

Georgia Commission for the Deaf or Hard of Hearing
Thursday, October 14, 2021
1:00 p.m. – 4:00 p.m.
Virtual - Zoom

Meeting Minutes

Members Present: Ms. Jennifer Clark, Ms. Kelly Jenkins, Dr. Amy Lederberg, Mr. Jimmy Peterson, Ms. Ellen Rolader, Dr. Stacey Tucci, Ms. Deshonda Washington, and Mr. Comer Yates

Members Absent:

Guests Presenting: Russell Fleming, Edwin Link, Shirley Cooper

Interpreters: Ms. Sarah Campbell, Ms. Heather Canny

I. Call to Order and Welcome

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

II. Vote on meeting minutes from 7/29/21 Quarterly Meeting

Motion to approve: Commissioner Kelly Jenkins

Second: Commissioner Ellen Rolader

No further discussion.

All in favor.

None opposed.

Minutes will be posted on the Georgia Commission for the Deaf or Hard of Hearing webpage.

dhs.georgia.gov/gacdhh

III. Russell Fleming – State Coordinator for Vocational Rehabilitation (VR)-Deaf, Hard of Hearing and Deaf-Blind

Mr. Fleming just started this position as the State Coordinator for the Deaf and Hard of Hearing Services for VR in Georgia.

Before this, he was working at the Cave Spring Center in Cave Spring, GA for VR.

It is a program that provides residential services for students with disabilities to assist them to go to work.

They provide people with disabilities opportunities to work, life skills, employment, employment skills, social skills.

This program is also offered at Roosevelt Warm Springs in Warm Springs, GA.

Many students with disabilities who are deaf, hard of hearing or deafblind do not get the opportunity in high school to get this type of training. So these two centers offer a kind of transition after high school to get into college or the workforce.

Prior to working at the Cave Spring Center, he was the dean of students at the Georgia School for the Deaf.

In his current role, he is working within the agency to provide training resources and skills to best serve his clients in Georgia. It is to help the agency recruit new people, train and provide resources within the agency.

There are a couple of positions that will be opening within the agency.

One within the agency that will be posted on October 15, 2021.

There are four other positions for counselors to serve the Deaf and Hard of Hearing and Deaf Blind.

Two of the positions will be in Cobb County, one will be in Athens and one will be in Columbus

Also, the Workforce Innovation and Opportunity Act requires VR and other agencies to work with high school students who are deaf or hard of hearing. In the past, VR clients, typically would join VR for services support when it is too late, maybe senior in high school or after they've already graduated high school. By this time it is a little bit too late to develop those skills to get them prepared for life after high school. So through WIOA, VR works with students starting in eighth grade, who are 14, years of age. This will give them four or five years for those who have disabilities to provide opportunities to discuss a plan, a transition plan after high school.

Some of the things that are discussed: Do they want work? Work ready skills, work opportunities, trainings, how to develop resumes, how to do an interview, driver education, career research, exposure to many different types of careers, what kind of careers are available out there, what are they want to do after high school.

There are pre-employment specialists who do this type of work and these specialists work with the Atlanta Area School for the Deaf and the Georgia School for the Deaf.

If anyone knows a high school that has students with disability, or that are deaf and blind, deaf and hard of hearing who is in need of pre-employment training, please feel free to contact Mr. Fleming.

These positions are on www.team.georgia.gov.

The agency is trying to recruit more people out of state to come to Georgia and fulfill these positions as there is a shortage of workers in Georgia.

IV. Edwin Link – Lions Lighthouse update

The Lions Lighthouse is funded by the Public Service Commission to distribute hearing aids.

It has been 10 months since Mr. Link started with Lions Lighthouse and is joined by his colleague, Shirley Cooper.

Mr. Link provided a brief summary regarding the financial assistance program funded by the Public Service Commission (PSC) in which they hope to continue to serve and grow providing Georgians with financial assistance and making sure that they gain the hearing devices that they so readily need and deserve for both adults as well as youth throughout the state.

To date, Lions Lighthouse has served over 698 Georgians with financial assistance to ensure that they both get the hearing devices they need as well as the follow up care that they need to operate with those devices effectively. Out of that number 24 were pediatric patients and 674 were adults.

For the calendar year, their contract with the PSC allows up to or has a goal of up to 984 Georgians. With four months left in this year including September, they are well on track to both meet and exceed that number and that's due in large part to working very closely with many individuals within this meeting, but additionally from other partners throughout the entire state who have shared in the vision.

They also provide wraparound support and ensuring Georgians can both get the information from Lions Lighthouse, ensuring that they can work with their audiologists and other caregivers to take it through to the limit.

Shirley Cooper was introduced and shared some additional information. She is the Hearing Manager with the GA Lions Lighthouse.

She reiterated a couple things Mr. Link had said. Lions Lighthouse is up to date. As of right now with 698 patients served, that does not include the amount of hearing aids because hearing aids are based on two per person not one but have approximate 10% that usually get only one hearing aid.

Also, they have served 24 pediatric patients. The largest months are April and June which five were served, and in August there were seven pediatric patients.

There are some new projects that they are working on currently: the federally funded assisted living nursing homes health fairs and Fulton County Department of Corrections along with Jason Cunningham Foundation and the day camp County Board of Education.

They have two new projects that have just been presented with the Atlanta Housing Authority project healthy grandparents and all federal funding daycare centers and nurseries.

They have received seven new partners and have two traveling audiologists.

They also have a vision program that is similar, in regards, to that their scope of services cover the entire state of Georgia. There are 52 counties in the state of Georgia that have no access to vision services, which is about 30% of Georgia. So then when you compound that with 1.2 uninsured Georgians throughout the state there is a serious crisis both in the hearing community and in the vision care side. One way to solve that problem is by providing mobile clinics and these clinics are important because they provide access to equity in a way that other healthcare apparatus may not be able to. And so these clinics go out and basically can do everything from basic vision screenings, all the way up to vision surgery which is something that they are really proud of.

V. Committee Reports (if able)

1. Legislative / Administrative Committee – Kelly Jenkins

a. Legislative Report / Overview

An annual report is submitted to the governor every year based on O.C.G.A 30-1-5, which is the law that establishes this Commission. The Commission works with the Department of Public Health, (there were representatives of Department of Public Health in the meeting), the Department of Education, and the Department of Early Care and Learning (DECAL). These groups come together and share data, share information about what their different departments are doing to support the deaf and hard of hearing community.

The report is now ready for the commission to approve so that it can be sent to the governor.

Commissioners received the report a week prior to review before approval.

Commissioner Jenkins presented some of the highlights of the report.

She acknowledged Dr. Stacy Tucci and Dr. Brandt Culpepper as they were part of this group effort. The report highlights a lot of the wonderful work that's going on in the state, as well as some of the challenges that are faced.

Focus of the report: Diagnostic Dilemma

The focus on this report was the diagnostic dilemma in the state of Georgia. The Commission started submitting annual reports two years ago and this is the third report that was worked on for this year's submission. The first report was about the overall language and literacy challenges within the deaf and hard of hearing community and the second report was more about the impact of Covid-19 and how it slowed down with collecting data. This third report looks at the dashboard that was created for the Deaf and Hard of Hearing language and literacy for children. It focused on children from birth to third grade. So the name of the report is the diagnostic dilemma.

One of the main things that really guided this report is the diagnostic dashboard. It was about four or five years ago with Dr. Tucci's help, that the Commission identified key transactions that a deaf or hard of hearing baby really needs to go through for the development of optimal language.

This will be the newborn hearing screening, the diagnostic process. The word "diagnostic" can be a little bit confusing, because what it's really referring to is children who refer to their newborn hearing screening as needing a follow up diagnostic testing receiving that full follow up diagnostic test. So some people look at diagnosis and think it's a child actually being diagnosed as deaf or hard of hearing, but that's not the case. This diagnosis transaction is really getting that follow up test. Then there are several early intervention transactions that babies need to receive. This will likely be the focus of the next report.

Then there's preschool services and school instruction that needs to support deaf and hard of hearing children. This is the diagnostic or this is the language and literacy dashboard located in the report. So what was done this year is really look at trying to pinpoint an area of focus.

Commission Jenkins explained the dashboard and noted that if children are not able to identify as being deaf and hard of hearing, they don't even move towards the transaction point, which is early intervention. So without knowing if a child is deaf or hard of hearing, they will not be able to get American Sign Language support, spoken English support, general language support so that they can achieve literacy by third grade.

2019-2020 school data is not available because milestone tests were not given due to COVID-19, so there is a gap there. The anticipation is that results will go down as a lot of these children missed a quality education during COVID-19. So, an eye will be kept on that for the report next year.

There will also be the ability to look at children who are deaf and hard of hearing on a 504 plan.

This is very important because understanding the number of deaf and hard of hearing children in the state is how budgets are created so being able to properly identify how many children there are really helps set aside funds to support schools like the Atlanta Area School for the Deaf and the Georgia School for the Deaf and other programs such as Babies Can't Wait and Georgia Pines. So the 504 plans will help to understand how many DHH children there are in the state, which is very important.

One of the things that was highlighted was the importance of the age at which a DHH child is diagnosed. This shows that when a child receives appropriate diagnosis at zero to six months of age, they achieved typical language skills. So, in this report and every report that was written to the governor, it was highlighted and really stressed that DHH children can do anything any other child can do but they do need the appropriate support to develop language skills, and right now there's a lack of capacity.

According to the pie chart on page 19, the number of children who were referred to that newborn hearing screening was 19% that received the diagnostic test before three months of age, and there was about 68% that did not have a reported diagnostic test.

These numbers don't necessarily mean that a child did not get follow up diagnostic test because audiologist must report, whether or not this test happened, which goes to the Department of Public Health. So if an audiologist is not reporting or do not know about the process which is the case in some situations, that data is not reported to the Department of Public Health.

Another area that Commissioner Jenkins highlighted is the number of babies identified with hearing loss before three months of age, which is the CDC benchmark. CDC benchmarks are that children should be screened by one month of age, should be diagnosed by three months of age, and should receive early intervention by six months of age.

There has been an increase in the number of babies that are being diagnosed before three months of age. On the other hand, there is also an increase in the percentage of children who need a diagnostic evaluation. It is important to note the fact that newborn hearing screening process has improved, which means the number of children referred has increased. However, the capacity for diagnosing children is not sufficient for the number of children that are being referred for a full diagnostic test.

Dr. Stacey Tucci added a few comments about the report.

What the reports shows is the tracking of the number of children who achieve on grade level reading. Based on the state's summative assessment, the Georgia milestones. These milestones assessments are given in the third through eighth grades, and then they are also given at the end of certain courses at the high school level. In this report, it is focusing on that third-grade level literacy proficiency because this is an indicator of how a child is going to achieve in their future academic career, and also predicts outcomes around post-secondary achievement.

The students who are deaf and hard of hearing, who are enrolled in public schools, who are receiving special education services under a primary eligibility of deaf or hard of hearing are not achieving literacy proficiency levels comparable to their hearing peers (15% proficiency for DHH students in 3rd grade versus 42% proficiency for the general student population in Georgia). School aged children who are deaf and hard of hearing, who are not receiving special education services are currently not identifiable. Those children may be in a general education program.

However, there was just recently a new law passed, where DHH children who are being served through a 504 plan will be identifiable. This law started about two months ago.

And then those DHH students who are receiving special education services, if their primary eligibility is something other than deaf and hard of hearing, they are not currently identifiable. So if their primary eligibility is autism, an intellectual disability and a secondary or tertiary eligibility of deaf and hard of hearing, those children are not able to be located at that this time either. Currently we have a snapshot of a significant portion of the DHH student population, but the general estimates are that anywhere from 20% to 35% of the DHH population are not identified given the ways that are currently being used to identify DHH students.

A GTID testing identifier that is DHH specific is now generated at the date of diagnosis so children who were diagnosed between birth and five years of age is a mandated report to the Department of Public Health's Early Hearing Detection and Intervention (EHDI) program. This helps with identifying their learning trajectory, from the point of diagnosis to third grade and can look and see if the appropriate early intervention services were received on time. It gives a better indication of how the ecosystem, how the system is working for families and children and also highlights those particular trajectories that are working so that it can be replicated on a larger scale, and then identify those pain points within the system so that the focus of attention will be on solutions to resolve those particular issues.

Currently, it is not possible to identify children who are in a private school setting who are DHH.

This GTID eventually will be used, per OCGA 30-1.5, to develop an individualized child plan. Instead of waiting until milestones scores are received, this will ensure that DHH kids have every support that they can possibly receive so that each child will have a plan, individual to them. That will really amplify and help them to develop language and then further literacy skills.

Comparison to other states

Commissioner Jenkins continued with another highlight of this report is how Georgia compared to other states to see what other states are doing. Every state has different laws and they are structured in different ways. One thing that stands out for Georgia is the EHDI program, Early Hearing Detection and Intervention. The EDHI program reports this data on an individualized level, which is something unique to very few states. However, this reporting is voluntary so there may be some states that are not represented.

Georgia still is a little bit on the low side. It also has one of the highest number of referrals in the country as well. So there are a lot of children that move through the diagnostic process.

Impact of household income

Another area that was looked at in the report was the impact of household income on diagnosis. The thinking was that individuals who may have fewer resources may have a lower diagnostic rate. This is not always the case.

The rural composition of a state was also addressed in the report. There was not a very big impact on rural composition and the rate of diagnostics which was something that was assumed in the past. There were states that are more rural than Georgia who have a higher rate of diagnostics.

The Commission may want to take a closer look at Florida and contact their commission or their Early Hearing Detection and Intervention program and understand what they might be doing that Georgia could emulate.

Documentation of Diagnosis

One of the things that the Commission should really take a look at in the state is the data collection reporting and the reason for no documented diagnosis. One of the things in Georgia that is concerning is that the reason is not certain as to why some babies do not have a documented diagnosis. Understanding the why is important so that it can be addressed.

It is known that there are families that are contacted but unresponsive or that were unable to be contacted which is something that can't be controlled but the parent engagement process is something to be looked at to make sure that it's something that's resonating with parents.

Socio-economic factors

One of the things that the Commission was committed to doing in the first report was looking at socio economic factors and how they related to language and literacy outcomes for children. For this report, it is specific to diagnosis. It would be known that there would be a correlation but the degree of correlation is highly concerning. Race is definitely a significant factor. Black and multiracial babies are 10 to 20 percentage points lower than babies of other races. This is something that the Commission wants to look into why this is the case, what it can do to help these families specifically moving to a diagnostic test. Maternal education is also highly significant. Mothers without a college degree are over 10 percentage points lower than babies born to mothers with a college degree to get that on time diagnostic test. Maternal

age is also a significant factor. Teen mothers are up to 15 percentage points lower than babies born to older mothers.

Tele-Audiology

There are also programs that are leveraging tele-audiology, Early hearing detection and prevention is also leveraging tele-audiology. One of the things that the report found is that tele-audiology is the way to go in terms of providing diagnostic testing.

It is possible for an audiologist to be remote in Atlanta and to have a technician in a more rural area or just outside of Atlanta. The technician can conduct the test, the audiologist can then read the test. This really cuts down a lot of hurdles. The Georgia mobile audiology program also is free. This program can eradicate a lot of the hurdles that is seen within this program basically because it is free, but it's only operating in a couple of districts right now. However, it shows a lot of promise, as does the work that is being done by the Early Hearing Detection and Intervention program with groups such as Children's Healthcare of Atlanta.

Georgia Mobile Audiology and three districts are working directly with EHDI coordinators who received the information about children who are referred from newborn hearing screening and need the diagnostic test which shows that it really has to be a group effort. This team effort seems shows a lot of promise,

Parent Navigator

Access to Language (AtL) is another program that comes out of the Atlanta Speech School and it's funded by the Oberkottter Foundation. The program has what is called a parent navigator.

The parent navigator sees families who are identified as very high risk. These are babies who are referred from their newborn hearing screening and referred for a follow up diagnostic test. Parent navigators basically shepherd families through the diagnostic test program.

What has been discovered is that certain families are going to need more support than others, for example, access to language provided items like transportation, i.e. Lyft vouchers.

The parent navigator also helps schedule diagnostic appointments. The program started at one hospital (Grady) and is now in a few other hospitals.

UGA providing diagnostic services

The University of Georgia (UGA) has been working closely with various diagnostic services to provide tele-audiology. So this is another region within Athens that can help provide that service to children in that area of the state

Legislative initiative,

The Commission's primary charter is to support, identify and promote legislation to the Governor, that will support the DHH community and the deaf blind community. One of the things that the Commission is going to look at is to basically eliminate or relax a requirement for audiologists where currently, they are the only ones who can provide an OAE test, which is a form of diagnostic testing when a baby is over three months of age. There seems to be a consensus with the audiologist community that this would help increase the capacity for diagnostic testing. The language is still being worked on.

Reporting Issue

Another item is that the EHDI program (Early Hearing Detection and Intervention program) has spent a lot of time on is the reporting issue. There are two reasons that a higher diagnostic rate is not known.

One is the lack of capacity, but the other is reporting. If this isn't reported it will be difficult to track those babies. So, there is a law that mandates that every diagnostic hearing evaluation, regardless of the outcome or hearing status of the baby must be reported within seven days. This was not included in the report. However, a letter was sent to all audiologists in the state reminding them of this law and encouraging their compliance.

Grant Funding Requests

There were **grant funding requests** that was mentioned for all to be aware of for the opportunity to apply. The GEER II Funds grant (Governor's Emergency Education Relief). The GEER II grant funding request is related directly to cover education support that those babies can receive. The Department of Education has applied for funding to increase capacity for tele and mobile audiology. A response will be received by mid-January, This grant opportunity is currently closed but it has been the case where these grants have extended their due dates frequently so it is advised to continue following up.

There is also a state fiscal recovery grant which is a grant to get funding for education initiatives.

Access to the report, and previous reports, is on the GcDHH website at:

<https://dhs.georgia.gov/organization/about/language-access/georgia-commission-deaf-or-hard-hearing-gacdhh>

Any information around the Commission meeting minutes, meeting dates and times, how to apply for open positions, any kind of information about deliverables from the Deaf and Hard of Hearing language and literacy can be found on the website as well.

Motion to approve the report to be sent to Governor and the General Assembly.

Mr. Comer Yates moved.

Dr. Amy Lederberg seconded.

The report will be sent to the Governor and General Assembly and will be posted on the GaCDHH website.

b. Medicaid Code, Grant Proposals

Every year, there's a federal body that pushes out Medicaid reimbursement codes and the states use that document to determine reimbursement rates and if there are code changes for particular services. Georgia was affected where a couple of codes were impacted by the new Medicaid schedule, and the Department of Community Health had closed a code for reimbursement for service providers who were providing audiological care for pediatric clients. With the help from the program and in conjunction with several providers across the state of Georgia, that reimbursement code reopened and the schedule reopened retroactive to January 11 of this year so any providers that provide the service and who were impacted by this closed reimbursement code were actually able to resubmit for reimbursement retroactive to January 1.

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

V-logs on Government websites

Still trying to figure out how to get v-logs posted as well videos on the websites on the government websites.

The committee has been searching through all of the government agencies in Georgia and trying to figure out which of the agencies already have or need ASL v-logs for their information.

Also, the committee is in the process of trying to figure out how to get each department to create v-logs for themselves, then a company can be hired so that will then help set up the v-logs for ASL. Not certain of that process right now.

The government websites have language translation capability but no provision for ASL.

DHH identification via Department of Drivers' Services

The committee has been working to figure out if they're going to be passing the bill where the deaf and hard of hearing are able to label themselves as deaf and hard of hearing on their driver's license and for police officers to know if they are. It is not required but would like it to be voluntary.

<https://legiscan.com/GA/bill/HB43/2021>

When you register your car tag, you can voluntarily identify yourself as deaf or hard of hearing, among other things. If you get pulled over and the officer looks up your tag, it would come up so that they know before they walk to your window that you're deaf or hard of hearing.

Text to 911

The 911 Center for the state is working to make sure that text. 911 is available for each county in the state.

ASL interpretation licensure

There was a meeting with the Georgia Association for the Deaf, Georgia of the Registry of Interpreters for the Deaf (GARID) and National Alliance of Black Interpreters- Atlanta (NAOBI-Atlanta) discussing implementation of interpreting license. The goal is to have a bill ready for the 2023 Legislative Session.

3. Education Committee – Dr. Amy Lederberg

One of the things the committee is doing is working out what the priority of the community is.

The focus would be on the deliverables that are in the bill. The two things that seemed like the committee could have the expertise to start focusing on is the data that might be necessary to form an individualized child report from birth to literacy. That is one of the deliverables that hasn't been started. And right now there is the tests identification identifier, which is being assigned to children when they get identified.

But there isn't any agreement right now of what data needs to be shared between the agencies that are serving different hard of hearing infants and children.

And so, as a committee, it will go through the data that exists and make a recommendation to the agencies, and what data would be helpful for people down the line to create this this birth to literacy report.

The other focus is to have a single source website that will serve parents and professionals for people who are dealing with the Deaf and hard of hearing. The community is going to look at that website and give advice about what should be on that website and what data might be needed to make that website best for

people who serve deaf and hard of hearing children.

VI. Application clarification process

Dr. Tucci explained the current application process for the open positions on the Commission. There are several open positions in the Commission. Currently, Efforts are being made in working with General Counsel at the Department of Education and General Counsel at the Department of Human Services, which is the oversight department for the Commission, to determine the specifics around the application process for commissioners since the legislation is not completely clear about the application process. It does speak to the appointing bodies, so the majority of the commissioners are appointed by the governor's office, and then two of the commissioners are appointed by the Lieutenant Governor and the Speaker of the House, but how that application process happens, is really not detailed in the law. So efforts are being made with general counsel to determine what that application process will look like. And then when that is fully approved it will be posted on the Commission's website for public consumption.

VII. Announcements/Miscellaneous/Other Updates

The group of parents from Forsyth County have communicated that they are not going to be presenting at this meeting.

Public Comment

Kristi Meriweather, an officer at the Georgia Association for the Deaf commented that there is no GAD representation on the commission. What is the plan to address that?

Commissioner Peterson responded: there is no specific organization that has to be represented but he is one of the general representation of the deaf and hard of hearing community.

Dr. Tucci responded: The Commission would be more than happy to partner with GAD and can submit some suggestions of ways that the Commission could formalize a partnership with GAD. Members of the Commission would absolutely and positively support that partnership and that ongoing collaboration. It would be incredibly important for the Commission to be formally engaged with as many organizations that represent constituents within the broader DHH community as possible. There is no required membership of specific organizations as an eligibility criteria to apply for Commission positions.

There was a second question: GAD would like to know the rationale for having a meeting at 1pm on a work day when most people are at work on.

Dr. Tucci responded: Historically, the Commission has met on the third Thursday on a quarterly schedule so four quarterly meetings a year on a third Thursday from 1 to 4pm. There have not been any suggestions around an alternative time. For many people, evenings and weekends are even more difficult than the work day. However, the Commission is open to suggestions for a potentially alternative time. The meetings are typically scheduled during the work day.

If there are any ideas about other times that might encourage more engagement, please let the Commission know and we will definitely bring those suggestions to the commissioners. Essentially they would need to vote on a change of the schedule, but the commissioners would definitely be open to considering any suggestions.

Meetings for the Commission are posted on the Commission's website.

Meeting adjourned: 3:10 p.m.