

**NC Council for the Deaf and the Hard of Hearing**  
**Quarterly Meeting Minutes**  
**August 19, 2011**  
**9:00 am – 3:00 pm**

Members Present:

John Sherwood  
Alfredia Harris  
Joseph Hill (New Member)  
Kelly Massey (New Member)  
Don Crump  
Kevin Earp  
Julie Bishop  
Carlotta Dixon  
Annie Berger  
Deborah Stroud  
Ashley Benton  
Rachael Ragin  
Brad Trotter  
Susan Runyon  
Martha Overman  
Lynne Allen  
Diana Attaway  
Senator Bill Rabon  
Sharon Hayes  
Meagan Lewis  
Barbara Palmento

Members Absent:

Judy Smith  
Mansfield, Eric  
Rep Justin Burr  
Rep Beverly Earle  
Portia Roseboro  
Marsha Rhodes  
Alice Chastain

Ex Officio:

Jan Withers

DSB Liaison:

Deidre Dockery

DSDHH Staff

Tom Gale  
Jennifer Johnson  
Rene' Raeford  
Betty Johnson  
Ron Quillet  
Merri Schermerhorn  
Mark Whisenant  
Jeff Mobley

Visitors:

David Binning (via video)  
Steve Barber  
Tyler Bray, NCDOT, Transportation Planning  
Tom Winton, Exceptional Children Division, DPI

CAN Notes:

Loretta Armstrong  
Vicki Pinson

Minutes:

Rene' Raeford (DSDHH Staff)

Interpreters:

Jennifer Johnson (DSDHH Staff)  
Karen Magoon  
Jeff Trader  
Lee Williamson (DSDHH Staff)  
Pam King  
Liz Belk  
Karen Whittingham (DSDHH Staff)

**North Carolina Council for the Deaf and the Hard of Hearing  
Quarterly Meeting  
August 19, 2011  
9:00am- 3:00pm, McKimmon Center, NCSU**

**9:00 Introduction of New Members, Announcements, Ethics Reminder,  
Approve Minutes from May 20, 2011**

New members: Julie Bishop (HLA), Kelly Massey (NCRID), Joseph Hill (NCBDA), Senator Bill Rabon, Megan Lewis (Cochlear Implant)

May 20, 2011 minutes were approved.

**9:15 DSDHH Year in Review and Looking Ahead, Jan Withers, Director, DSDHH**

The 2010-2011 fiscal year is over. Information was shared about the past year and what to expect from DSDHH going forward. There are 7 Regional Centers serving 100 counties in NC. Each Regional Center has between 6 and 8 staff and approximately 7000 clients are served with that small number of staff. This does not include people that have received telecommunications equipment; that's another 5000. The graph demonstrated 400 clients were served in 2006-2007. At that time, DSDHH added positions for field services staff. Since that time, DSDHH has almost doubled the number of clients served but not added additional staff positions. Amazingly DSDHH is able to continue to serve clients with the same number of staff. They also serve agencies such as social services, public health, law enforcement, doctors, hospitals and the court system by providing technical assistance and training so they can make services accessible to deaf and hard of hearing people. DSDHH also informs them of what their obligations are under ADA.

There is a slight decline in the number of people receiving telecommunications equipment mainly because the procedures were modified to make services more efficient. Also, due to the economic crisis, there has been a reduction of the number of outreach opportunities which has resulted in the number of people they could contact. DSDHH hopes to upgrade outreach opportunities in the future which will result in the numbers increasing again.

In October DSDHH hosted two national conferences in NC related to relay and telecommunications equipment and over 200 people attended each conference.

DSDHH and Disability Rights of NC met to explore how they can do more to make sure that deaf, hard of hearing and deaf-blind people get the advocacy they need. Both agencies want to take a more proactive approach and provide better advocacy for them so they can have their needs met before they get to the point of litigation. DSDHH staff has received training to enhance their advocacy skills.

DSDHH has adopted a curriculum developed by the National Consortium of Interpreter Education Centers to provide training to deaf people on how to

advocate for them. This process recently started and will go on over the next year.

DSDHH is also partnering with several emergency management entities to provide emergency services to deaf and hard of hearing people. They are trying to get away from the concept of people having special needs and instead focus on the concept of universal access. The Federal Communication Commission and Federal Emergency Management Agency both support this concept.

The Durham Emergency Communication Center is now allowing text messages to their 911 center. DSDHH partnered with them to implement this initiative. They are the second place in the nation to start this effort. Also, DSDHH has provided consultation to the NC 911 Board to establish standards statewide.

DSDHH has 3 major initiatives this year. First, along with DSB and Vocational Rehabilitation, DSDHH is developing a new database system designed to track client services. They are also in the process developing a new performance management system based on the Department of Health and Human Services values. At the end of August, DSDHH will initiate its new 3 year strategic plan. DSDHH wants to increase its ability to be aggressive in outreach and to make sure to reach more people in need.

- **Kevin Earp:** It's wonderful that Durham has the text-to-911 service but this service is available only to Verizon customers at this time.
- **Jan Withers:** Jan Withers agreed that this is one drawback. There are only 2 places in the world that can do this. Hopefully in the future this will become a universal service. At a recent national conference for 911 operators, the FCC chairperson emphasized that the next generation of 911 operators will encourage all 911 centers in the country to transition to this plan and to be able to meet the needs of people using a wider variety of telecommunications methods.

#### **10:00 History of Services to Deaf and Hard of Hearing People in NC, David Binning, Steve Barber & Liz Belk**

**Chair's Introduction:** Liz Belk worked at the Community Services Center for Deaf and Hard of Hearing in Greenville, NC in the late 70s and 80s. She has been a long-term sign language interpreter and advocate. Liz Belk is currently manager at Sorensen Video Relay Services located in Raleigh.

- Liz Belk started working with DSDHH in 1979 with Greenville Community Services Center for Hearing Impaired which served 37 counties with 2 staff members and herself. She was the secretary/interpreter. There were 4-5 community service centers in NC at that time; Charlotte, Morganton, Raleigh, and Greenville. She can't remember if Asheville was set up at that time. Ms Belk commented that they did not have any resources. She remembers working in Eastern NC and doing a lot of outreach to inform people about deaf and hard of hearing people. They didn't focus much on deaf-blind at that time. She remembers talking with the Head of Dept of Social Services and explaining to her what type of work they did; Ms. Belk was amazed that the Head commented that she thought old people were the only people who became deaf. She did not

know children were born deaf. They empowered DSS to become responsible for payment for interpreter services. At that time, they paid for their own interpreters which came from their budget which was under Vocation Rehabilitation. Ms. Belk came back when the agency became Division of Services for the Deaf and Hard of Hearing in 1993 and worked at the Raleigh Regional Resource Center. The field was different then with many more layers. Bill Peace was the Director at that time. Ms. Belk commented that he was an amazing man. He had to do so much, sometimes people got overlooked. There were a lot of gaps in the system. In 1993 Dr. Turk was Director of Division of Services for the Deaf and Hard of Hearing and by that time there were 7 centers. There were more people to help advocate and the major focus was deaf, hard of hearing and deaf-blind people. Ms Belk remembers coming in 1993 and how the system had changed. They still had to ask for things but not as many layers to go through. Jan Withers then became the Director. If funding goes into one pot, everyone will be fighting for money. Ms. Belk looks at the Council and remembers the past. She says its different now; senators, parents, teachers, deaf-blind members, different members involved with deaf and hard of hearing and the deaf-blind community. Everyone makes a big difference. Ms Belk says the support is needed. When layers get thicker it is harder to get what you need.

- **Don Crump:** A lot of people don't realize that years ago when the Council for the Deaf and Hard of Hearing was first established by Bill Peace, it was to provide services. At that time, it was part of the Division of Vocational Rehabilitation which then had to be the jack of all trades. There is also the issue of poor or insufficient services. In the 1980s, this issue became very serious. The State had a court order ordering them to resolve issues regarding services to deaf people and mental health issues. Mr. Crump says if the agency changes, they will be going back into that trap and experience the same things that they did 30 years ago.

The Advisory Council for Mental Health Services to Deaf and Hard of Hearing people was established by an order from the court. If Vocational Rehabilitation, DSD and DSDHH are consolidated into one big agency, I do feel that services are going to suffer and they are going to revert back to the way it was back in the 60s and the 70s because a lot of people get confused.

**Chair's Introduction:** Dave Binning is past president of the NC Association of the Deaf in the 90s and served on the Council for six years starting in 1996.

**Message Given Via Videotape:** David Binning lives in Milwaukee, WI. He moved to Raleigh, NC from New York in 1986. Bill Peace was the Director of the NC Council at that time. It was under the auspices for the Office of Vocational Rehabilitation which had to go through a chain of command to get something approved which was very frustrating. A group of people got together and discussed the issue and made a proposal that the services for the deaf and hard of hearing be separated from the Vocational Rehabilitation and that a new Division be formed.

The North Carolina Council for the Hearing Impaired changed to DSDHH with the establishment of 7 regional centers across the state. They provided services to the deaf and hard of hearing to be able to meet the needs of the consumers. At that time, the Division also had oversight of three schools for the deaf. There

is a picture that hangs in the hall in the office of the Division of Services for Deaf and Hard of Hearing. This was taken at the time of the press release announcing the establishment of the new division. It was a very exciting time.

Mr. Binning was honored to be a member of the Council for the Deaf and Hard of Hearing. Quarterly meetings were held which was a great way to work in conjunction with the Division to make suggestions for improving the services for the deaf. Mr. Binning hopes that the Division will remain a separate division and not be consolidated. It is his hope also that the Division remains strong, productive and continue to make recommendations for the improvement of the deaf and hard of hearing citizens and their needs.

**Chair's Introduction:** Steve Barber served as the second Chair of the Council.

Steve Barber was raised hearing. He had no hearing loss until the age of 30. Like most people that are hard of hearing, Mr. Barber purchased hearing aids and then only after his wife insisted. Mr. Barber was a typical hard-of-hearing person who knew nothing about hearing loss and was not interested in learning. About 1990 a doctor in Raleigh told him he would be deaf in 5 years and would need to learn sign language. Mr. Barber changed from somebody who didn't want to know anything about hearing loss to somebody that wanted to know a lot. He wanted to make the most of his hearing while he could and he wanted to learn how to be a good deaf person.

A new association, Hearing Loss Association of America, was formed. NC can be proud that they were the first state to establish a chapter. Now half the states have state associations in this organization. Dr. Turk was part of the success of the organization. He had just taken over the new Division. He was very supportive of Hard of Hearing people. Before that time, the hard of hearing didn't mean much.

Mr. Barber, as the new Chair of the Council, was terrified because he still didn't know much about deafness. How were they going to grow the hard of hearing support for the Division? They are very different. They use sign language and assistive devices. How will they serve both communities? Mr. Barber realized although they have different modes of dealing with the lack of hearing, they have a very strong connection that fits both groups and that is what is needed; communication access, able to hear in meetings, movies and/or read and emergency notices when they are announced. Mr. Barber's goal was to have them see themselves as one entity and one community that needed the services.

NC can be very proud of DSDHH and the Council and what they have done over the years. Mr. Barber has seen what other states provide and most of them do not have trained hard of hearing specialists.

**JOHN SHERWOOD:** The NC Deaf-Blind Associates (NCDBA) is very impressed with the work of Jan Withers. Ms. Withers came to our conference. She really wanted to understand the needs of the deaf blind here in North Carolina. When she came to our conference, she took notes. She talked with her people then she came back for a second time to our meeting. She showed what the Division had been doing and there was change. There was a change of the tone for the deaf blind population here in North Carolina because now they actually do feel

like someone is listening and something is going to happen in the future. It's not the same feeling of oppression that was felt before; that nothing was going to happen for us.

Jan Withers and her efforts of wanting to make change made the deaf blind population feel that there is open communication. DSDHH wants to be able to continue the emphasis of the needs of SSPs (Support Services Provider), transportation needs and also to secure concerns for the deaf blind community in NC. Safety is also a major concern.

The project for the SSPs is critical to the functioning for the NC Deaf Blind Association. Mr. Sherwood does a lot of presentations. He can't see the audience. He doesn't have any idea what the tone of the audience is and the type of environment. SSPs are there to assist with this endeavor.

### **10:15 Break**

### **10:30 Update on Mental Health Services to Deaf and the Hard of Hearing, Brad Trotter, Program Mgr, Deaf Services – NC DMHDDSAS**

**Chair's Introduction:** Brad Trotter is Program Administrator of Deaf Services in Raleigh, NC

Mr. Trotter shared the update on services for the deaf under DMHDDSAS. Services are provided as a result of a settlement agreement. In the early 90s, a complaint filed by the NC Association of the Deaf against the Department of Human Resources (now DHHS). The complaint was that mental health support to the deaf community in NC was not being provided. As a result of the complaint, an in-patient unit at Dorothea Dix Hospital in Raleigh was set up. The program had 17 beds and was focused on providing in-patient services for deaf people. The unit was moved to Broughton hospital in 2008. Also, as result of the complaint, positions (regional outpatient staff) were developed and placed at the area programs, now called LMEs. These out-patient staff have traditionally focused on mental health, child mental health and substance abuse. Over the years they have developed housing opportunities for deaf individuals in NC including group homes and supported housing.

In 2001, the process of mental health reform began in NC. The majority of clinical staff that worked under the authority of the old area programs were divested to private agencies which was a requirement of the reform legislation, except for psychiatrists and the deaf services staff.

In the last legislative session, the 1915(b)(c) Waiver legislation was passed. This will mean additional changes for the mental health system. This legislation will result in a reduction of the number of LMEs from our current 23 to approximately 10. The 1915(b)(c) legislation will require the local management entities to take on responsibility for managing all services under the waiver program. One result of this legislation is that the LMEs will no longer be able to keep deaf services clinical staff on the LME payroll.

The deaf in-patient program will remain at Broughton Hospital. There will be no changes made to the program. Deaf Services out-patient staff are beginning to

move to non-profit agencies. For example, RHA Behavioral Health Services has assumed a number of out-patient staff and responsibility for providing services in about 80 counties in Eastern and Western NC.

At this time, there are still out-patient staff connected to the LMEs in Chapel Hill and Wake County. area within and around Chapel Hill.

We expect more services will be provided through Telepsychiatry services Under nonprofit agencies we're expecting more sign fluent staff to be hired We also hope to expand housing services for the deaf

They state will provide oversight and development of services for children and adults. The state will emphasize successful outcomes The state will require all programs and services to show positive results.

**JOHN SHERWOOD:** The deaf blind person is going to need another person in the room with them to sit next to them to assist in communicating through the video since they're not able to see the psychiatrist one on one. Therefore more people will be involved in the process. Mr. Sherwood's prediction is that it's going to be an issue with confidentiality. Will interpreters be provided for this environment?

**BRAD TROTTER:** Transportation needs always be an issue we can improve upon.. For example, Broughton Hospital tries to make the best arrangements possible for patients who need transportation to the hospital.

The use of video conferencing and confidentiality would require a second person to be in the room with the deaf blind consumer. Normally, there would be a case manager in the room and that person would be involved in the treatment process.

**Kevin Earp:** Explain the role of psychiatrist and case manager.

**Brad Trotter:** For video conferencing the psychiatrist routinely uses video conference for medication checks. He would be able to inquire to the patient how they are feeling, are there any problems with medications? A Case manager/interpreter will be there with the client. The psychiatrist and interpreter are not in same room. The case manager interpreter will be in room with client.

**John Sherwood:** Do you have case managers with skills in both ASL and working with deaf-blind?

**Brad Trotter:** Yes, a good example of case manager is Marilyn Trader.

#### **10:50 NC Dept of Transportation 2040 Plan, Tyler Bray, NC DOT Transportation Planning Branch**

**Chair's Introduction:** Tyler Bray is from the Department of Transportation. He is the statewide planning engineer with NC.

The 2040 plan framework is what DOT is presently working on. They are looking at what was done in the past and where they are moving with the Department. It identifies the policy to basically handle our transportation needs and how they want to pay for those needs until the year 2040.

There are three categories: modal effectiveness, financial feasibility and program delivery. Modal effectiveness is the update estimates of the modal needs to reflect defensible performance standards. This means when the last update of the long-range transportation plan was done, it was found that the needs became so massive that they weren't really defensible. Since 2004 they have implemented the strategic process which ranks projects across the state and basically identifying which ones are needed and how they progress in the future. DOT is to make sure they can provide defensible information.

Financial feasibility goals define the gap between our needs and our anticipated revenues. There is not enough money to meet the needs but they want to make sure to identify what that gap is.

Program, delivery and vision goals are where they want to provide cost-effective, wide-ranging opportunities for public input. They want to establish a clear understanding of our long-term challenges and opportunities which they have identified.

**11:15 Deaf Education: Update on Transition from DHHS to DPI, Tom Winton, Exceptional Children Division, DPI**

**Chair's Introduction:** Tom Winton is from the Department of Public Instruction. He will give an update on the transition from DHHS to DPI for Schools for the Deaf. Mr. Winton is Section Chief with Sensory Support and Assistive Technology for Exceptional Children's Division in DPI.

**Tom Winton:** The role of DPI is to monitor and support public schools in NC. Some of the changes as a result of recent legislative changes are that key administrative positions at the schools for the deaf and Governor Morehead School such as school director and principal were combined; other positions were eliminated. The now-defunct Office of Education Services, which was the administrative office, oversaw the schools for Deaf, Governor Morehead School and Early Intervention Program for children that are deaf and hard of hearing. Governor Morehead Preschool was eliminated Oct 1, 2010. The superintendent position and many other positions were eliminated.

Last year's appropriation required that an interim superintendent be hired therefore Barbria Bacon was hired in June, 2011. Early Intervention and Governor Morehead Preschool programs were transferred to DPI. This requires Department of Public Instruction to close one residential school. They have to report on Jan 15, 2012 to the Joint Legislative Oversight Committee their decision on which campus to close and how to consolidate programs at the other 2 schools. Once that report is presented, DPI will carry out the plan to close a campus on 7/1/2012.

There are plans to have hearings at each city where residential schools are located. They want to hear from staff and families. They have the responsibility as an agency to make sure good decisions are made for improving educational programs for children. Even with challenge to reduce campuses they want to improve services and improve outcomes for children.

**John Sherwood:** Once that information is gathered, who will review it?

**Tom Winton:** The Department will establish an online survey that will have pertinent questions directed by General Assembly. They will also conduct hearings. They will record the information that individuals submit online or in person. They know regardless of the choice made, some people will be unhappy.

**11:50 Legislative Update - None**

**2:00 Reports From Committees**

**Youth and Education Committee** - The Committee found that they need clarification about guidelines for the admission process between residential schools and the LEAs. Therefore they have written a letter to Mr. Winton. They would like to have a committee to convene consisting of members from residential schools and LEAs. They will propose guidelines so that they are clear on how to access services. Everyone is on the same team which is meeting the needs of students. According to the statute governing the Council, all letters relating to education should be sent to the Superintendent of DPI.

**Communication Access Committee – 1)** 511 signs on the highways are not being accessible to people who are deaf. **2)** There needs to be services provided by interpreters for the community forums that DOT has. **3)** Video phones need to be placed in rest areas **4)** Emergency response and disaster preparations - Jan Withers will follow up with the NC Director of Emergency Management to let them know that the Council is interested in having someone to speak to the Council about what they are working on.

**Community and Family Issues Committee – 1)** Jan Withers reported about the response to the letter sent to the Governor regarding accessible emergency communication. She has met with the Division of Emergency Management to discuss accessibility. She also met with their Public Information Officer who will work with the Governor's Office to improve communication access during an emergency. She was able to utilize some resources from the state of Florida that allowed them to not only hear what she had to say about improving but showing them by example how to improve communication access in NC. **2)** The Executive Order to consolidate DSDHH, DSB and DVRS will not take place until the end of the next legislative session in June 2012. **3)** Will relay surcharge money be protected if there was a consolidation of agencies? There are laws in place that would protect those funds from being used in any way other than what was originally established in the laws. **4)** Jeff Mobley explained because of the legislation that passed, it was no longer just the State's responsibility to provide hearing aids to children; private insurance companies were now also mandated to provide hearing aids to children. **5)** Is there anything being done to try to improve the regulations regarding how hearing aids are dispensed in NC? Jeff Mobley said there is more emphasis on the consumer and that there was a meeting between the audiologists and the hearing aid dispensers; they are working together.

**2:40 Dates for Meetings in 2012 and Wrap-Up**

**3:00    Adjournment**

**Future Meetings:            November 18, 2011  
                                         February 17, 2012  
                                         May 18, 2012  
                                         August 17, 2012  
                                         November 16, 2012**