

Georgia Commission for the Deaf or Hard of Hearing
Thursday, April 14, 2022
1:00 p.m. – 4:00 p.m.
Virtual - Zoom

Meeting Minutes

Members Present: Ms. Jennifer Clark, Mr. Ibrahim Dabo, Dr. Paula Harmon, Ms. Kelly Jenkins, Dr. Amy Lederberg, Ms. Anne McQuade, Dr. Alison Morrison, Mr. Jimmy Peterson, Ms. Ellen Rolader, Dr. Stacey Tucci, Ms. Deshonda Washington.

Members Absent:

Guests Presenting: Ms. Monica Glapion; Mr. John Wyville

Interpreters: Ms. Anne Zimmerman, Mr. Chip Penland

Captioner: Lenore

I. Call to Order and Welcome

Commissioner Jenkins called the meeting to order and welcomed all participants of the meeting.

II. Introduction of newly appointed and current members

Kelly Jenkins – Current chair of the Commission. Has been serving in this position for a little over a year. Role on the Commission is a parent of a DHH child – English. Some of the things she would like to see is to have bylaws, get an administrative structure for the Commission, set up V-logs for different agencies, and establish a budget for the Commission.

Stacey Tucci – serves as the executive director of the Commission. She would like to see a funding structure built up to be able to have a full time Executive Director. She has experience both as a parent and a teacher of children who are Deaf and Hard of Hearing and now functions more in a type of statewide supervisory role supporting O.C.G.A 30-1-5.

Eugene Rhee – is the program manager for the Limited English Proficiency and Sensory Impairment program at the Georgia Department of Human Services. Main responsibility is to support the Commission with certain administrative duties.

Jimmy Peterson – Director of the Georgia Center for the Deaf and Hard of Hearing and has served on the Commission for about 3 years. Role on the Commission is DHH Adult – ASL.

Jennifer Clark – Role on the Commission is DHH Adult – English and serves on the Education Committee within the Commission. She works as an itinerant teacher in the Cobb County school district.

Ellen Rolader – Role on the Commission is DHH Adult – ASL and English. Received her B.A. in early childhood education and went to Gallaudet University and received her M.A. in Deaf education. She has been in the field for early intervention and Deaf education for the past 40 years. Her main goal is to get the

government agencies in Georgia to have V-logs along with closed captions for all Deaf and Hard of Hearing people in the state of Georgia.

Deshonda Washington – Role on the Commission is Parent of DHH child – ASL. She is the Executive Director of Georgia Hands & Voices, a non-profit organization that supports family to family support. She is part of the Education Committee within the Commission. She also is the program director for the Advocacy Support & Training Program in Georgia.

Amy Lederberg – Role on the Commission is Person involved with Programs for DHH. She is a retired professor of Educational Psychology at Georgia State University. She has been doing research about Deaf children for more than 40 years. Her most recent passion is developing intervention and curriculum for literacy for preschool through second grade. She is the chair for the Education Committee within the Commission. She is interested in accessibility for adults who use spoken language and recently started to look at how to improve accessibility in doctors' offices.

Anne McQuade – Role on the Commission is Deaf-Blind Adult. She is the Director for the Deaf-Blind Access of the South. This is a non-profit in Georgia that provides a retreat for adults who have dual sensory loss. It is a program under the Georgia Center for the Deaf and Hard of Hearing (GCDHH) which is Jimmy Peterson's organization.

Ibrahim Dabo – Role on the Commission is Late Deafened Adult. He was diagnosed with bilateral hearing loss while in graduate school. He now tries to help others with hearing loss.

Alison Morrison – Role on the Commission is Otolaryngologist and Audiologist. She has been a practicing audiologist for about ten years. Before moving to Georgia, she was an audiologist at a children's hospital at Vanderbilt University. Part of the reason of wanting to be a member of the Commission is to help those parents of Deaf children in rural areas. At the University of Georgia, she teaches some undergraduate classes and also works directly in the clinic where she is the Audiology Clinic Coordinator. She would like to see improvements in detection of hearing status for infants on a timely basis and overcome barriers in receiving services.

Paula Harmon – Role on Commission is Private Provider of Services for DHH. She is a pediatric otolaryngologist a Pediatric ENT of Atlanta. She serves as the Medical Director of Hearing Loss. Her passion is improving access to care and access to health care particularly for those who are infants up to young adults. She is also a surgeon, so she also provides medical care and surgical interventions if needed including cochlear implants and bone anchored hearing aids.

Comer Yates – served as former Chairperson of the Commission and currently serves in an ex-officio role. He is the Director of the Atlanta Speech School and has served in that role for 24 years.

The Governor will conduct a swearing in ceremony for the newly appointed members of the Commission that have been appointed directly by the Governor. The Governor selects individuals directly and it is not something the Commission members do.

III. Vote on meeting minutes from 1/13/22 Quarterly Meeting

Motion to move to pass the meeting minutes: Commissioner Amy Lederberg

Second to move to pass the meeting minutes: Commissioner Jimmy Peterson

No further discussion

None opposed

The meeting minutes were approved.

Moving forward, the minutes of the meeting will move to a digital approval process with the goal of having the minutes distributed within two weeks after the quarterly meeting and posted within three weeks to make sure that the general public has the opportunity to stay informed on the work that is being done.

IV. Monica Glapion – Georgia Educational Audiology Advisory Committee (GEAAC) - Mass Hearing Screening Feasibility Study

The goal of this group was to get audiologists together to investigate school-wide hearing screening. In Georgia, there is no law mandating this screening. Before working on legislation we wanted to see what the feasibility of actually completing this screening would be. During the process it was understood that legislation would be needed around acoustic emissions testing because there was a huge road block there. This group has been working for over two years on this study and Ms. Monica Glapion was invited by the Commission to share on the study. She is a pediatric audiologist and also program director with Georgia Mobile Audiology.

She was joined during the presentation by fellow pediatric audiologist, Melanie Morris, and educational audiologist with Gwinnett County Public Schools, Jennifer Harris.

GEAAC is composed of about 25 educational audiologists from all across the state of Georgia which took a look at the feasibility of state mandated mass hearing screenings. There were some specific challenges that the Commission asked the Committee to take a look at which are cost, budget considerations, screening and training. We want to be sure that training is aligned with best practices.

Georgia statute 43-44-7 was mentioned and its impact on schools.

Some have called this the OAE (Otoacoustic Emissions) statute.

An implementation plan for school districts was embedded throughout the presentation.

Facts

Before getting into all of the challenges, general facts about hearing and vision screenings were given.

-Hearing and vision screenings improve access to the general education curriculum.

-Mass screenings do not require parent permission.

-From children with hearing loss in school age kids from birth to five is 3 in 1,000 but it goes up 9 in 1,000 for school age population.

-Georgia requires hearing and vision screenings only in the following two situations: upon school entry. Anyone who is a parent understands that the eye, ear and dental and nutrition screening form or what we call the 3300 form is required for school enrollment. It also happens during the special education comprehensive evaluation process if a student is suspected of having a disability in either area.

With that, there is some variability with hearing and vision screenings across the state and within our metro area most of the metro school districts are conducting mass screenings.

They may do it at various grades or there maybe variability with that. Within metro Atlanta, most of those districts are actually doing them regularly.

When we get outside of metro Atlanta school districts, there are some that may not conduct screenings at all because they rely solely on that 3300 enrollment form or when a student is suspected of having or being deemed eligible for special education.

But other than that, a student may not receive another screening if it isn't done by their medical home or the pediatrician. So it's important to bear that in mind as we talk about mandating hearing screenings.

Costs

The committee took a look at the cost related to mass hearing screening and was broken up into two categories: direct costs and indirect costs.

Direct costs, are things like equipment that's needed to conduct the screenings, the calibration of said equipment as well as occasional maintenance and labor depending how the screening is implemented.

Indirect costs, there are supplies that need to be used during a screening and sometimes the indirect costs are related to labor.

The committee compiled a cost analysis of equipment costs as well as some supply costs.

In terms of equipment, there are three primary vendors for equipment needed for mass hearing screenings or what is called portable audiometers. It's fairly easy to average the cost of said equipment and found that portable audiometers are about \$1000 each. Average calibration cost per audiometer is \$125 each.

Calibration has to be done on a yearly basis and took the average cost of OAE screening equipment which is about 5 to 6,000 each and that said equipment must be calibrated yearly.

So, if a school district makes the investment of purchasing equipment on the front end, which can be pricey, but on the back end said equipment should last a school district at least between 5 to 10 years.

For indirect costs, when you talk about supplies, there is this figure from first district RESA the southeast corner of the state and they supplied the information that in order to screen about roughly 1500 students you use about \$200 a year for supplies and that's if you are only using portable audiometers. 8 to 10 portables are needed to screen 200 students and there are labor costs affiliated with that.

If one is in a school district that does not have an educational audiologist on staff, someone will need to oversee those screenings.

If there is an audiologist on staff, an hourly rate would need to be considered for that audiologist. However, that comes with a disclaimer. It was really difficult to find resources specifically about the cost of just mass hearing screening because oftentimes when a school audiologist or

educational audiologist are on staff they are doing more than just mass hearing screenings. They are doing evaluations, training and supervision.

Plan for implementation

The committee came up with three suggestions.

1. School districts should consider a lending equipment program.

By doing so, The suggestion is that the Georgia Department of Education should simply purchase the equipment that's needed and lend it out to districts who may not have the budget for purchasing said equipment, almost like a library situation where you are borrowing the equipment. The equipment can be purchased by the state and allows immediate use of mass hearing screening for school districts who need to acquire their own.

2. Establishing a co-op of resources.

It would be neighbors helping neighbors. If you are next to a school district that could afford it, you could help out your neighboring districts that do not have the same resources.

3. The committee found that if the equipment is purchased in bulk, that will certainly save on the cost of purchasing.

Training

When talking about training related to mass hearing screening, a search had to be done on what our state requires about training when it comes to screenings and the one thing that was found was the Georgia law 501-5-6 and it talks about persons authorized to conduct hearing screenings. And the following professionals listed in the presentation are also found on the 3300 form.

For the purposes of mass hearing screening, that was all the guidance that was given for Georgia.

So the question is asked: Who should oversee these screenings?

The committee decided that these are the professionals that should be leaned upon when talking about supervision over a mass hearing screening.

So, of course, with supervision comes training.

The committee did a search and compiled different training guidelines.

The American Academy of Audiology was used.

ASHA, the American Speech Language & Hearing Association was also looked at.

The Department of Public Health also had a nice training guideline that was published a few years ago.

Cobb County schools also has a hearing screening training on their website that was very helpful.

So, by looking at all of these different training guidelines, the committee found that any training guideline should involve these elements.

In addition to the training outline, the committee created a resource guide of nursing programs across the state. This was done because when it comes to labor, some of the feedback from a lot of the districts is: Who will do the screenings? There are not enough staff on hand.

The committee noticed that there are nursing programs all throughout the state. The students in

these programs may be an untapped resource for staffing shortages.

Ms. Glapion shared from experience when she was an educational audiologist in Clayton county she ran into the problem of not having enough screeners. So she reached out to the local medical assistant training program and it was a natural marriage. They sent students who were ready and eager and they needed the clinical practicum hours.

The plan for implementation around training.

- A web based training force should be developed to allow school districts who do not have an educational audiologist on staff to actually receive training by an audiologist.

The committee feels that this training course can be housed on the new GA DOE website and it will ensure fidelity and consistency of training procedures.

- An annual recertification on the DHH GA.gov website. It would be a great way to keep that training course up to date.

Georgia law or O.C.G.A. 43-44-7

Previously the state automated OAE and auditory brainstem response hearing screenings can only be conducted by an audiologist or physician for a child beyond three months of age.

The committee took a look and found that it felt like otoacoustic emissions screening is an untapped resource for school districts particularly for those who have children that cannot complete traditional hearing screenings.

The committee was able to garner the support of the Georgia Department of Public health as well as the Georgia Academy of Audiology and asked for an expansion of the testing age for trained professionals to be from birth to age 22.

There is also the reminder there about reporting.

This is re-stating what all reporters should be aware of with regards to recording requirements into the SENDSS database.

The state legislature just recently passed this revised statute unanimously. However, within the committee, there are conversations about what the next steps are.

There needs to be guidance for school districts who wish to use otoacoustic emission screening.

Plan for implementation for OAE Testing

- The committee feels the need to push out already established OAE testing protocol.

There are testing protocols in place. The committee will advocate for AAA's guidelines.

- The current statute already provides directions on training, equipment uses and oversight of an otoacoustic emission screening be placed under a licensed audiologist or physician.

- The committee feels the school districts must establish a protocol for reporting.

Now that schools are delving into the use of otoacoustic emissions, the committee wants uniformity.

The current statute already provides directions on training, equipment uses and oversight. It's just a matter of putting a plan in place for school districts to follow.

Other considerations

- Mass hearing screenings are intended for the mass student population.
- Students who have academic difficulties or needing hearing screenings to determine eligibility should be considered for screening by trained professional rather than a volunteer.
- One or more employees will need to be in charge of recording results making referrals and tracking those outcomes. This goes back to the direct and indirect costs above. There will need to be a plan in place about what to do about reporting.

Plan for Implementation: Follow up Services

- What happens with these kids who fail these hearing screenings? There needs to be proper follow-up.

The schools need a plan in place for follow-up services for those students.

- School districts should consider a family engagement or parent navigator to assist families in finding comprehensive services. School districts need to get in touch with the professionals to have a pipeline from screening to referral to evaluation.

Next steps

- Establish follow-up protocols of who fail hearing screenings.
- Establish otoacoustic emission screenings and reporting in schools.
- Create a web based training course for staff that can be housed on the new DHH.GA.gov website.
- Establish staff who will oversee mass hearing screenings and the information that comes from those screenings.

Pediatric Hearing Loss.

- It is estimated that total education expenditures were 22% lower for children who were screened at birth.
- It is important to understand that children who identified and receive deaf and hard-of-hearing services earlier have better outcomes in their language, literacy and academics.

Question was posed: What's the plan to get the word out to all of the educational audiologists, SLPs, and the public school system?

The committee has spoken about starting those next steps and creating a guideline for reporting and creating a plan for school districts who do not have an educational audiologist on staff. It is a matter of continuing to communicate as the committee pushes out these plans to the Department of Education and hopefully these school districts no matter where they are and will be able to adopt it.

Time will tell if the committee is able to get that course developed, but just the continued support allowing the committee to communicate findings and just to allow the work to keep going will be very helpful.

Commissioner Jenkins stated that one thing that the Commission can do is to possibly include this work in the legislative report that is sent to the governor every year. It is due September 15. She wanted to thank everyone from the Department of Public Health and the Georgia Academy of Audiology and Ms. Monica Glapion's team, because there were some really significant letters of support and Penny Houston is the representative who carried this legislation. It may have not gone out at all if she hadn't carried the bill for the Commission. Kay Kirkpatrick carried it in the senate.

She encouraged everybody to send her a note thanking her for support. Anything that the Commission has done from a legislative perspective, Representative Penny Houston has been involved with it. She is a huge champion for Deaf and Hard-of-Hearing kids and adults.

Dr. Brandt Culpepper stated that what was shared does have implications for the EHDI program as well.

This is going to help not lose some of those babies that are in NICU for more than three months. There is a situation now that if there isn't an audiologist in the hospital and the baby is in the hospital for four or five months they may not be medically stable and not screened before they leave the hospital because those NICU babies have follow-up concerns. Hearing is not high on the list. This will allow the hospital staff to screen babies that are older than three months before they leave. It will also allow district staff to screen some of those babies that are over three months.

Commissioner Peterson asked a question: Now what we are seeing is children who have hearing loss and are giving them the attention that they need, will that include Dr. Stacey Tucci and her literacy program so that we can improve language as well?

Dr. Tucci responded stating that Commissioner Peterson is correct.

One of the things that is happening is building partnerships with the Department of Education so there is a relatively new office called the Office of Whole Child Supports and one of the things that office is doing is looking at a more holistic service delivery model within the school system. It is looking at those wrap around services that are connected to mental health, to physical health including vision and hearing screenings, transportation, economic challenges, those kinds of things. They are looking at the whole child.

So the department is trying to build on networks and partnerships because they do support the entire state and they are looking at supporting these types of wrap around services within school districts.

There is also a secondary program that has been created within the Department of Education called the Office of Rural Education and Innovation. This is specifically targeting what service delivery looks like through the school model when it is located in a rural area. It is about being innovative around how services are delivered in rural areas that are typically underserved.

This fits squarely within the language and literacy law once identified, however, if there aren't any follow-up services around language development, then really what's the point?

If services are not provided once a child is identified for a need due to being deaf or hard-of-hearing, what was the point of identifying that child in the first place? This is just the first step in a broader continuum of care that the department is looking at as it fits squarely under that legislation.

V. Committee Reports

1. Legislative / Administrative Committee – Kelly Jenkins/ Dr. Stacey Tucci

a. **Review of the progress tracker**

There is a lot of work going on with the Commission and some of the committee members will be updating on the work that they are doing.

There is a list of deliverables and there are the things that will be provided to the Governor. –Web and print based parent professional resource. This is one of the things that the law says has to be provided. This resource will not only be about identifying hearing loss but also making sure that intervention structures for both ASL and spoken English is in place. This will be something that will be communicated with parents after they are identified about hearing loss with their child.

Dr. Tucci reported that she has been working with a committee or cohort of stakeholders from the DHH community and working with the Georgia Technology Authority (GTA). This is the agency that creates all of the Georgia.gov websites. The DOE is working with GTA to create this online one stop shop for all things Deaf and Hard of Hearing in the state of Georgia. It is focusing on the pediatric populations (children from birth to 22 years of age) in the initial rollout. This would be the age range which would be supporting children within early intervention and school age services.

It will eventually expand into the adult population but will be focusing on the pediatric portion of the DHH community.

There will be several pages within the website. It will include information for public service providers, private service providers, information that will be targeted towards parents and professional stakeholders as well as to the community at large (i.e. legislators looking to support change regarding policy, private corporations to provide donations, etc.).

There have been several test runs with families in Georgia already.

One test run was completed with professionals and once a minimally viable product is complete, the site will go live. July or August is the potential date to make the web page live.

It will be sort of an iterative design so once it's live, there will be opportunities for people to engage with the site, provide feedback and then make ongoing changes around content and usability.

There is a plan to connect the site to an LMS, a learning management system, so that the website can house courses and video conferencing coaching opportunities through that LMS. As Ms. Glapion mentioned, this can be a place for a training course for individuals who may be providing that school hearing screening.

If follow-up coaching needs to happen in connection with any of these professional courses that we create, then there would be a means to use that learning management system to provide coaching.

It may be synchronous where there is live coaching.

It may be asynchronous where people are able to come in at different periods of time and view their coaching feedback through an e-mail or some type of text or video based on artifact.

So there are a lot of different ways this web resource can be used.

It should be a place to consolidate where families and professionals can find out information to help them better serve the DHH student population.

So instead of having to click through 28 different links on Google, you can go to one website and then that will essentially help you get to the resource that someone may be looking for.

The first beta version of the website will not be the final version of the website. The content will continually be built out. Feedback will be gathered to make changes around usability and hopefully it will just continue to grow and grow and grow.

It will also be another place that the Commission will be able to interface with Georgia stakeholders.

b. Legislative Report / Overview

The Commission started to work with the Department of Public Health and the Department of Education to write the report.

A link in the chat was posted of the past three years of reporting that the Commission has done. The Commission gives final approval of what is posted but new Commissioners you may want to take a look.

One of the key things the Commission does is update a language and literacy dashboard looking at the current state of literacy and language literacy and language performance in the state.

For the focus of the year four report, one of the key recommendations we had last year was continuing to focus on teleaudiology which this OAE will certainly help further along. The hope is to track how many hearing screenings were done and reported on that utilized teleaudiology across the state.

This will be a key metric that will be used moving forward to increase investment in the state around a grant that the Commission asked for or the Department of Education asked for which would help basically extend teleaudiology services across the state.

Dr. Tucci talked about the early intervention services focus for the next report:

There are two public early intervention service providers in the state of Georgia that work with children who are deaf and hard-of-hearing. There is the official Part C service provider that is supported through the Department of Education and that is called Babies Can't Wait.

There is a secondary state early intervention service provider that is supported through the Georgia Department of Education, the state schools division and that is called Georgia PINES (Parent Infant Network for Educational Services). Georgia PINES serves children who have sensory disabilities.

Babies Can't Wait serves any child who has been identified with a developmental delay or has been diagnosed with a disability. Whereas Georgia PINES serves only young children, birth to three, who have been diagnosed with a sensory disability. They work with children who are deaf, hard-of-hearing, blind, visually impaired, or any combination of those particular sensory disabilities or a child who may be deaf but who also has an intellectual disability. They serve children who have multiple disabilities as well as long as one of those identified disabilities is a sensory disability.

There are also several private service providers who work within the early intervention space.

One of those is the Auditory Verbal Center. Another is the Atlanta Speech School. There are other early intervention service providers but those are sort of the four larger players within that space when it comes to children who are deaf and hard-of-hearing. So, data will be looked at from those agencies as well as those on private programs so that the report can illustrate what is happening within that early intervention space in Georgia.

Some data points will be:

- How timely are the services?
- What is the quality of the service that is delivered?
- How does that impact children's age appropriate language development?
- How does that impact their social/emotional learning?
- Are the services being provided that are necessary for kindergarten readiness when people transition into this school age space?
- What will be looked at is a lot of what is happening in the birth through three year range.
- What will also be looked at is the transition from that early intervention into school age range.

So, it's literally called the transition from Part C to Part B.

c. **GEER II**

This is federal funding to address a myriad of issues that arose during COVID. One of the key ones was that babies that did not pass their newborn hearing screenings weren't getting follow-up screenings for obvious reasons. The parents may not have been comfortable going back into a medical setting. The Commission made a request to basically get funding so that teleaudiologists can work in the field to reaching back out to these baby's families. Many were three years of age receiving no intervention. Was not selected for the first round of funding and uncertain for this next round. If this doesn't work out, will need to keep looking for other areas for funding.

The estimated timeline is uncertain in terms of finding out about the funding.

d. **Medicaid Codes**

Commissioner Morrison gave the update regarding Medicaid.

Over the past couple of years, Commissioner Morrison had taken a look at a lot of Medicaid issues that might affect children who are deaf or hard-of-hearing. For example, last year there were some changes in CPT codes for procedures that were made nationally, but one of the new codes which was for newborn hearing screening was not included as a Medicaid reimbursable code in the state of Georgia. Actually, members of this Commission and Dr. Stacey Tucci helped reach out and get that added.

This issue inspired Commissioner Morrison to look more closely at the other Medicaid issues related to hearing detection and intervention from a hearing aid coverage perspective.

As mentioned earlier where there are some codes that are covered, for example, ear molds that would be used with hearing aids to make a hearing aid usable for a child. But there can be some extra steps required before the child can access those codes.

For example, even the audiologist who recommends the ear mold takes the ear mold impression and says they need a new one, Medicaid requires a medical doctor either the primary care physician or ENT to write an order for that. So, for children who might be seen at Children's Health Care of Atlanta or Pediatric ENT of Atlanta where the audiologist may be down the hall from an MD, those children may not have any delay to getting their ear molds or any other parts or pieces like that. But for more rural sites or just sites that aren't integrated between audiology and ENT it can cause quite a delay. A delay in both the first set of hearing aids and any subsequent ear molds or things like that that are needed.

So what has been looked at are barriers in receiving services. For example, in the state of Georgia if an audiologist fits a set of hearing aids on a child with Medicaid tomorrow, Medicaid cannot be billed for any of the follow-up services. However, it is strongly recommended and believe is important to schedule them to go back for basically the life of the hearing aids.

Medicaid devices in our state have a five year warranty which means we are asking these practices to provide services basically at no charge for five years.

There is a lot of potential for changes that could be made that would make it more appealing or even feasible for additional practices in the state of Georgia to consider becoming Medicaid providers for children.

There is a lot of other CPT codes that was mentioned in the meeting that are not covered in our state but are covered in other states. What Commissioner Morrison has been doing is pulling these CPT code reimbursements for the surrounding states, i.e. Florida, Alabama, Kentucky, South Carolina, North Carolina so far and looking at the discrepancies and can potentially improve some of these issues.

VI. John Wyville – National Association of State Agencies of the Deaf and Hard of Hearing (NASADHH)

John Wyville – Executive Director of the Nebraska Commission for the Deaf and Hard of Hearing. He is also the president of NASADHH (National Association of State Agencies of the Deaf and Hard of Hearing).

The purpose for NASADHH is to help every state working collaboratively and cooperatively together to identify common issues and common themes facing deaf and hard-of-hearing and Deaf-Blind throughout the country.

One of the biggest issues is effective communication access and communication access in the medical setting.

There was a recent decision by the U.S. Department of Justice to enter a settlement agreement in Tennessee that has outlined the criteria for expectation for communication access in the medical setting.

That case was about a husband and his wife who had given birth to a child and an interpreter was not provided. There were complications and it was not a good situation.

That was a situation that happens throughout the country.

So the National Association for the Deaf, TDI, one of the state directors from North Carolina and Arizona

were asked to participate in a panel discussion to address the challenges and opportunities facing communication access. This is one example of membership organizations responding to the need of the community and collaborate to address communication access.

The state directors also share different strategies on a platform called Basecamp. Some of the strategies are shared and worked through collectively with regards to those specific situations.

For example, in Nebraska, based on the Department of Justice situation mentioned earlier, NASADHH was able to convince the Department of Health and Human Services to send out a provider bulletin saying that Medicaid does provide for interpreters because doctors were not providing interpreters for Medicaid patients and saying there was no way for reimbursement. The CEO was contacted to get a clarification to outline what the situation was. Services are to be provided for the three MCOs and that if there are any problems to let NASADHH know.

This is one example of one program. NASADHH tries to put on two or three programs a year that are of value to the membership so that programs can learn collectively, know what is happening nationally, what best practices are being used, and how to apply those practices in each respective state. It is with the understanding that Georgia would be a little bit different than how it would be dealt with in Nebraska or California or New York.

While pushing an update in Nebraska, working for assistance for hearing aid legislation, Georgia was very instrumental in providing guidance and direction to enable them to pass that legislation on the first try. It would not have been possible without the help of individuals like Commissioner Jenkins and others from Georgia.

Other ways the Commission can get more involved with NASADHH is through Basecamp. There are designated individuals that constantly post information.

For example, the state of Kansas posted information about legislation that they are pursuing. If there is a specific issue in Georgia where help and guidance is needed, it is a very good platform for other states. The Georgia Commission can bring up an issue that is critical and can get input from other state directors. It's basically a networking tool and also a way to share best practices. It can be a great resource to give and to provide.

Commissioner Jenkins mentioned that one thing that needs to be improved is ASL access especially when it comes to medical needs. The Commission was able to get a list of the different state agencies and their point of contact for making sure they are meeting accessibility needs.

One of the things that is helpful in the program was hearing from an attorney who was on a call and he had actual suggestions on different laws that are in place that Georgia probably should be following and may not be.

One of the things that Mr. Wyville recommended was to contact the chief medical officer for the state if there is one and to set up a meeting with members of the Deaf and Hard of Hearing community. This was done within the state of Nebraska and it brought about an awareness of the needs of the community. One of the recommendations was to parlay his access to the Nebraska Medical Association and the Nebraska Hospital Association with which they collaborated to put on a program to help address communication access.

An ongoing issue is that there may be a problem resolved for two or three years and then people leave, people retire, people move on and then you have to start all over again. So developing good systems and good processes of approach that may be needed to avoid future issues. It is the same with state governors. They come and go as well..

Commissioners Jenkins, Peterson, and Rolader will possibly set up a meeting with Mr. Wyville to discuss further strategies to tackle the approach on communicating access for the DHH community.

Another strategy that Mr. Wyville mentioned is to find a particular family that had a particular egregious situation and get that information on social media or with a news story and then catch a legislator's attention. It is to not only publicize it but also talk about it and come up with solutions.

Town hall meetings are another way to get information about where the biggest needs are. What Nebraska does is do a combination of formal town hall meetings where it is structured to get feedback. E-mail surveys, Survey Monkey, also opportunities for Vlog if people don't want to respond to the survey and then prioritize the results and rank what the top five things are and then have a formal town hall meeting but be prepared to have the meetings scripted and thought out ahead of time so that you don't have one person talking the whole time and talking for 30 minutes. And then that town hall serves as impetus for formulating the strategy to address. You want to have a town hall meeting that you have a large number of people attending or participating. show up.

Commissioner Peterson who has access to Basecamp asked if there is more than one person allowed to access the platform.

Mr. Wyville said he would find out if more than one person can gain access.

The reason for only one person per state is so that the platform is not flooded with people.

Currently there are 39 members on Basecamp according to Mr. Wyville.

VII. Committee Reports, con't (if able)

2. Basic Needs / Safety Services Committee – Ellen Rolader/Jimmy Peterson

The Georgia Public Safety Training Center

We have been working for quite a while.

Commissioner Peterson reported that the DBHDD, the Department of Behavioral Health and Developmental Disabilities has a MOU with the Georgia Public Safety Commission to provide ASL training.

They invited the Georgia Center for the Deaf and Hard-of-Hearing and the Georgia Association for the Deaf and Bridges, which is a domestic violence organization.

June 2022 will be the first local training, possibly.

There will be about 80 PowerPoint slides which explain everything, the whole gamut related to hearing loss, signing, sign language, Deaf-Blind, tactile sign language, any communication modality for access.

That will be the first of June and then there will be six different regional sessions held statewide. Those trainings will occur twice in each location at their training centers.

There were supposed to have four trainings in each area but due to funding deficits and interpreter costs, with four deaf presenters, the trainings were cut down to two.

There will be hands on training which is going to be teaching sign, finger spell, sensitivity training, how to get people's attention, and cultural training. Emphasis in this training will be about any first responders that meets a person who is deaf or a friend who is deaf to always ask both individuals if there is a Deaf or Hard of Hearing person because usually typically first responders will engage with the person that's hearing first and then that hearing person might blame the other Deaf person and won't get the full story which could result in a false arrest.

There were a lot of lawsuits that have taken place in other states and so that is why a curriculum was developed here in Georgia to warn law enforcement about this issue.

Vlogs (video blogs) on government agencies sites

Commissioner Rolader reported that she has been working with Commissioner Peterson on this issue and both identified some that they should start with.

There was a meeting that took place with Orchard Growers Testing Program which is a program that comes out of Digital Services Georgia which is a division of the Georgia Technology Authority. They will be able to help with being able to get Vlogs in other state agencies websites. They are looking to assist in any accessibility issue within state agency websites and their job is to implement it.

The Commission was able to get Orchard Growers to send a spreadsheet with all of the different agencies listed and who the point of contact is.

There will need to be continual contact with Orchard Growers and to their director because it will be important that they have input from the Deaf and Hard-of-Hearing community when they make these videos to make sure they are doing them in an accessible way.

One of the challenges is funding in order to implement this. There is also a need to create a team of Deaf and Hard-of-Hearing individuals who are sign fluent.

Funding is an issue in terms of creating ASL videos or Vlogs specifically for the Commission.

Videos on how to apply for positions within our Commission and what our Commission does is desired.

For other agencies, the Commission is not creating the content of the Vlogs.

For example, regarding videos about COVID, DPH is the expert on COVID, if the Commission creates content that isn't consistent with their messaging and strategy, they won't post it.

So, the funding needs to come out of those agencies and Orchard Growers was clear about that.

They just need to know about the need and then they will create the videos.

The Commission will need to go through that spreadsheet and then have another meeting.

Those involved can take notes and Commissioner Jenkins will send them back up to the governor's policy adviser to see if she can put a little pressure on getting some of those videos up.

A question was asked in the chat: For those that are Deaf and Hard of Hearing, does the Georgia ID list that a person is Deaf or is there a way to identify the individual for safety?

Commissioner Peterson responded and answered the question with a yes. However, even though the law has passed it really isn't 100% clear. He has a driver's license but it doesn't have anything on the license to indicate that he is deaf. The law that's passed indicates that they are going to allow people to have the option or not to have that designation. It is unclear if it will have a sticker that would be on the window that would show that ear with the red line through it. More and more people understand that it would be a deaf driver,

but that might be something that could be detrimental where they could take advantage of an individual knowing he has hearing loss.

So, suggestions are being made to law enforcement.

Any time police pulls someone over and they look up their tag number, they might see that they are a Deaf or Hard-of-Hearing individual and that they are going to need specific communication access.

There might be some people that may not be in the database so it may need a more complicated solution than that.

Interpreter licensure

There is a monthly meeting regarding this issue. It has been a bit slow going, but different organizations have different opinions or a different understanding of what is involved in the proposal.

An agreement with all parties is being worked through.

We did meet just -- we were supposed to but that meeting was postponed from yesterday to next week.

For the interpreter licensure, it is to ensure that any individual who hires an interpreter is going to be sure that they have a qualified interpreter.

There is a certification process for interpreters that is a national organization for certification but there are a lot of interpreters working that are not credentialed and they are not going to be skilled.

So enforcing licensure, it will allow the person to know that the interpreter has a license and then they will have the skills that's necessary.

Commissioner Peterson also brought up the basic needs for health care. He feels that health care is going to be a big program and suggest that it may need to have that as a separate issue/committee on its own.

Commissioner Peterson also announce that the Atlanta Zoo now has ASL accessibility

If you go to a specific area in the zoo there will be a sign that explains the animals.

At the bottom there will be a QR code and so if someone were to scan that QR code with their phone, they are going to see an ASL video pop up on their phone that will be able to explain that information.

So the zoo reached out and they are going to expand that program throughout the zoo.

There will be more visual access and more braille access, more tactile things available for people who are visually impaired or low vision as well.

The Georgia Aquarium has also reached out. Discussion is taking place currently and asked the Atlanta Zoo if collaboration can take place with the aquarium and hopefully this will take place with museums and other areas.

Commissioner Jenkins offered a letter of support with the efforts of ASL accessibility to public attractions.

The White House will finally officially have an official White House certified interpreter to provide interpretation for the DHH community.

The movie CODA was mentioned and the recognition that it has received.

A few colleges now have reached out to the Center for the Deaf and Hard of Hearing and enrollment for ASL classes has increased because of the enthusiasm from the movie CODA.

It has made a big impact and that may impact all the different areas of the state and improve communication access in general.

Commissioner Jenkins wanted to clarify the law that was passed about Deaf designation. There may be a separate law about the driver's license but the one that recently passed is in regards to any communication needs that an individual may have to the registration of the car which may be problematic because someone could be driving a car registered for a deaf person but the person driving is not deaf.

The information is tied to the database so when the police officer pulls up information about the car it would tell them that they are about to interact with somebody who is Deaf or Hard-of-Hearing.

Michael Nix is the contact regarding this and he may be a good person to reach out to about having something put on driver's licenses.

Currently there are only two members serving on the Basic Needs Committee (Commissioners Peterson and Rolader) and the committee would like to see other newly appointed Commissioners join the Basic Needs Committee.

3. Education Committee – Dr. Amy Lederberg

Looping

Commissioner Lederberg shared about her experience of trying to communicate with masks in light of COVID especially when it comes doctor's office visits. The wearing of masks makes it especially difficult for Hard of Hearing persons. Commissioner Lederberg mentioned that she is fortunate to have a Roger System which is a microphone that the doctor can put on and it goes straight to the hearing aid. But there may be many who do not have or have access to this system, which is an expensive system and are specific to a particular hearing aid in order to have this auditory access.

So, one of the things Commissioner Lederberg looked into, as well as the Commission, is the issue of looping which is a device that can be put around a room and hook into hearing aids through Telecoil and so the quality of the audiological sound signal is much better. Looping typically happens in churches. But a better place where this is needed is in a medical office. She found that there are several systems that could work in doctor's offices. However, the issue is getting a doctor's office to test this.

There are two different systems possible and are not that expensive. They are \$400 each.

Commissioner Jenkins brought up a point where she was on a call where this issue came up and one of the issues with doctors was funding for this. One of the states mentioned that when a doctor gets re-licensed they have to pay a certain amount of money for the licensure and they added some sort of surcharge for this type of technology. One state had figured out a way to create a pot of funds for doctors to use for this very purpose. She will reach out to Mr. Wyville at NASADHH because he had a couple of things he was going to send to the Commission and she will ask to see if he can remember which state was involved with looping.

However, Commissioner Lederberg stated that funding wasn't necessarily the issue because there was an organization that provided funding for the devices for free but the issue was that doctor's offices/hospitals weren't using them and the devices were just sitting on a shelf. So now they are being used in libraries.

So, what is needed now is trying to successfully implement the devices and then worry about funding.

Education

Commissioner Lederberg is the chair of the education committee. It is to make sure that Deaf and Hard-of-Hearing children have appropriate education to reach their potential.

There are a long list of things that the committee members were interested in, but narrowing it down has been a challenge.

The most recent narrow down is the interest in helping Dr. Tucci with the website for the Deaf and Hard-of-Hearing and specifically to garner resources that are actually already available out there on the web and make that integrated into the website.

The request was also made for newly appointed members of the Commission to join the Education Committee.

Also, there are some educational violations within the school community as well. It is in the beginning phase of starting those conversations and what the next steps are.

4. Employment / Civic and Community Engagement

No report

VIII. Public Comments / Announcements / Other Updates

Request for creation of Healthcare Committee

Commissioner Peterson made a suggestion that healthcare issues be a committee of its own. Currently it sits under the Basic Needs Committee. The reason he brought this up is because he has heard many stories and testimonies from people throughout where doctors are not providing interpreters. There are surgeries being performed where interpreters are not provided so he believe this merits special attention.

Information needs to be collected and then focus on the needs within the healthcare system.

A restructuring of the committees may be needed if this were to take place due to budgeting.

Letter from DPH regarding SENDSS reporting

Commissioner Morrison asked about a letter Dr. Toomey had sent out to all audiologists in the state about SENDSS reporting and how it was sent. She did not receive that letter as an audiologist and wondered if other audiologists received the letter as well.

Dr. Brandt Culpepper responded saying that the letter was sent via e-mail. She said that she will send Commissioner Morrison a copy. There isn't a master e-mail list so that may be the reason why she may not have gotten the letter e-mailed to her.

But if there are other audiologists that anyone knows of that did not receive the letter to contact Dr. Culpepper and she will get the letter to each one that needs it.

Jewelry to support Deaf and Hard-of-Hearing

Commissioner Rolader brought up the topic of a jewelry company that reached out to Millicent Simmonds who is the actress in a movie called the Quiet Place. The company asked her to create a necklace that would help support and promote ASL education. The necklace is of a mother's face and a child's hand as two separate pieces. One is for the mother and one is for the daughter. The cost is \$300 for both.

The money raised will go to the Sky Hi Institute for the Deaf mentor curriculum which needs to be upgraded.

The link to purchase the necklace was put in the chat by Dr. Tucci: <https://cutandclarity.co/collections/millie-asl-mama-charm>

Future meeting dates

One date has been moved.

It has been moved from July 28th to August 11th so please make a note of that.

The next date is October 13 and we working on scheduling some future dates.

Future dates will be provided as soon as possible so that if any Commissioners have preferred interpreters, those preferred interpreters will be provided.

Commissioner Jenkins also created a survey and would like to survey everyone now that there are new Commissioners and to find out what the communication needs are.

All meeting dates are listed on our website and in order to get the Zoom link, an e-mail will need to be sent to lepsi@dhs.ga.gov to receive the virtual meeting link.

Meeting adjourned: 3:25 p.m.