

**North Carolina Council for the Deaf and Hard of Hearing
Quarterly Meeting Minutes
February 4, 2022
9:00 am – 12:00 Noon
Virtual Meeting**

Members Present:

Linda Amato
Craig Blevins
Antwan Campbell
Rep. Carla Cunningham
Dr. Kathy Dowd
Kevin Earp
Michael Evola
Rebecca Freeman
Dr. Erika Gagnon
Betty Kelly
Mike Lupo
Dr. Claudia Pagliaro
Daphne Peacock
Laurie Ann Rook
David Rosenthal
Elizabeth Strachan
Donald Tinsley Sr.
Rep Diane Wheatley
Christina Armfield
Greta Knigga-Daugherty
Megan Pender

Ex Officio:

Jan Withers (Present)

Liaison:

Kimberly Harrell (Present)

Members Absent:

Meredith DeNaples
Pattie Griffin
Senator Bill Rabon
Dr, Robert Nutt

Current Vacant Council Seat(s)
Senate Appointee- President Pro Tempore
DHHS Secretary Appointee – DMH/DD/SAS

Call to Order: The meeting was called to order at 9:00 am by David Rosenthal, Chair

Welcome; Introductions; Ethics Reminder; Approve Minutes from November 5, 2021

Motion: Donald Tinsley (Craig Blevins) moved to approve the minutes from November 5, 2021, Council meeting. **Motion passed.**

None of the members acknowledged having a conflict of interest or appearance thereof on matters listed on this agenda

David Rosenthal, Chair

Acknowledged four vacant seats on the council: Meredith DeNaples, resigned; Senator Bill Rabon, term expired; Second Senate seat, vacant; Brad Trotter, Mental Health Rep, retired.

Equity and Inclusion at the NC Department of Health and Human Services

Kody Kinsley, Secretary, NC DHHS

I recognize the vital impact this council has in serving 1.2 million people in NC, which are either Deaf, DeafBlind or Hard of Hearing.

I want to think about how we can be more collaborative in serving those communities, which is not a small group of people. It's incredibly important that we serve individuals equitably and work collaboratively to do that.

I am proud we have a wonderful leader in Jan Withers and our Division of Services for the Deaf and Hard of Hearing. DHHS has numerous divisions that work to serve this population collaboratively and inter-divisionally. Whether it's the Division of Public Health, Vocational Rehabilitation or Services for the Blind, working together, we can really achieve cradle to grave service, from newborn screenings to services within nursing facilities and long-term care facilities, that are thoughtful and promote language access and the equity that is achieved through that.

DHHS and I recognize that individuals that are Deaf or Hard of Hearing or DeafBlind, face challenges that are different and in different areas. I want to make sure that we achieve equitable access and competent care that is informed and able to serve individuals. This is a core tenant of our responsibility as the Department of Health and Human Services.

NC is a national leader in several areas, including assuring accessible information and communication and response to the COVID pandemic. We've been out in front and making sure that everyone in NC, especially this population, can access the information equitably and we can have a dialogue with individuals.

Thank you for the role that you play in both making us better in advising and giving us insight in how to best serve your communities.

Communication equity is health equity. We're incredibly committed to equity in the department. Equity is in the context of people, making sure that we have people around the table that are making and informing decisions, which come from a wide array of lived experiences. That includes you and this table, making sure that we're getting insight to be informed and do our work equitably.

This means programs or processes are making sure our systems work in a way that is informed by those decisions and lived experiences and that we bake into the functions of those programs, equity, and in this context, communication access.

As we craft policy and design things, we have to use those interactions with people with a variety of experiences, to create policies that are going to serve people holistically. That is very important to us.

I'm very proud to have the Chief Health Equity Officer, Vic Armstrong, leading his team and thinking about equity beyond race and gender and ethnicity, but for all kinds of historically marginalized populations. Using policy and practice, we are making sure that we can bring everybody into an inclusive state, where folks can live, work, and thrive in their communities and make full use of who they are and the systems that we have in our society. In addition to Vic Armstrong, I am thankful for Angela Bryant.

I look forward to your thoughtful feedback and insights you will share with Vic and Angela at the May Council meeting.

Since I took office, I challenged my team to three things:

- To think about how we lead, how do we stay out front? How do we see problems that are there and grab them regardless of whether or not they are our responsibility? That's what I mean by "lead."
- How do we adapt to change? I believe that something that is a tenant of life and an indication of success, is the ability to change. And, to change with grace and coordination, keeping everybody on the same page. We can't shy away from change, but we can navigate through it in a graceful and meaningful way.
- Finally, how do we do this together?

Let's lead change together. How do we work with people collaboratively? How do we drive equity into our work? We must make sure that we have people around the table from several lived experiences, to make sure that we can serve the wholeness of NC.

I am grateful for your service and committed to getting your feedback, insight and being a part of this council when you need me here. You have a terrific executive in Jan and numerous others from the department, which ensure we are well-coordinated and well-advised in making good use of your time and our time, in executing incredibly important priorities.

NC Medicaid Communication Access Services

David Litman, *Medicaid Communication Access Coordinator*

The Medicaid Communication Access Service turned 1 year old on January 26, 2022. My goal today is to provide somewhat of an overview of the service, but to also an update on the last year.

- From our poll of Council members, many think the goal of the service is to reimburse healthcare providers for providing communication access.
- While we do reimburse for communication access as a marketing tool, the actual goal of this service is to improve communication access in healthcare settings.
- This service is possible because the center for Medicaid and Medicaid services, at the federal level, allows states to provide reimbursement for communication access for language services. However, states then need to implement a plan to be able to access

that 50% federal funding. DSDHH worked with the Division of Health Benefits, who oversees Medicaid and provides funding for the service, to establish a plan.

- Details of the service plan are as follows:
 - Companions are included. If my hearing wife, who has Medicaid, has a medical appointment, the service will pay for interpretation for me, as a Deaf husband.
 - Healthcare providers must register with DSDHH online and have a National Provider ID#
 - Each individual office, under a parent company/corporation, must register separately with DSDHH.
 - Registered healthcare providers receive several benefits, even though we do not ask them if they serve Deaf, DB and Hard of Hearing patients.
 - Free Pocketalker, including an extra set of headphones and a charging kit, to use in the practice for anyone who needs it (Medicaid or not)
 - Pay for Support Service Providers (Role of SSP is to provide guidance for DeafBlind individuals).
 - Training and education, curated to fit the specific needs of the practice.
 - Reimbursement for communication access (retroactively from when the service began on 1/26/21.) The service is currently slated to continue through 1/25/23.
 - Promotional Signage, advertising communication access availability, for the lobby or waiting room.
 - Services must take place in an approved setting – most services outside of a hospital setting are covered.
 - Patient must have Medicaid coverage prior to the appointment. This includes Health Choice and any other Medicaid plans offered by the state.
 - Healthcare provider arranges communication access services. If unsure how, DSDHH will provide resources.
 - Invoices to be reimbursed for communication access services, submitted to DSDHH. The healthcare provider does not have to bill Medicaid for the service.
 - DSDHH reimburses up to a specific amount, any remaining balance is the responsibility of the healthcare provider.
 - Examples of services not covered: Hospital services, emergency room, substance abuse programs and in-patient mental health programs.
 - Examples of medical services covered: Doctor visits such as dental, optometry, audiology, occupational therapy, physical therapy, in-home healthcare, hospice services and urgent care.
 - Examples of mental health services covered: Counseling, psychiatric testing, intensive in-home services, psychosocial rehab, medication management, partial hospitalization, and independent living skills.
 - Examples of communication access types eligible for reimbursement: ASL interpreting, tactile interpreting for DeafBlind, hearing, and Deaf interpreter teams, cued language transliteration and Communication Access Real-Time Translation (CART). These services can take place on-site or remotely.
- DSDHH has two sources of funding for SSPs: Medicaid funding and DSDHH funding.
 - An SSP does not replace the role of a communication access provider.
 - DSDHH schedules SSPs for healthcare appointments.

- DeafBlind individuals can have SSP and Communication Access Services by reaching out to DSDHH for services.
- SSPs for companions are covered. If a DeafBlind spouse needs to attend an appointment with the Medicaid recipient, DSDHH will provide the SSP service for the spouse.
- Over \$20,000 worth of reimbursements for communication access services have been paid out.
- More than 130 healthcare facilities/practices have registered so far.
- 200 Pocketalkers were ordered and have arrived. Covid has inhibited distribution and training.
- 35,000 brochures are ready for distribution, digital English & Spanish versions are available on the Medicaid Communication Access webpage.
- All DSDHH Regional Center's catchment areas have participating providers. Greensboro, Wilmington, and Wilson lead with over 20 participating providers each.
- Smaller medical practices of five or less staff have been the largest percentage of participating practices.
- Healthcare providers registered: 2021 3rd quarter – less than 20; 4th quarter – more than 40; 1st quarter of 2022 – over 70 and in the 2nd quarter – more than 130

Goals for year two: Increase use of under used communication access services, expand on overlooked services for communication access, such as in home services and hospice, ensure that rural healthcare providers have resources they need to provide communication access, such as education with regards to remote interpreting and working with them on the infrastructure to provide the service. We have a workgroup established focusing on training/education, SSP services and a push for self-advocacy for individuals with hearing loss and vision loss. Outreach is the key to improving services.

To help us with outreach, we ask that anyone here today with hearing loss, DeafBlind, etc. to contact your healthcare provider directly about the service or send the contact information to me, David Litman, so they can get registered with the service and take advantage of the benefits. David.Litman@dhhs.nc.gov

The service is currently funded through 2023. Our overall goal is to make this a permanent service. DSDHH.Medicaid.CommAccess@dhhs.nc.gov.

NC Early Hearing Detection and Intervention

Marcia Fort, Genetics and Newborn Screening Unit Manager and NC EHDl Coordinator, Division of Public Health

We are undergoing some exciting changes within the Department of Health and Human Services here in North Carolina, and the early hearing detection and intervention program is one of several programs involved in the reorganization at this time.

- The Department of Health and Human Services leadership, executive leadership, developed a strategic plan for the years 2021-2023. As part of that strategic plan, one of the goals was to improve child and family well-being so all children can develop their full potential and thrive. One of the strategies that were included to accomplish this goal was to establish a new division within DHHS, that is the division of child and family well-being. That division was created to maximize services and outcomes for children and their families, including child nutrition, prevention services for children from birth to 21.
- The executive leadership with DHHS wanted to build a stronger, more integrated Department of Health and Human Services and elevate and strengthen human services programs. They also wanted to strengthen and build connections across programs and services. The Division of Child and Family Well-Being did not exist previously, so it has brought in programs and services that were previously part of the Division of Social Services, or the Division of Mental Health, or the Division of Public Health, related to child and family well-being.
- With this departmental reorganization, and the Early Hearing Detection and Intervention Program being moved from the Division of Public Health, into the Division of Child and Family Wellbeing, we are co-located in the opportunity and well-being portfolio with the Division of Services for the Deaf and Hard of Hearing. Which the EHDi program has had a strong collaboration with the Division of Services for the Deaf and Hard of Hearing for years and we believe that this reorganization which places us in the same portfolio will only serve to strengthen that relationship even further.
- The new division of child and family well-being has been launched officially this week.

The early hearing detection and intervention program really strives to ensure that all our Deaf and Hard of Hearing and DeafBlind children and their families have access to what they need for those children to grow up, reach their full potential, and contribute to society and not just contribute, but thrive.

We are very excited about the opportunities that this reorganization will offer. Not only for the Early Hearing Detection and Intervention Program, but for all children and their families throughout North Carolina as we work to better partner and strengthen collaborations that previously existed and established new collaborations. We look forward to expanding on the amazing work that the EHDi program, the EHDi program, has been able to do for many years now with both this council and the Division of Services for the Deaf and Hard of Hearing and the sky is the limit for what we can do.

Response to COVID-19 Pandemic – Update

Jan Withers, Director, DSDHH

As you all may know, the Omicron variant is very contagious and spreading rapidly. As a result, we've seen a rapid increase in the number of people who are calling in sick, who are not able to work, maybe at the restaurants or grocery stores, or their places of employment. They're showing up in hospitals as well. It has impacted our staff at DSDHH as well as the staff in other divisions within the Department of Health and Human Services. Just before the holidays, we were in the process of transitioning to what we call a hybrid work arrangement for our employees.

We were on full telework status since Covid hit. As I said, just before the holidays, we attempted a transition to a hybrid work arrangement (a mixture of teleworking and going into the

office, depending on the ability of the staff to do so). As you know, the Omicron variant hit us hard, so we had to roll back the transition plan to the full telework setting.

We have been open for business all this time. It's just where we are actually housed and working to maintain the safety of our staff. We established safety measures which are still in place. This includes wearing masks, staying six feet apart, and making sure that we are vaccinated. As you may already know, the Governor released an executive order last fall (Executive Order 224) which required all state employees to be fully vaccinated or, if not fully vaccinated, undergo a weekly test for COVID. We are seeing a very high compliance rate with that executive order and that is very good.

Since March of 2020, almost two years now, we have truly been focused on making sure that Deaf/Hard of Hearing and DeafBlind people have access to accurate COVID information. Whether it is information from the Department of Health and Human Services or other information about COVID, we are working to make sure that Deaf/Hard of Hearing and DeafBlind people get full access to it from their healthcare providers. As you have seen, we continue to provide interpreting and captioning services for the Governor's press conferences. We are also producing videos in ASL along with captioning to make sure that the public who are Deaf/Hard of Hearing and DeafBlind have good, clear communication on the most up to date and current information and situations that are occurring with COVID. At our regional centers, we continue to stay connected with the local community. An example of that is our continued representation at the Hearing Loss Association of America chapters within North Carolina. They have been meeting virtually and we are always represented at those meetings. We hosted virtual Deaf coffee chats across North Carolina to ensure the communication connection with our community. We continue to be creative in ways to maintain those connections with the Deaf/Hard of Hearing and DeafBlind community.

Early in the pandemic, DSDHH provided clear masks for specialized communication upon request. Just recently, we stopped distributing them, however, we continue to distribute information about them. Tony Davis will provide you some more details about what's going on with that program.

Tony Davis, Accessibility Resources Coordinator, DSDHH

I would like to update you on the different efforts that we're doing in response to the pandemic.

First, there are five work streams that DHHS has related to historically marginalized populations. They are 1) testing and screening, 2) community engagement, 3) health equity education and empowerment, 4) economic opportunity, and 5) employment equity, and then also prevention.

We are consistently looking for opportunities to participate in these work streams in any way that we can as a division. I would like to highlight how we were involved in two of the different work streams. First, the community engagement work stream: we attended meetings involving many of the different community partners in our state that are actively trying to help our communities become vaccinated, boosted, and receive the different treatments that they need.

We had an opportunity to witness the outreach effort in eastern North Carolina, it's amazing! Their executive director, Don Gibson, produced virtual town hall meetings, which received more than 100,000 views. They do vaccination efforts all over the east, which includes providing food to communities that need it at the same time as the vaccines and boosters. They have food

trucks available to feed for free everybody that comes to these events. We recognize that our Deaf, DeafBlind and Hard of Hearing communities need access to these events as well. We contacted Dr. Don Gibson, who had presented at one of these work streams and said, let's partner. And of course, he said yes.

We really want to make sure that our events are communicatively accessible to the Deaf, Hard of Hearing and DeafBlind populations so they have the same opportunity to get vaccinated and boosted and so forth, access to food and to all of the different other services we're providing, including some of the human services provisions that the county health and human services department provides out there.

We connected Dr. Gibson to the Wilson regional center and the Wilson regional center staff excitedly participated in the Toys for Tots event in New Bern. They provided personal amplifiers, ASL interpreters, and set up a booth. I was grateful that the Wilson RC staff was excited to go out there and participate. This was the very first event we did with the ministries and the County Department of Social Services and Public Health out there.

What a great partnership and opportunity to be collaborating with them! We look forward to many more successful partnerships with them in the future. It doesn't stop there. We're also working with other community partners engaged with that group as well. We've had many meetings with them about how to connect our other regional centers the same way as we did with the Wilson Regional Center. We're going to consistently be involved with this group and look for opportunities to get these vaccine and booster events out to the Deaf and Hard of Hearing and DeafBlind population we serve.

In addition to that, we're also involved in the testing and screening work stream. For instance, the work stream group has a lot of experts on masking and testing and so forth. We are engaged in that group. They review our transcripts of the ASL and captioned videos we post online, which has been helpful. We also consult with them to help them understand how their call centers need to be communicatively accessible for Deaf/Hard of Hearing and DeafBlind during contact tracing and notification of positive or negative tests.

We attend the DHHS Secretary's COVID-19 weekly planning meetings. This is where we learn about data, statistics, trends, treatments, coordinated health responses, and other DHHS efforts. We want you to be aware of our additional resources. These are great resources we have listed here, and you can click on these links. The videos that Director Jan Withers talked about earlier are great, and they give a lot of really important information. Very soon, we're going to have a new updated masking video and a testing video. We've done other videos that, for instance, provides an update on the Omicron variant as well as at-home testing kits. We also provide hearing loss communication guides for both patients and providers such as communication access in the hospital during COVID-19 communication card for Deaf, Hard of Hearing and DeafBlind, or how to communicate with your Deaf, Hard of Hearing and DeafBlind patient. We have information about the COVID-19 home collection kit as well.

NC Council for the Deaf and Hard of Hearing -Updates on Operations Jan Withers, Ex Officio and Director of DSDHH

As the director of the Division of Services for the Deaf and Hard of Hearing, I function here on the council as ex-Officio. What that means is I'm not here as a voting member, but I am present

at the council meetings to ensure the council has the resources that they need to operate for example, we made sure that y'all had interpreters today, the CART services, and the behind the scenes support necessary for the Council to operate. We provide all the logistics that are needed for the Council. We have staff within the division that assist with information regarding the Council, assist with reimbursement of travel of Council members and overnight stays, if we have live sessions. The travel and overnight stay has seemed like an alien concept now for two years as we have been meeting virtually. We look forward to the day that we can come back together in-person.

What I also do is advise the Chair of the Council on things that are related to making sure that the Council is following current legal statutes, with any of the regulations and executive orders that exist. We have called in legal counsel from the AG's office to review Council statutes and Bylaws to make sure we are complying. We've done that in the past and it's now time for us to do that again.

We have an attorney by the name of William Watson assigned to work with us. David and I will be meeting with him very soon to review things and make sure that we are in good standing as a Council. Depending on that review and the guidance we receive from that attorney, we will then have an opportunity to update the member manual to make sure that you have one document that you can rely on as a resource and guide on how to operate the Council and what you can expect as you function as a council going forward. So, I hope that helps you get a picture and an idea of my role with the Council, what I have been doing, and will continue to do for you.

David Rosenthal, Council Chair

Jan, Carolyn, and I have been discussing how to keep different presentations, issues, or information presented to the Council before we joined as individuals available and accessible to new members when they join. We are trying to set up some sort of document repository that allows Council members/committees to go back and review previous issues that were raised and their outcomes. DSDHH has been the repository for a lot of the minutes and documents, however, we don't all have access to their office and computers. We must contact DSDHH to request any records and then they must try to dig up those old documents. I feel this is not fair to the Council or the Division. We are working to try to improve this.

Also, a member orientation manual, as Jan mentioned, is another step in improving the function of the Council. This manual will help Council members understand the role of the Council and its duties. We try to make sure that we meet with new members to get them oriented, but it would be good for them to have a standardized document that they can refer to. I really appreciate Jan's collaboration and willingness to continue working with us on all of that.

Council Discussion/Questions from Council Members:

Would it be possible to share the Council bylaws with us?

- Yes, the Council has bylaws, and we are working with the AG's office to review those. and then we will gather some feedback from the Council. The revision is forthcoming.

What can the Council do to get all public television stations to incorporate captions?

- The Council does have a vital role to bring up issues such as public television captioning. This is why the Council has four positions that legislators hold. The Council cannot be involved in lobbying or political actions as a group. But the four legislators, who are on the Council can listen to the issues and each are free to come up with bills they want to put into action in the legislature. You bring forward a good example of identifying state laws out there that North Carolina could look at and consider replicating here in the state of North Carolina for the benefit of our constituents.

What would be the best way for a Council member to visit one of the DSDHH Regional Center?

- Visit the DSDHH website, locate the office closest to you and contact that RC for additional information or questions you might have. Phone numbers and emails are listed on the website for all seven DSDHH Regional Centers.

Discussion

Annual report to the Governor summarizing the activities of the Council's work and the issues that are being addressed as well as the outcomes.

- Several Council members in agreement that the report would be great idea. It would help in keeping up awareness and reduce the time in getting issues resolved as well as the ability to share success stories.

There being no further business and announcements, the Council meeting was adjourned at 12 noon.

Future 2022 meetings: May 6, August 5, November 4

<https://www.ncdhhs.gov/divisions/dsdhh/councils-commissions>