection on this project was that we did have some production that we did with the State, but it was incomplete and was it left there where we were starting from scratch and going back out to bid? I'm confused.

[Pause].

>> CINDY SIMON: Okay. This is Cindy. I remember we picked someone from the bid process and then we went in connection with the State. We're missing one or two lines and I actually found people to do that and then he never followed up.

So, if we can't get what we have and finish in, then we're back to the beginning.

I do have copies of everything and, you know, everything that people were saying or, I should say, the... what was it -- I'm blocking... um... what people have, you know, what the script was.

So, I have the original script. And the script that the State didn't like and made us change it.

So, if you want, at the next meeting I can try to get both scripts together and we can review it. Or we can skip -- we can keep with the last one and try to reshoot it.

At that point, the question is do we get actors to do that, as people come in, or do we go back and try to get real people like last time?

That's why if we can get a copy of that footage and just add to it, it would be much better.

>> KAREN GOLDBERG: Yes, Glenna?

>> GLENNA ASHTON: This is Glenna. We have been working on this PSA for so long, for a couple of years. Do we still have the money for it?

>> KAREN GOLDBERG: I think that's a great question. I was also thinking to myself what exactly is it about? I've forgotten; I'm not really sure what the PSA is about.

>> GLENNA ASHTON: The public service announcement, we were going to make a very short 30-second video about do you have a hearing loss? Different kinds of people that have a hearing loss.

So, for someone to have it investigated.

I know before, Shay said we had money for it, but it was, like, one, two, three years it's been going on. Do we still have the money for it?

>> MONICA PITTS: We'll look at that with Shay and double-check that.

>> KAREN GOLDBERG: And also maybe the Budget Committee can give us an update on it.

[Telephone beep].

>> KAREN GOLDBERG: That's a very good question, what is our budget right now to address the PSA.

>> CHRIS LITTLEWOOD: This is Chris. I was just going to ask Cindy, it's been considerably longer than two or three years that we've been working on this project, if I'm not mistaken. Is that right, Cindy?

>> CINDY SIMON: It has been so long, that this probably goes back to when Mary Grace was still there.
The first time we worked on it, before doing any PSAs, when we created that brochure. The brochure that hopefully you've all seen was basically the script for the original PSA, with minor changes.
Then we came back to the PSA, we came up with the script again. When the State said they would do it at no charge to us, was my understanding, they redid the script for what they thought was the best way to get it all in, and he didn't finish it.
So, yes, this has been going on a long time.

>> KAREN GOLDBERG: Yes, Glenna and then Mary.

>> GLENNA ASHTON: On tab four where the budget is, I see a line that says special project parenthesis project deaf $1,000. Was that for the PSA or something else?

>> DEBBE HAGNER: This is Debbe. I think that was for the -- to pay for the exhibit, for the exhibit.

>> KAREN GOLDBERG: Yeah.

>> GLENNA ASHTON: Oh, It's A Deaf Thing. Okay.

>> KAREN GOLDBERG: Mary?

>> MARY HODGES: I was just going to say that I was on the conference call with Gina and Cindy, and I don't remember what is it, a couple months ago? And it was a subcommittee meeting and we did talk about the brochure.
And we felt comfortable with the brochure as it exists. Just making sure that some of the links that are on there are still current.
And if they were okay and if they weren't, take them out.
But just looking at it as we did on the call, we thought everything was still relevant.

>> KAREN GOLDBERG: Okay, great. Thank you for that.
Thank you, Cindy, for your update. And I think we'll talk about that when we get to the Budget Committee as well, about the funds.
Okay. Also on this --

>> CINDY SIMON: Just real quick. Before we move on, I'm sorry, just that there was that if we don't get the PSA done, we can do various brochures leading to various stuff and the whole goal of the PSA again was meeting with people who had a hearing loss from a licensed hearing healthcare professional.

>> KAREN GOLDBERG: Okay. Thank you very much.
You know, we talk about this committee and some of the other topics, I mean, this committee is huge. It has such a broad scope, which is why I had in the past

recommended maybe breaking it down, but it's education, it's outreach, it's medical, it's technology, it's EMOT, E-M-O-T, EMOT, so it's a lot of stuff, and from the medical perspective, gosh, you know, the two presentations today, one for the educational and also for the disability rights, really pertain to this, this committee.

And I do see that there will be opportunities that this committee could work with the representatives today and see how we can coordinate -- thank you for signing, I was struggling to think! [Laughs] I was, like, struggling with the word and she's, like...

[Laughter].

>> KAREN GOLDBERG: That's what I wanted to say!

So, okay. So technology, anything we want to discuss on that piece of it? Anybody?

The technology, I'd like to say, is working a little bit better today. Darlene seems much more comfortable with her setup. I would love to have seen that big giant screen work for her.

>> DARLENE LAIBL-CROWE: Oh, I'm not using the big one, I'm using my laptop.

>> KAREN GOLDBERG: Yeah, I noticed. But it seems like it's working better.

>> DARLENE LAIBL-CROWE: It's okay.

And my eyes are playing tricks on me.

>> KAREN GOLDBERG: So I think, LaShay, what are we missing for that big, just the technology piece of it?

>> LaSHAY: I went and brought this one, but apparently the one end is too small, so I'll go later on today and refund, get a refund and try the other one.

>> KAREN GOLDBERG: Okay. That's great.

>> LaSHAY: I picked the wrong one.

>> KAREN GOLDBERG: Okay. Thank you. Thank you very much for putting in that effort.

I've always wanted it so that when we are meeting, that we have as much technological advance as we can here. So that people who are on the phone are able to join us, maybe by Zoom in the future or by Skype or somehow we can see their face and make them feel more connected, rather than disconnected.

The CART streaming is great, I think it's great to have that, but I know seeing their face is better. I've tried to join full-day meetings on the phones and we really feel disconnect because there's sidebar conversations and snickering and you just don't feel connected.

Somehow for me, I'm a very visual person and when I see people, I can feel, you know, more connected with that.

Something for us to think about as we move forward.

>> DEBBE HAGNER: Maybe we should ask Shay if we're permitted to use Skype or what other technology is there to have face-to-face for people --

[Pause].

>> KAREN GOLDBERG: [Laughs]. I flipped an eyelash into my eye.

>> GLENNA ASHTON: And Zoom is often used by business, Zoom or GoToMeeting, Monica, does DOH use either one?

>> MONICA PITTS: We use GoToMeeting, it doesn't have a video aspect to it according to rooms, it's according to where you are, if you have video aspect.

>> KAREN GOLDBERG: What's nice about it is you can share a screen and so the people who are not able to be here can see the PowerPoints.
The other thing that we have never talked about, and it might be a good thing for outreach, is doing series of webinars for the community and for the public.
We've never talked about doing that.
It doesn't take a lot to set that up. It takes some commitment from our members.
I'm wondering if that would be something to put on an action plan or a discussion about setting up some webinars on the topics.
I think just -- we could start with just the topics as webinars for the public. What our committee does. For the EMOT, you could do one on education, one on, you know, medical, one on outreach, one on technology, right, and then the other committees could do it as well.
What do you guys think of that idea?

[Pause].

>> CINDY SIMON: This is Cindy.

>> KAREN GOLDBERG: Yes, Cindy?

>> CINDY SIMON: I would like to go back and in order to do that, [indiscernible] when there is a professional regulation [indiscernible] medical, maybe something on ADA accommodations would be a good one and we can offer it with [indiscernible] and everybody can attend it and get some professions, medical professions, and make it [indiscernible] I feel.

[Distorted audio].

>> CINDY SIMON: In addition to the ones where individuals sign on.

>> DEBBE HAGNER: Cindy, could you please repeat that one more time? We didn't catch that.

>> CINDY SIMON: All right. Maybe we can, if we're going to do a webinar, we can have one that's for professionals just like the -- like anyone in medical or healthcare professions have to take medical aid, maybe an update on ADA accommodations pertaining to the people that you see, if the State could require as a continuing ed credits, that could be a good way to garner more awareness, maybe more compliance, more acceptance.
In addition to anything we do for individuals to watch, in the general public.

>> KAREN GOLDBERG: You know, that's a really interesting thought, Cindy. What you are proposing is for the Department of Health to have mandatory for license renewal, for medical, maybe some other fields as well, on working with disabilities.

I'm up for renewal on my medical license. I have to take three mandatory classes for CME. One is on [chuckles] -- I have to remember what they are... they're streaming live tomorrow and I can get credit for them, but I think I've already taken them -- avoiding medical errors, which I think is obviously good. Which is the other one? HIV is one. What's the last one?

>> CINDY SIMON: HIV, medical hours, and I don't know if you have an ethics.

>> DEBRA KNOX: Ethics, probably.

>> KAREN GOLDBERG: Not ethics. Maybe it is medical ethics, maybe it is. I don't remember. Focus! Pay attention to these classes! [Laughs].

I've taken them before because I renew every couple of years. I don't think it's on HIPAA, it's not on HIPAA, but it would be really interesting if one of them was working with disabilities.

Yes, Debra?

>> DEBRA KNOX: This is Debra, I was just thinking along the lines of even what the earlier presenter, Mr. Walsh, was talking about, that RMTA (sic) is doing where they have a YouTube channel where we can have informal short videos if we wanted to do that and those don't have to be complicated either, just to just have something where keywords of what you title the video is searchable so that if a doctor's office was looking for information, they might be able to put in a search and find that information.

I don't know what the Department of Health's position is on something like that.

And, of course, we would have to get permission.

But that might be something that could be done. All you need is a computer with a camera. I mean, I post videos in my online portion of my course that I just tape myself sitting at my desk. It's easy, it's done.

>> KAREN GOLDBERG: That's awesome.

[Laughter].

>> KAREN GOLDBERG: Cindy, we're laughing because I spoke into my soda bottle instead of the microphone.

Yeah, I'm asking one of my colleagues what the three are and I should know, it's medical errors, it's HIV, and it's something else, it might be ethics, but I just wanted to check it.

And that's a real interesting thought. I think it may be difficult, but you have to get it past the medical board, the state medical board that's responsible. But that certainly wouldn't be impossible.

>> DEBRA KNOX: You've got to start somewhere.

>> KAREN GOLDBERG: That's right. We can start with just doing a presentation to them.

>> DEBRA KNOX: Right.

>> KAREN GOLDBERG: See, all kinds of exciting things.
Okay. It's 4:30.

>> CINDY SIMON: Karen? Don't forget that it's also with the other professions are the -- the Department of Business and Professional Regulation, so you might get it in there than the Medical Board and they might be amenable and say hey, this is something they need, and it helps to avoid medical errors. Maybe being part of the medical error course.

>> KAREN GOLDBERG: Actually these are very structured, those medical errors course, it's very structured and two hours.

>> CINDY SIMON: Hours vary, it's two hours, but different people approach it differently, so they're always different.

>> KAREN GOLDBERG: Okay. All right. I'm still trying to figure out the last one....
And all the physicians have to take prescribing narcotic medication as mandatory CME now.
Okay. Next committee is legislative, that's right.

>> GLENNA ASHTON: Legislative work. It's summertime, so nothing happens during the summer. In the fall, it's gearing up again to start contacting legislators and make calls to them not just for me but locally.
The legislation session will meet fiscal year 2020, I think it's March. Last year they started in January. So this 2020 would be March, so the fact that we're meeting in February will help some that we can see more legislators each year when there's not -- well, no, they will still have committee meetings.
So right now, we're just starting in the fall to get ready for the February meeting.
And the best way to start contacting your local legislators at home and say I'll see you again in February.

>> KAREN GOLDBERG: Thank you very much.
It's domestic violence is the last one, the last CMA that's mandatory, domestic violence.

>> GLENNA ASHTON: Oh, okay.

>> KAREN GOLDBERG: Okay. All right. We look forward to the Legislative Committee, the work that you've done has been tremendous in organizing us each year, Glenna, so we're very appreciative of that.
We look forward to having you actively involved in setting up the Rally to Tally 2020.

>> GLENNA ASHTON: Um... we would have to reach out for all of the organizations and get some time coordination going and --

>> KAREN GOLDBERG: Oh, yeah, this is why we really wanted to have an answer from our legal department about can we, in fact, reach out to our organizations.
I'm going to go with the answer is yes, we can.
Yes, Mary?

>> MARY HODGES: I think there's language in the legislation that creates the Council that talks about the Council being able to reach out to other agencies for support.

>> DEBRA KNOX: Yes, yes.

>> MARY HODGES: So, I don't know if that needs to be interpreted, but it says that the Council should be doing that.

>> KAREN GOLDBERG: Great. If we have a few minutes before public comments, I want to discuss the Rally to Tally, if we can. Okay.
All right. And our last committee meeting is the... um... what was it? Oh, budget. I was on the tip -- it was, like, we were talking about it. Yeah, the Budget Committee. Yes, Tiffany?

>> TIFFANY BAYLOR: Good afternoon, this is Tiffany again. I received -- I gave the budget, a copy of it, inside of your binders. I presented it to Cecil Bradley, who wrote: Good morning, the budget looks good to me. As you know, I will not be able to attend the next meeting, so I'd appreciate you sharing this with the Council during the meeting.
There it is inside the binder.
And I am going to go through a few of the points as we go.
As you guys have talked about earlier, our services, our allotted amount was you see down there as our total, total budget was 119,848.
And encumbered thus far was 49,666.
What has been used in July, a total of 1,291.69 with the special projects being one of them and travel being the other, and I believe the special projects is It's A Deaf Thing, paying for that booth. Is that what that was? I believe that is what that was.
And so that's where we stand. And this is going to be a really limited discussion of the budget, because this is the new fiscal and nothing has been really spent-spent yet.
I've also included in the binder last year's, so that you can use it as a comparison to where we were then and how much we have used by the first month in that fiscal year to compare it to what we've done thus far and what our projections are.

>> KAREN GOLDBERG: So our total budget for each fiscal year or for this fiscal year is $119,848?

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: What does the encumbered mean?

>> TIFFANY BAYLOR: I believe the encumbered is, I don't want to say promised off, but --

>> KAREN GOLDBERG: Got it. I see what you're saying. State of Florida register announcement, what does that mean exactly?

>> TIFFANY BAYLOR: Let me check real quick...

[Pause].

>> GLENNA ASHTON: I think that's a required two weeks public notice for each

meeting.

>> KAREN GOLDBERG: That's $17,000?

>> DEBRA KNOX: No, it can't be.

>> KAREN GOLDBERG: How can that possibly be? Are you printing the JumboTron to announce it?

>> TIFFANY BAYLOR: I'm going to have to check with Shay and the Budget Committee on what that actually is, because I don't think it's the registration of that every quarterly meeting or anything like that.

So, it is a line item that I'm not familiar with. So I can check and get back with you all on that.

I'll actually send an e-mail to explain that once I find out.

>> KAREN GOLDBERG: All right. That would be great. Just so we know. Yes, ma'am, Mary?

>> MARY HODGES: I was going to say, last year it was $250.

>> KAREN GOLDBERG: Yeah, last year was allocated 250 bucks.

>> TIFFANY BAYLOR: Mmm-hmm. That's why it would make me think it possibly is an error or something like that.

However, Cecil took a look at it and he was very comfortable with it, so...

>> KAREN GOLDBERG: Somebody got an incredible raise!

[Laughter].

>> CINDY SIMON: This is Cindy. Are we looking at the amount encumbered?

>> KAREN GOLDBERG: Yes.

>> CINDY SIMON: Because that's where we're obligated to for accommodations for all the meetings. That's part of it.

>> DEBRA KNOX: No.

>> KAREN GOLDBERG: No, that's not exactly it.

>> DEBRA KNOX: They have that broken out.

>> TIFFANY BAYLOR: Yeah, that's broken out, for the CART and the interpreting services and the Vanguard.

>> CINDY SIMON: Okay. I don't have it in front of me so I can't see what they did.

Is it also broken out for the hotels and the travel in there?

>> KAREN GOLDBERG: Yeah, that does not include travel. This is $17,000 that states it's for the Florida Administrative Register and it's listed this time as state of Florida register.

So we need to clarify.

Also, there's a lot of misspellings on this, I don't know if they're abbreviated or... it's a little confusing.

So, if we can just double-check that.

>> TIFFANY BAYLOR: I certainly will. I will get back with Shay and send an e-mail with a lot more detail explaining what these line items are.

>> KAREN GOLDBERG: All righty. Absolute Quality Interpreting, is that who we have now? Okay, thanks. Last year I think it was --

>> DEBRA KNOX: Accurate Communications.

>> KAREN GOLDBERG: Okay, see, that helps me to know. I mean, I didn't know they were the interpreting company, I just thought that we were going to pay a lot of money for Accurate Communicating.

Okay, yes, Mary? Somebody's hand went up.

>> MARY HODGES: I was just going to say I think those two numbers were switched, because the Accurate Communications last year was 19,000, which is right.

>> KAREN GOLDBERG: Oh, yeah, okay [laughs]. Yeah, it says we're only paying $350 for the year for the interpreting service. I want to thank you all very much for working for three cents a minute!

[Laughter].

>> TIFFANY BAYLOR: Okay, that's -- thank you, Mary, for your --

>> KAREN GOLDBERG: I was just shocked by the 17,000, I didn't look for any other error. But I think you're right, those were transposed. Okay, fair enough.

All righty, what else do we need to discuss on this?

We wanted to have the special projects. Right now we don't have that written in, nor do we have the PSA. So PSA I think should be on there, if we plan on doing that.

The other thing I would like to add to the budget is the possibility of doing some webinars, okay. I don't think it would cost a lot of money, maybe negligible, but we really should have it listed as a line item.

And looking into GoToMeeting, if there's a cost for having that be part of the meetings, okay?

So, what's the phones? What does that mean? This? Having the phone line here? Is that what that means? The conference call is charging us?

>> MONICA PITTS: Well, it's a zero line item, so I don't think it's an issue.

>> KAREN GOLDBERG: Yeah, I don't know what that means, unless they're planning on providing us with iPhones. So I want the XR plus.

[Laughter].

>> KAREN GOLDBERG: If it's zero dollars, why is it listed. I mean, like, cheese, we're not paying for cheese, so why isn't that listed? Are we paying for cheese?

[Laughter].

>> KAREN GOLDBERG: So we have several projects we want to do this year, It's A Deaf Thing and DeafNation.

>> GLENNA ASHTON: DeafNation.

>> KAREN GOLDBERG: Is when? Next spring?

>> GLENNA ASHTON: I think 2020.

>> KAREN GOLDBERG: 2020, so it's next year. So It's A Deaf Thing is October and then --

>> GLENNA ASHTON: Well, DeafNation is before, that's in March?

>> KAREN GOLDBERG: March, okay. So the other thing is that we may want to discuss a budget line item to support the Rally to Tally. Because I want a purple sash that says Queen Bee and ears, I definitely want the squishy ears this year.

>> DEBRA KNOX: I hate those!

>> KAREN GOLDBERG: Okay. All right. So what time is it right now?

>> MONICA PITTS: 4:43.

>> KAREN GOLDBERG: Okay. Can we take 15 minutes and discuss, I mean, my vision for the future of going to Rally to Tally before public comments? Yes, ma'am?

>> DEBBE HAGNER: I was thinking we should have a mission statement for the Council, a goal for next year.

I'm sure that with Tiffany, that I would like to see something accomplished for once for this Council.

>> KAREN GOLDBERG: Not for once! We've done things. But something concrete for this year, okay. So that you guys don't call me a lame duck chairperson. I don't know if that's the correct terminology for it.

But I would like to see a Rally to Tally, and I will lead the charge just by myself if I have to with my purple sash and my ear squishies, okay?

All right. So let's talk about it. That's our mission. And I think our mission needs to say something more than let's accomplish more than one damn thing!

>> DEBBE HAGNER: I think we should pass out the earplugs for people so that we can help them protect their ears.

>> KAREN GOLDBERG: Oh, I thought you meant for now so that people don't have to hear me talk anymore.

[Laughter].

>> KAREN GOLDBERG: Mary? Or was it Debra? I have no idea whose hand was up. It was Debra. Mary was going to do it, she was, like, I don't know what you want me to say, I'm going to say something!

[Laughter].

>> KAREN GOLDBERG: All right, Debra.

>> DEBRA KNOX: I don't recall in our previous meetings when we had the conversation about doing the Rally to Tally, where the line gets drawn between whatever we're allowed versus what we're not allowed to do through the Florida Statute and Department of Health.

>> KAREN GOLDBERG: Okay. So let me express my frustration of that. It was November, right? Or February that we wrote the letter, okay.
But May, we finally, you know, we finalized it.
But, okay, let's say May, all right, that's still three months that somebody could have given an answer. And I've been e-mailing regularly: What's the response?
But our bylaws, that's why I really wanted to read these bylaws [chuckles], our bylaws say that we can be -- she's reading it right now -- that we can contact our individual agencies and see if we can't put together something.
I mean, I don't know that we're breaking the law by saying we want to educate and inform the Legislature about the issues about deaf and hard of hearing and deaf-blindness.
I think that -- and commemorate the 30th anniversary of the ADA. Yes, Glenna?

>> GLENNA ASHTON: And the bylaws, in Section 5, the duties and goals, it discusses what we can do, and A says provide information and assistance to State Legislature, and then B says promote public and individual advocacy.
So I would think that --

>> KAREN GOLDBERG: Okay. Tonight I'm going to --

>> GLENNA ASHTON: Address what we can.

>> KAREN GOLDBERG: Tonight I will draw up an announcement to our agencies to celebrate the Rally to Tally and present it to all of you tomorrow morning and you guys can give me some feedback on how we can -- what we can do with it.

>> GLENNA ASHTON: You're giving yourself homework. You have the letter to write and now the announcement to make?

>> KAREN GOLDBERG: The letter's done, I did it five minutes ago. Go ahead.

[Laughter].

>> GLENNA ASHTON: Oh, okay.

[Laughter].

>> GLENNA ASHTON: Well, who's going to be -- I'm going to be focusing on the Legislature appointments, so I...

>> KAREN GOLDBERG: Right.

>> GLENNA ASHTON: That's enough for me.

>> KAREN GOLDBERG: Right, except that if there's a Rally to Tally, there may be more people who want to meet with Legislature, so that's going to be a big job because you will have to put them into groups.
Mary?

>> MARY HODGES: I was just thinking, and the ladies have already left the room, for Disability Rights, but the ADA we're looking at commemorating the 30th anniversary, I'm wondering if a proclamation and the Department of Health would be the one to do that, from the Governor's Office, maybe, and I don't know if there's another entity or state agency that is moving in the direction to try and get that kind of recognition.

>> KAREN GOLDBERG: That's actually a really great idea.

>> MONICA PITTS: We can take that back to Shay and send something out to you.

>> GLENNA ASHTON: We need to find out if any other groups are doing anything with the 30th anniversary of the ADA.

>> KAREN GOLDBERG: Right.

>> DEBBE HAGNER: If anything, I think FAD would host something.

>> GLENNA ASHTON: DHH, but I'm talking about any disability group doing anything, where they signing or wheelchair or any group that might be doing something to celebrate the 30th anniversary and we have to figure out to find a way to see what's going on out there and see if we can coordinate it or something.

>> KAREN GOLDBERG: Maybe reaching out to the legislative persons, send it in-house, on who is on that committee.

>> GLENNA ASHTON: I'm talking about the non-profit organizations.

>> KAREN GOLDBERG: I know, you're talking about the agencies outside of the Legislature.
Yes, Mary?

>> MARY HODGES: I don't know, it may be the Agency for Persons with Disabilities, so --

>> KAREN GOLDBERG: So APD?

>> MARY HODGES: Yeah, I think that's the state agency that kind of oversees. They may know; I don't know.

>> GLENNA ASHTON: They're probably -- they would be they would good be a good starting point but they don't cover it all, there's a limited list that they cover, but they would probably be a good starting point to figure out what's going on with other groups.

>> KAREN GOLDBERG: That's six months from now is the meeting in Tallahassee. Do you think it's enough time to get information to our... see, I think it's enough time.

>> GLENNA ASHTON: It takes a lot of planning.

>> KAREN GOLDBERG: Right.

>> GLENNA ASHTON: We have to be -- we have to find one person that really will focus on it for six months and we have to have something ready by November.

>> KAREN GOLDBERG: I think we could do it, though. I mean, I think -- I know we come here as council members, we all have full-time jobs.

I just -- you wonder if there was somebody that was hired to be, you know, an assistant or coordinator of some sort for this council or a planner of some sort... someone with excellent skills in advocacy.

She's not even listening to me. Tiffany?

>> TIFFANY BAYLOR: Ma'am?

>> KAREN GOLDBERG: I'm talking about you!

[Laughter].

>> TIFFANY BAYLOR: I was trying to find information about the letter in the legal letter because I didn't have something from Shay saying she sent it off and was waiting for information and that I'm supposed to report to you guys, that the person is waiting for her.

>> KAREN GOLDBERG: Well, maybe it's not as big as what we fantasized it would be last year. Maybe we do it less as a gigantic, enormous thing, but I'd like to at least get a letter out to our agencies, to HLAA and FAD for sure, and all the others, I mean, because I know this little group will -- I know you're very involved with them, with HLAA, and FAD, to gauge the interests.

What do you think about A.G. Bell? Would they be interested?

>> DEBRA KNOX: This is Debra. The one thing that I know, the families and the children of the children who have hearing loss, those oral families generally go and attend during Children's Week at session, so unless it was coordinated with that, I would just say that from that standpoint, that would be a competition in terms of trying to get their twice.

>> KAREN GOLDBERG: Okay. Some may want to go to this one.

>> DEBRA KNOX: Yeah.

>> KAREN GOLDBERG: And some may want to go to the other one.

>> DEBRA KNOX: Absolutely.

>> KAREN GOLDBERG: I say we put it out there.
I'm going to generate an announcement. Okay.
It's an announcement, I'll announce it tomorrow morning what my idea for an announcement is.

[Laughter].

>> KAREN GOLDBERG: Yes, ma'am?

>> MARY HODGES: I don't mind contacting somebody at APD and asking the question, if they are aware of any collaboration occurring around the --

>> KAREN GOLDBERG: That would be great.

>> MARY HODGES: -- around the commemoration of the 30th anniversary.

>> KAREN GOLDBERG: Yes, Debbe?

>> DEBBE HAGNER: I know that Rosa from the Deaf Literacy, she has taken the Deaf Rally in the past. I can ask her what's involved and ask her if she can help us with that.

>> KAREN GOLDBERG: Was that the last meeting somebody said they would be interested in helping? Wasn't there somebody in Pensacola that said they were interested?

>> DEBBE HAGNER: Oh, um... maybe James Scott, I think?

>> KAREN GOLDBERG: I think so.

>> MARY HODGES: They were very interested in the Rally to Tally.

>> KAREN GOLDBERG: Yeah, they were, Mr. Ehrlichmann.

>> MARY HODGES: There's nothing in the notes about the Rally to Tally.

>> KAREN GOLDBERG: I know... there is now, though, and there will be. Rally to Tally will be in our minutes?

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: All right. What time is it?

>> MONICA PITTS: 4:54.

>> KAREN GOLDBERG: Huh?

>> MONICA PITTS: 4:54.

>> KAREN GOLDBERG: Look at me. Huh? 4:54.

>> MONICA PITTS: I can accomplish that [signing 4:54].

>> KAREN GOLDBERG: All right. Five minutes to make a pee-pee. I don't anybody like a break? Tiffany?

>> TIFFANY BAYLOR: I'm not saying I would like a break --

>> KAREN GOLDBERG: Thank you, Tiffany, all in favor that Tiffany can go to the bathroom?

>> TIFFANY BAYLOR: Actually, no, that wasn't it, I'm sorry.

[Laughter].

>> TIFFANY BAYLOR: I mentioned earlier in the action items that there were some things like the business cards and the analytical reports and there really is not necessarily a special item on the agenda for that specifically; it is for your reference.

But if we have a few minutes, like now, I would definitely love to give you guys the cards, you guys can think about it.

>> KAREN GOLDBERG: Oh, yeah.

>> TIFFANY BAYLOR: Okay. So I'm going to do the old high school take one and pass it down plan.

[Pause].

>> GLENNA ASHTON: For clarification, for February's meeting in Tallahassee, the second week would be the 13th and 14th, can we move it up to 6 and 7? Because the 14th is Valentine's Day.

>> KAREN GOLDBERG: Are they in session? What's the session look like.

>> GLENNA ASHTON: Our meeting.

>> KAREN GOLDBERG: Right, but I can't go back --

>> GLENNA ASHTON: Our meeting in Tallahassee is usually the second week. That's the 13th and 14th and that's Valentine's Day. Can we change it to the 6th and 7th?

>> KAREN GOLDBERG: That's Monday/Tuesday, right? Or are you talking a week later?

>> GLENNA ASHTON: What did we change it to? I think we changed it to something.

>> DEBBE HAGNER: I think it's a holiday.

>> KAREN GOLDBERG: Yeah, 2021, isn't that something? Like Presidents' Day? When is that?

>> DEBRA KNOX: Yeah, it's around there.

>> GLENNA ASHTON: Monday and Tuesday --

>> CINDY SIMON: Valentine's Day goes into the Monday on Presidents' Day and I will be on a cruise.

>> KAREN GOLDBERG: You mean move it up to 6-7.

>> DEBRA KNOX: Yeah, that's what she's saying.

>> KAREN GOLDBERG: Oh, move it up to 6-7.

>> GLENNA ASHTON: Right.

>> KAREN GOLDBERG: I'm good with that. Wednesday, Thursday, Friday, Wednesday would be the rally.

>> GLENNA ASHTON: Well, we'll make it Friday, because Thursday we have -- Thursday we have our business meeting, our one-day meeting and Friday would be -- well, the weekend... well, I don't know, I don't know.

>> DEBRA KNOX: This is Debra, the only thing I would say in previous meetings, we had discussions that you can't do a one-day meeting, you have to have a second day of meeting.

>> KAREN GOLDBERG: Right, but we did something for NAD 100 or something, did we not?

>> DEBRA KNOX: You started the meeting, like, a day earlier, you started Wednesday-Thursday and I remember because I couldn't go because of that.

>> GLENNA ASHTON: FAD 100th anniversary, and we started it Thursday-Friday; we did it Wednesday-Thursday.

>> KAREN GOLDBERG: We can't do a one-day meeting.

>> DEBRA KNOX: Not if you want your travel --

[Talking over one another].

>> KAREN GOLDBERG: Why can't we start at noon?

>> CINDY SIMON: We can't have a Wednesday meeting, it's at the discretion of the

Chair. We have done that in the past, we all tried to do a one-day meeting. It used to be two full days and then we did it one day, instead of on a day and a half, so on occasion it had been one day, and so if we decided we wanted to do a one-day meeting and one-day rally, we could do that.

Just be aware that everyone leaves on Friday for the weekend, so you may not want to do the rally on a Friday.

>> KAREN GOLDBERG: Okay. So now what?

>> GLENNA ASHTON: Maybe a Tuesday-Wednesday, that's kind of in the middle of the week. Monday, leave on Friday, so maybe do a Tuesday-Wednesday? I don't know if that's hard for you to leave work on Tuesday-Wednesday?

>> KAREN GOLDBERG: Yeah, Mary?

>> MARY HODGES: I was just going to say, we probably want to check with Shay. I believe there was some discussion about somebody checking downtown to see, you know, the availability of spaces and how we want to set all that up and I don't know if that communication occurred or not, but -- on the schedule, there's a calendar of who's on when.

>> GLENNA ASHTON: Right, we would have to see, in the Legislature, we would have to see on the second and third floor, a rotunda, we have to reserve that space and we have to find out when it's available in February, if it's available Monday and Tuesday.

>> KAREN GOLDBERG: So Tiffany, we have these to-do action items on this Rally to Tally.

>> TIFFANY BAYLOR: Okay. I was trying to write down as many as I could and they were going around a bit, so how about specify a little bit.

>> KAREN GOLDBERG: Availability for rotunda. And what we need to do in order to have a Rally to Tally. Do we have to have permission from the Legislature to bring a group in? How does that work? You have to get permission, okay?

>> TIFFANY BAYLOR: Yes.

>> KAREN GOLDBERG: And what would bringing the group in look like? Is it just going to be people walking around? Is there going to be a larger ADA celebration with other groups? Not just FCCDHH. And if so, what day are they doing it? Okay. We can piggyback on someone else's planning in that sense.

>> GLENNA ASHTON: That would probably be a good way to find out if other groups are doing anything, check the Legislature's schedule and meeting in the rotunda and see what other groups are there.

>> KAREN GOLDBERG: What would you do in the rotunda? What do you mean about reserving the rotunda --

>> GLENNA ASHTON: The big open space --

>> KAREN GOLDBERG: You mean outside?

>> GLENNA ASHTON: No, inside.

>> KAREN GOLDBERG: After you go through security.

>> GLENNA ASHTON: Yeah, where you can set up an exhibit table.

>> KAREN GOLDBERG: Yeah, we can do that.

>> GLENNA ASHTON: We have to reserve that.

>> KAREN GOLDBERG: Okay, yes, Tiffany.

>> TIFFANY BAYLOR: This is Tiffany again. The rotunda or the action items that you have listed, I need a responsible party for that. Is that something you want us to check with Shay or has someone been designated off the Council that will be looking into that? Hence, Mary Hodges was mentioning asking a few questions.

>> KAREN GOLDBERG: Mary?

>> MARY HODGES: This is Mary. I will ask someone from the Agency for Persons with Disabilities if they are aware of any coordination happening in the disability community to commemorate the 30th year anniversary for the Americans with Disabilities Act.

[Pause].

>> KAREN GOLDBERG: Okay. Who else has a comment? What else would need to be on this list, since we're giving Tiffany a list of things. What else? Yes, ma'am?

>> DEBRA KNOX: Booking the hotel and the dates, confirming dates.

>> KAREN GOLDBERG: Do we have to confirm the dates? That's why we want to know if it's available and if the ADA -- let's just see, is there a Florida ADA?

[Pause].

>> KAREN GOLDBERG: I don't know. Just Florida ADA.

>> DARLENE LAIBL-CROWE: What is she asking?

>> KAREN GOLDBERG: Is there, like, a group for Florida? Or do you think APD is the best?

>> DARLENE LAIBL-CROWE: There's a Florida disability group, rights group.

>> KAREN GOLDBERG: The ones that came in today, right?

>> DARLENE LAIBL-CROWE: Right, there's a disability rights group.

[Pause].

>> KAREN GOLDBERG: All right.   I'm just looking up ADA celebration 2020.

[Pause].

>> KAREN GOLDBERG: What time is it?   It's 5:00 o'clock.

>> DEBBE HAGNER: 5:03.

>> KAREN GOLDBERG: All right.   Our next agenda item is public comments from 5:00-6:00.   Is there anybody on the line or on the chat joining us who would like to make public comments?   Or anybody in the room?

[No response].

>> DEBBE HAGNER: Cindy said would you like to do a hearing screening?   I think that would be great, a hearing screening during the rally.

>> KAREN GOLDBERG: That would be huge.   And complicated.   You would have to have it staffed.

>> DEBBE HAGNER: Not only that, but you have to have truck to have the hearing test.

>> GLENNA ASHTON: The basic hearing screening, you have to have that --

>> KAREN GOLDBERG: Debra?   Hold on, let Glenna finish.

>> GLENNA ASHTON: Doing the hearing screening and another table where you can teach sign language, another one we can show different devices.   The exhibit table is easy, we have a lot that we can show.   But it's the planning of it and getting other organizations involved.

>> KAREN GOLDBERG: Debra?

>> DEBRA KNOX: That all sounds really good.   The one complication with hearing screenings is that you can't just do that in an open place because of the background noise. There's no way to screen someone's hearing, so the acoustics, like if you're going to do an event in the rotunda, you can't do hearing screenings there, you have to have a separate room.

>> DEBBE HAGNER: I know when HLAA has their expos, they have their expos and they have trucks that had a hearing test in the truck.

>> GLENNA ASHTON: Oh, okay.

>> DEBBE HAGNER: So we can ask them if they would be willing to come and be in the parking lot and do with arrows saying "hearing test, hearing screening."

>> KAREN GOLDBERG: Other thoughts?

>> GLENNA ASHTON: Who did the HLAA expo planning?

>> DEBBE HAGNER: Ed Ogeba.

>> KAREN GOLDBERG: Can we recruit him to do this?

>> DEBBE HAGNER: Sure.

>> GLENNA ASHTON: He has a van?

>> KAREN GOLDBERG: He has done some pretty amazing --.
It's a similar thing.

>> KAREN GOLDBERG: He does amazing work. Could we invite him to help FCCDHH do it?

>> GLENNA ASHTON: We had one person that has experienced it.

[Pause].

>> KAREN GOLDBERG: Okay. So I was just doing a quick research and in 2015 July, there was an ADA celebration event in Tallahassee put on by -- it was the Tallahassee 25th anniversary event flyer, information -- I mean, it had a million different sponsors.
Can I send this to Tiffany and you send it to everybody?

>> TIFFANY BAYLOR: Yes, I will.

>> KAREN GOLDBERG: And it says APD Cares, APD Cares, so I wonder if APD is doing something. And maybe they're not doing it during the legislative period, maybe they're doing it in, like, July or something.

>> GLENNA ASHTON: July is when they signed it.

>> KAREN GOLDBERG: Oh, it is? July is when they --

>> GLENNA ASHTON: Yeah, I think so.

>> CINDY SIMON: I'm sorry, could you remind me what APD is, it's not auditory processing disorder.

>> KAREN GOLDBERG: Well, it is also.

[Laughter].

>> KAREN GOLDBERG: But the Agency for Persons with Disabilities.

>> CINDY SIMON: Okay. I'm sorry, every time I see the initials, the abbreviations, the other one sticks.

Just so you know, I've done screenings in the rotunda before and it actually wasn't that noisy when we were there once before.

And we did do a frequency screening at different levels in a quiet little corner and we did hearing screenings and balance screenings, we did balance screenings, it was a quick balance screenings, and the other choices, and that could be indicative of other auditory issues.

So it has been done before without a quiet room. And from the audiology point of view, we don't know anyone who has a hearing van to do that, so if you were inside, you get some headphones and we did have that.

The other thing we tried doing, this even -- I would have to get a screener for it, and an emissions screening. Which is like a quick hearing screening similar to things we do on newborns.

>> KAREN GOLDBERG: I think that's really cool, I think that's really a great idea.

So, let me ask folks, now let's say we contact APD and they said we are all about a celebration and we're gonna do a huge one July 2020. And we would love FCCDHH to be a part of it.

Do we say... that's a great idea?

[Laughter].

>> KAREN GOLDBERG: I would go back up in July. It may be less complicated if they say that, right? Because then it's in July, it's more time. They know how to organize it, they've done it before. We could be a sponsor instead of organizing it ourselves.

What are your thoughts about that?

Now I'm speculating, I haven't contacted APD.

>> GLENNA ASHTON: It could be ambitious to do both, in February, focus on the deaf and hard of hearing and then the ADA and then be back again in July and doing networking.

>> KAREN GOLDBERG: That's a great idea. I could all APD right now, but it's ten after 5:00 so they're probably gone. But tomorrow morning.

All right. Other public comments? Yes, Mary?

>> MARY HODGES: I was just going to say, I was sending an e-mail to them, but if you would rather call?

>> KAREN GOLDBERG: No, no, let me send you this. This is their flyer. I've sent it to Tiffany, she'll send it to everyone. This is their flyer from the 25th, so five years ago, how exciting what they did!

>> MARY HODGES: I'm sorry, I'm asking -- this is Mary, I was asking Tiffany if I would like her -- if she would like me to give her a contact at the Agency for Persons with Disabilities. And she said yes.

So I'm handing it off to Tiffany.

>> KAREN GOLDBERG: Okay, great, Tiffany.

>> MARY HODGES: Okay. So I'm going to send you her e-mail.

>> TIFFANY BAYLOR: Okay. Now the action items that are listed on this other page with all that you guys were telling me, is this something that any of you guys are taking pieces in? Or should we consider it something that I need to talk to Shay about and make sure that we can do? How would you like to --

>> KAREN GOLDBERG: I think we need to talk to Shay, have you talk to Shay first, and then we can go from there.

But I'm looking at this announcement from APD Cares for the 25th, and they have a number of different sponsors for it, and I wonder if they would be interested in having us sponsor, if they're doing anything, for -- and if there's a cost for that for next summer.

But I think that it would be great to have us there, because they have Division of Blind Services, VR... I'm trying to think of some of the other ones....

Some different agencies that they had.

>> GLENNA ASHTON: This is Glenna, sponsors usually mean they donate a lot of money to get them there, a sponsor --

>> KAREN GOLDBERG: Right, we'll see what that means.

And there's also a letter from Rick Scott in honor of this from five years ago.

All of this is on the same web page, but I just keep sending more pictures, you know, like different PDFs that pop up.

[Pause].

>> KAREN GOLDBERG: All righty. Any public comments? Anybody on the room, on the phone, or on the chat line?

[Pause].

>> KAREN GOLDBERG: I said that, in the room. I feel a presence behind me...

[Pause].

>> DEBBE HAGNER: Cindy, do you have anything you want to add?

[No response].

>> KAREN GOLDBERG: Yes?

>> GLENNA ASHTON: Just give me a rough idea who would be willing to go visit legislators the day before our business meeting in February? Whenever that is.

>> CINDY SIMON: No.

>> GLENNA ASHTON: Karen? Who else? Debbe? Anybody else? Debra. Okay. Three. Anybody else? Okay.

>> CINDY SIMON: Maybe I can block myself out with enough time.

>> CHRIS LITTLEWOOD: I have to see what my schedule is going to be like for next year.

>> GLENNA ASHTON: Okay.

[Pause].

>> KAREN GOLDBERG: Hey, Tiffany, can you send us all the contact names?   Is that okay?

>> TIFFANY BAYLOR: That's fine.   I was going to locate it.   I just sent the e-mail that -- just now, the other e-mail.

[Pause].

>> KAREN GOLDBERG: And I just sent another one.   Yes?

>> DEBBE HAGNER: Since we have some time, do you want to go back to our wonderful bylaws?

>> MARY HODGES: Did everybody get to speak?

>> KAREN GOLDBERG: Say it one more time.   What?

>> MARY HODGES: I'm sorry...

>> KAREN GOLDBERG: Yes, Tiffany?

>> TIFFANY BAYLOR: I did want to ask your opinion about the cards.   I just gave them out and I wanted to make sure that that was okay.   The cards are not necessarily for -- that's why they don't have everyone's individual name, it's just a card to give to share that there is a Florida Coordinating Council for the Deaf and Hard of Hearing and if they need contact information, to go to the website or contact me with a question or a resource for any information.

>> KAREN GOLDBERG: That's fine.   I think we had talked about getting individualized cards, but that could be very expensive.   I don't know if we need it or don't need it, but...

>> TIFFANY BAYLOR: Okay.   I just wanted to make sure that are that was okay, because we only bought those few because this was sort of a chance for you guys to decide.

So if it looks okay to you guys and you've looked over it, I will consider that to be okay and I will go ahead and purchase enough to pass out.

>> DEBBE HAGNER: I was thinking maybe in the back, we want to say something somewhere like, we meet four times a year quarterly.

>> KAREN GOLDBERG: That's a good point.

>> DEBBE HAGNER: We have a biennial report. Something on the back, what do we do. A purpose.

>> TIFFANY BAYLOR: Okay.

>> GLENNA ASHTON: That might be a lot of extra money.

>> DEBBE HAGNER: No, just real brief bullet, two, three bullets.

>> GLENNA ASHTON: Normally they print on both sides, it's not normal to have two sides. It could be extra money.

>> KAREN GOLDBERG: It is extra money.

>> TIFFANY BAYLOR: It is extra money.

>> KAREN GOLDBERG: Like my business cards where you put down your appointment, that's literally double, but it's worth it.

>> TIFFANY BAYLOR: I do believe that it is -- excuse me, I do believe that it is a good idea possibly, I agree with your thought to mention maybe the quarterly, you know, that quarterly meetings or something, that's what we do, or something.

But at the same time, the purpose of having the website listed on here so they can go on the website and see all of that information in one swoop.

>> KAREN GOLDBERG: And I think I would rather have the website right underneath the logo where it's bigger. I have to hunt for it on the left side. I would like it in bigger font, if that's going to be our focus. Or put it on the back.

Yeah, put the website on the back. In blue.

>> TIFFANY BAYLOR: Okay. How does everybody feel about that? I'm curious about when people get a card, they kind of look right at the front and no one knows to look at the back.

>> DEBBE HAGNER: I would like to see the logo a little bit smaller.

>> KAREN GOLDBERG: Smaller.

>> TIFFANY BAYLOR: Smaller logo and then possibly --

>> DEBBE HAGNER: And put the phone number above, underneath your name, and then put the website, the website will go across.

>> KAREN GOLDBERG: The bottom?

>> DEBBE HAGNER: Across the bottom.

>> KAREN GOLDBERG: Instead of the blue banner?

>> DEBBE HAGNER: Reverse these two and make that smaller.

>> KAREN GOLDBERG: Yeah, smaller. And the Department of Health kind of has the big focus. That's who's calling me right now is a telemarketer. I don't know, my phone identifies it right now.

>> TIFFANY BAYLOR: Can I make a suggestion?

>> KAREN GOLDBERG: You may.

>> TIFFANY BAYLOR: If we move or shrink the logo and then put in larger print the website directly beneath the logo, move the phone number up underneath the name, FCCDHH, right there, how would that sound to you all?

That way we're not needing to go to the back and we're putting the website, which it seems that that should be a focus, we're putting it towards -- larger, in the middle, in probably blue, so that it will stand out just a bit more.

>> MARY HODGES: I like that idea.

>> DEBBE HAGNER: Yeah.

>> TIFFANY BAYLOR: Okay. We are on it.

>> KAREN GOLDBERG: And I wanted to say that one of the things I really liked about this one... um... I kind of like that logo in the background. It may be too hard to read things to do that on a business card.

But I did want to say on this -- can I ask you a question? Do we still have a TTY line? Because on these little note pads, it says there's a TTY line. It's the same number, 3275 is our phone number but 3276 is listed as TTY. I don't know if we still have. What's going on with that phone number [laughs]?

>> CHRIS LITTLEWOOD: This is Chris.

>> KAREN GOLDBERG: Go ahead, Chris.

>> CHRIS LITTLEWOOD: TTYs are being phased out from the FCC on down, we shouldn't list a TTY number on our site, even if we did have one.

The other thing I was going to say is on the business card, it lists the long website address, the provider and partners, resources/FCCDHH, blah, blah, blah.

There is still a redirect for the old web address for FCCDHH.org and that's it and then it comes up with the same website.

Why can't we have that shorter web address listed on the business card? And then, I mean, if you have to check with Shay or whatever to make sure that's okay.

But it still shows the same website. And I don't think that redirect is going to change any time soon.

>> TIFFANY BAYLOR: Okay. Read that off to me again what it should say.

>> CHRIS LITTLEWOOD: Www.FCCDHH.org.

>> DEBBE HAGNER: It's the one that says right here.

>> TIFFANY BAYLOR: Oh, it's the one on the bottom here. Okay, beautiful. And it will go to the exact same website still.

>> CHRIS LITTLEWOOD: Yes, it goes to the same page.

>> TIFFANY BAYLOR: How -- oh, okay, okay. I will take all this back and discuss it with Shay. And if there are any further questions, I will e-mail everyone and we can discuss it through that.

[Pause].

>> TIFFANY BAYLOR: I just tried it just to be sure. So it does go straight to that.

>> KAREN GOLDBERG: Okay, great. Thank you. Anybody in the room or on the phone or on the chat line wanting to make public comments?

[No response].

>> KAREN GOLDBERG: Is there a hand up? Yes?

>> AUDIENCE MEMBER: I was just looking at our business card that we run, and just for the website aspect of it, we have a QR code on the backside of it, all you do is open up a picture on your camera, on any Android or iPhone, and it takes you directly to our website without having to worry about the WWW dot so so so dot org or dot gov, I just wanted to share that with the team, I don't know if that's something that y'all would be interested in.

>> KAREN GOLDBERG: Do people use these a lot? I've seen them but I never know what you do with them.

Okay, I'm going to do it, I'm doing it. It's not taking me to a naughty site, is it?

[Laughter].

>> KAREN GOLDBERG: I don't want to explain that to my husband!

>> DEBBE HAGNER: You have to have a scanner, not a picture.

>> KAREN GOLDBERG: Yeah, I did, it sort of did something.

>> DEBBE HAGNER: No, you took a picture of it.

>> KAREN GOLDBERG: He said take a picture. What do I do?

>> AUDIENCE MEMBER: Get your phone app out with the photo app up and go right above it, take a picture, it will go from your photoapp to a web browser.

>> KAREN GOLDBERG: What's a photo app? That's the photoapp?

>> DEBBE HAGNER: This one.

>> AUDIENCE MEMBER: It's the one with the camera on it.

>> KAREN GOLDBERG: Yeah.

>> DEBBE HAGNER: Yeah, but you took a picture of it. Just hold it.

>> MARY HODGES: Hold it up to what? The link?

>> KAREN GOLDBERG: Oh, it asks me to open the match in Safari. I gotcha... open it in Safari.

[Laughter].

>> KAREN GOLDBERG: I love that idea! I really love that idea!

>> TIFFANY BAYLOR: So you don't even have to take a picture or nothing, you just put that on there.

>> KAREN GOLDBERG: Apparently you don't have to. I have one in here.

[Pause].

>> KAREN GOLDBERG: I was wondering why that little banner -- I had a banner that come down and said open it in Safari and I was taking a picture.

[Room chatter].

>> KAREN GOLDBERG: Oh, that's really cool! You guys have to try that. Do you want to try it?

[Room chatter].

>> TIFFANY BAYLOR: How do you do that?

>> MONICA PITTS: I will assist you.

>> TIFFANY BAYLOR: Okay.

>> DEBRA KNOX: You go, Monica!

[Laughter].
[Pause].

>> MARY HODGES: I've seen those before.

>> TIFFANY BAYLOR: Me too. I just never knew what to do with them.

[Pause].
[Telephone beep].

>> KAREN GOLDBERG: Is there somebody on the phone who wants to make a comment?

>> DEBBE HAGNER: Darlene?

>> KAREN GOLDBERG: Hi, Darlene.

>> DARLENE LAIBL-CROWE: I just wanted to make a comment, I've been trying to keep up with it but I'm not able to.

But I had someone contact me and shared a situation, she was going to call in, but she might not have been able to, but she's in her 80s and she was diagnosed with cancer and ended up in the hospital for, like, three or four months with chemo and everything, and she is deaf-blind, hard of hearing, and visually impaired, and she said that her family, they lived in Colorado, so they had to come down to Florida to help out.

And so they didn't have her hearing aids available for her and she couldn't see what was happening, and nobody was able to tell her anything.

And then her son was not very familiar with certain situations and ask her how to best communicate with her.

The hospital just -- she ended up being very stressed and made her much sicker.

And she was going to share -- hopefully she'll call tomorrow, I'm not sure. But we were talking earlier about things that we could do to educate and outreach in the community.

Is it possible that the Department of Health, along with Family Services and health promotion, disabilities and health promotion get together and collaborate and go into each department in their county and create or develop an outreach program to train medical healthcare providers and work with families of those who are disabled so that they can be more informed and aware of what type of resources are out there to help them.

It's really hard when you have a patient out there that has no clue what to do and you're laying in a hospital bed and you can't communicate with them effectively because they're not taking into consideration you can't hear, you can't see.

So, I'm just wondering if there's a way that the Department of Health could collaborate with this other -- I'm not sure what your family services or disability and health promotions and all that, if they're divisions or whatever of the Department of Health, but maybe they can collaborate with individual counties, health departments, and develop an outreach program.

>> KAREN GOLDBERG: Good thought, very good thought.

>> DEBBE HAGNER: Karen?

>> KAREN GOLDBERG: Yes, sir -- ma'am?

>> DEBBE HAGNER: This is Debbe. I thought that the hospital of the family can request a care taker or --

>> GLENNA ASHTON: Patient advocate.

>> DEBBE HAGNER: Patient advocate to help with that kind of situation.

>> KAREN GOLDBERG: Yeah, you have the right to request patient advocacy for anything when you go to the hospital.

And including communication access. So if there's any issue where you're not getting what you need, then definitely you go to patient advocacy.

I think sometimes what I've seen, and I've shared it in here before, is that sometimes there's the difference between having the live interpreter versus the video remote interpreting service that has become an issue before in some settings.

So, you can, you know, you still have the right to go to patient advocacy with that concern, too, and say I prefer to have --

>> DARLENE LAIBL-CROWE: That was one thing that she had mentioned. She doesn't do sign language, but she had asked for an interpreter that would be able to give her voice so where, you know, like get up close to her or somehow to help her to be able to communicate, you know, what she was to do, and the hospital told her that they couldn't provide that interpreting service.

>> KAREN GOLDBERG: Hmm... what kind of interpreting service did she want then?

>> DARLENE LAIBL-CROWE: Pardon?

>> GLENNA ASHTON: Lip reading?

>> KAREN GOLDBERG: I don't know what kind of interpreting service she wanted then.

>> DARLENE LAIBL-CROWE: What was that again?

>> KAREN GOLDBERG: What kind of interpreting service did she prefer?

>> DARLENE LAIBL-CROWE: A voice, a voice that would be a ClearVoice and understood that she was hard of hearing and didn't have her hearing aid and be able to communicate with her without putting her in a position where her voice didn't matter.

>> KAREN GOLDBERG: So... um...

[Pause].

>> GLENNA ASHTON: That would be a patient advocate.

>> KAREN GOLDBERG: That would be a patient advocate, yes.

>> DARLENE LAIBL-CROWE: When I get on the phone with a job interview or anything like that, I am provided with a voice interpreter.

>> KAREN GOLDBERG: Oh, a voice interpreter.

>> DARLENE LAIBL-CROWE: Right, a voice interpreter who will explain what you don't quite understand on the phone.

So, in the hospital, she wanted a voice interpreter --

>> KAREN GOLDBERG: I see.

>> DARLENE LAIBL-CROWE: -- that understood, you know, that she couldn't hear but they could work together to communicate.
And the hospital just would not do it. Their mindset was sign language.

>> KAREN GOLDBERG: Okay. I think that would make sense.

>> GLENNA ASHTON: You mean an oral interpreter, oral, O-R-A-L, that's what we called them before, when they were -- when are they would repeat what the speaker says, with a clearer voice. They used to have training for that before.

>> KAREN GOLDBERG: Okay.

>> DARLENE LAIBL-CROWE: The whole thing is that the communities need to be educated and, you know, we can say "interpreters" but not every community has an interpreting service. Like Putnam County, they get theirs from St. Augustine.
So, and then, of course, the medical providers don't understand fully what it is that they can provide. And then the deaf-blind or the deaf and the blind do not understand what they can advocate for.
So, every -- and their families don't understand.
So, education between everyone within that disabled person that has to interact with them should be educated to a point of bringing awareness.
And I think the Department of Health would be valuable in the counties by providing that outreach program.

>> DEBBE HAGNER: Wouldn't that be similar -- this is Debbe -- wouldn't that be similar like a power of attorney? Not that, but there's another one for medical. Um... not power of attorney, but the one that represents you on your behalf for medical situations.

>> KAREN GOLDBERG: Well, I mean, yeah, that's a power of -- it's a medical power of attorney. What are you calling it?

>> DEBRA KNOX: Surrogate.

>> KAREN GOLDBERG: Well, maybe surrogate, yeah. But that's different. You don't want to put a family member in a position where they have to -- well, I mean, family members are in that position all the time, they're, like, "Honey, what they're saying is...".
But if you're saying for communication, we have the right to have an oral interpreter.
Another thing is when somebody prefers to have an ASL interpreter and a CDI, a certified deaf interpreter, how do we handle that?

>> GLENNA ASHTON: I know they've done that for a few times in Tampa, there are a few CDIs.

>> KAREN GOLDBERG: Yeah. And for the emergency broadcast, they had a CDI, a couple of times they've done that, and it's the -- the response has been tremendous. I mean, the clarity of the communication has been really amazing.
I follow the Daily Moth so I learn about all of those things like that that are happening.

Yeah, it's really helped.

I didn't say this before but I want to say this now, on our website, on Facebook -- not our website, but on Facebook, whoever is posting all of that information is doing a great job. So if you're not a friend to that, if you haven't -- not a friend, but follow it -- see, I don't really understand Facebook lingo -- so if you're following FCCDHH on Facebook, you'll see some of these really incredible posts. So I encourage everyone to follow that.

And contribute, too.

Who is the person that's posting that?

>> DEBBE HAGNER: James Scott and several different people. Anybody who is a friend of it can post things. We have 880 followers.

>> GLENNA ASHTON: No, it's not open for people to post, it's only administrators who can post. Darlene has done a lot of postings.

>> KAREN GOLDBERG: That's why it says FCCDHH --

>> GLENNA ASHTON: Members can comment or send a message, but they can't post.

>> KAREN GOLDBERG: So Darlene, thank you very much.

>> DARLENE LAIBL-CROWE: What?

>> KAREN GOLDBERG: Thank you very much for your postings.

>> DARLENE LAIBL-CROWE: That's fine. She was in West Palm Beach, so it's --

>> MONICA PITTS: No, clarify for her.

>> DARLENE LAIBL-CROWE: What?

>> SHAYLA KELLY: She's talking about Facebook. Thank you for Facebook.

>> DARLENE LAIBL-CROWE: Oh, Facebook. I'm sorry! I try. Sometimes I -- for some reason, my keyboard goes haywire when I'm posting.

>> KAREN GOLDBERG: It's great. When you're posting, are you posting for the Florida and Virgin Islands in that's why they always come together at the same time?

>> DARLENE LAIBL-CROWE: Yeah, I get announcements from her for that.

>> KAREN GOLDBERG: Okay. It's really great.

>> DARLENE LAIBL-CROWE: Okay.

>> KAREN GOLDBERG: And I notice sometimes when I'm hitting like or love, I'm kind of alone, so...

[Laughter].

>> KAREN GOLDBERG: So I'd like to have some people who are liking and loving it.

>> DARLENE LAIBL-CROWE: I like to share audiology descriptions or something...

>> KAREN GOLDBERG: It's really good stuff.

>> DARLENE LAIBL-CROWE: Alt text.

>> KAREN GOLDBERG: Another thing, from the Department of Health about concerns or emergencies or medical issues, I don't know, I think it's because I'm a physician I'm getting them, but, like, I just got one now as we're talking about them, the risk for hepatitis A and the vaccinations, how do we get that out to the Deaf community?

>> GLENNA ASHTON: We have a paper here?

>> KAREN GOLDBERG: Mmm-hmm, but I'm just saying in general.

>> DEBBE HAGNER: I think we as a representative council, we need to share that. I even shared that with the Deaf Social Coffee and they were, like, what's hepatitis A and I was trying to explain it to them and how important it is to get shots and how to be careful and wash your hands and they still didn't get it, so obviously I wasn't doing a good job to communicating to them in ASL.

But I wish there was a video so we can just post it on the various different organizations to say here, look at it.

>> GLENNA ASHTON: I have the -- Glenna -- I have the opposite experience, because, again, South Florida has lots of senior citizens and they're deaf and going and they were aware of it, some got the shots and some didn't.

>> KAREN GOLDBERG: There used to be deafmd.org. Is that still around? Deafmd.org used to have information.

>> GLENNA ASHTON: Was that for medical professionals or an association --

>> KAREN GOLDBERG: No, that's AMPHL, that's the Association for Medical Professionals With Hearing Loss. I'm a member of that.

DeafMD.org, if somebody wants to pull that up --

>> DEBBE HAGNER: There's three, deafdoc and deafhealth and deafMD.

>> KAREN GOLDBERG: Yeah, you said deafmd.org and now it's deafhealth.org and they would actually sign information about different disorders and give you up-to-date information.

We were saying it's called what now? Deaf health?

>> DEBBE HAGNER: Deafdoc and deafhealth and deafnetmd.

>> KAREN GOLDBERG: I think it's deafhealth is the one. I think they changed the name to deafhealth.

>> GLENNA ASHTON: Glenna, is that the one coming out of Minnesota? Because in Minnesota, they get a lot of videos about all kinds of different health conditions, with ASL explanations.

>> KAREN GOLDBERG: Yeah, deafhealth.org gives clear and concise and promote overall wellness of the deaf and hard-of-hearing community. Yeah, so that's really great.

There's the website, deafhealth.

And then they have a list of deaf-friendly doctors in your area.

Yes, ma'am, Tiffany?

>> TIFFANY BAYLOR: I provided -- this is Tiffany -- I provided a copy of the flyer that -- about hepatitis A inside your binders.

But I was curious about, as I was reading it and putting it in there, hepatitis A, is there something about hepatitis A that is a higher incidents because of being -- having a hearing impairment? Is it deaf specific? I'm curious the reason, and it's not to offend, I just really want to know, the reason for the push to inform the Deaf community specifically as opposed to them being -- everybody being able to access just websites and read except for the blind?

>> DEBBE HAGNER: I think that the Deaf people are not aware of how serious this is and how important it is how to -- that you have to wash your hands frequently and Deaf people have a tendency to go out a lot to eat and they're not aware that Hamburger Mary's have been able to -- they look in the news, and see in the newspaper and what's being told or shared among the deaf is where they get the information. Who they trust to share that information.

I don't know this has happening until a friend of mine said Debbe, did you get your hepatitis A shot? I didn't. Why? Did you read the newspaper? Oh, I've been eating at some of these places, oh, crap, so maybe I should get the shot, and I did.

So it's just a matter of people not aware that this is a serious issue in Pasco County, Hillsborough, and Hernando, and Pinellas.

>> TIFFANY BAYLOR: Okay.

>> DEBBE HAGNER: And those three, those four areas have the largest number of hepatitis A -- people getting this disease. And they should get their shots.

>> KAREN GOLDBERG: It's a lack of communication.

>> DEBBE HAGNER: Yeah.

[Pause].

>> KAREN GOLDBERG: Other comments from the community? Public? People in this room?

[No response].

>> KAREN GOLDBERG: Kumbaya...

>> DEBBE HAGNER: I wonder if FAD has taken the time to videotape.

>> GLENNA ASHTON: I'm not on the board anymore. We don't have much communication from them. They put vlogs on Facebook once in a while, but... less active.

[Pause].

>> KAREN GOLDBERG: Yes, Chris?

>> CHRIS LITTLEWOOD: Can we take a five minute break? We have to be here until 6:00 but we can take a break and come back.

>> KAREN GOLDBERG: You can all take a break. I'll stay here.

[Break].

>> KAREN GOLDBERG: We have just a few more minutes, about six more minutes. I'm just going to check on the line, online, as well as on the phone or in the room, if there are public comments, we are open for comments at this time.

[Pause].

>> KAREN GOLDBERG: Yes, Debbe?

>> DEBBE HAGNER: Tiffany, is there something in the possible in the future as your new role to take up more advertising for the open comments? Is that something or is that still the council member's responsibility to do?

>> TIFFANY BAYLOR: My question is what do you mean by advertisements?

>> DEBBE HAGNER: I meant, what I meant was to advertise about that we have open comments for the public and put it in newspapers and to put it in... um... maybe create flyers, flyers for us to share with the different agencies and different people.

>> TIFFANY BAYLOR: I actually would love to find out if that is allowed and possible and how we go about it, with the Department of Health, so I would have to ask Shay about that.

>> DEBBE HAGNER: I mean, we post it briefly, I post it briefly and I know Darlene did on Facebook, but that seems to be not enough, and we only got it a few days ago, and so usually people have already made their plans for the week and so if we had more time or earlier, the schedule and everything, maybe we would have a better turnout.

>> GLENNA ASHTON: And I thought it was -- this is Glenna -- I thought it was required that you had to send out the public notice two weeks before, two weeks before we have to send it out at least two weeks before and we would need to get it earlier to get information out there. But it was two weeks before.

>> TIFFANY BAYLOR: I have to say that I'm not positive it's two weeks before, but I do know that we were -- they were really careful to make sure that it was sent out by the

legal time that they had to send it out.

So, because, they were really making sure they were coming to these things and say get it now, now, now, because we have -- and I thought eight days with which to put it out.

But I have no idea exactly because I'm new, but I can definitely find out and ask for clarification.

And whatever I find out, we're definitely going to abide by it, because that's the law, so we'll make sure that happens when I find out.

>> KAREN GOLDBERG: Let's put a line in there about that we have three periods or, you know, reserve time for public comments. Okay. Chris?

>> DARLENE LAIBL-CROWE: This is Darlene. Do we know where we're going to be in November and February?

>> KAREN GOLDBERG: Say it again.

>> DEBBE HAGNER: Where are we meeting in November and February.

>> KAREN GOLDBERG: In Ft. Myers. And February is always Tallahassee.

>> DARLENE LAIBL-CROWE: What is it?

>> KAREN GOLDBERG: February is always Tallahassee and November is Ft. Myers.

>> GLENNA ASHTON: We have the hotel already for November.

>> DARLENE LAIBL-CROWE: I notice on Facebook they have a tab for events and I thought what I would do is meeting in November and the day and the location. And further details will be announced. That way they'll have an idea where we're going to be meeting.

>> KAREN GOLDBERG: Yes, Chris?

>> CHRIS LITTLEWOOD: This is Chris. There are requirements as far as advertising for the quarterly meetings for the State, eight days in advance or whatever, I think that's for, like, the state public register or however that works.

But what we're talking about is additional dissemination of the public announcement to, like, independent living centers, any deaf and hard-of-hearing organizations. If there's schools that serve children that are deaf or hard of hearing. Any groups that may be of interest to this meeting, to really pack the house.

When I first started on the Council and I'm the second senior member, aside from Cindy, and when we were in Miami, one of my first meetings, it was, like, at least 30, 40 people in the audience. I mean, it was unbelievable and we were really making a difference.

And then to have meetings like this, sometimes where we don't have people show up at all, that's disappointing. And that's been happening more recently over the last few years.

So, whatever we can do to bump up and get advertisement out there in many, many places, social media, the local media, a news station, just a press release, we're having a quarterly meeting of the State Deaf and Hard-of-Hearing Council and have people come out, any place we can think of, really.

>> KAREN GOLDBERG: Thank you very much, Chris. I want everyone to know it is 6:00 p.m., the time for public comment has ended and I appreciate everyone's dedication today.

We have some folks that have homework tonight. Oh, wait, that's just me.

[Laughter].

>> KAREN GOLDBERG: Well, the rest of you have a nice night. We'll see you tomorrow morning bright and early at 8:00 a.m. And we are adjourned.

[Concludes at 6:01 p.m.]