

**North Carolina Council for the Deaf and Hard of Hearing  
Quarterly Meeting Minutes  
May 6, 2022  
9:00 am – 1:00pm  
Virtual Meeting**

**Members Present:**

Linda Amato  
Craig Blevins  
Antwan Campbell  
Rep. Carla Cunningham  
Meredith DeNaples  
Dr. Kathy Dowd  
Kevin Earp  
Michael Evola  
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:**

Pattie Griffin  
Senator Bill Rabon  
Dr. Robert Nutt  
Laurie Ann Rook  
Rebecca Freeman

**Current Vacant Council Seat(s)**

Senate Appointees (2)- President Pro Tempore  
Governor Appointees -Parent of a Deaf or HOH Pre-school  
child

**Call to Order:** The meeting was called to order at 9:00 a.m. by David Rosenthal, Chair

**Welcome; Introductions; Ethics Reminder; Approve Minutes from February 4, 2022**

**Motion:** Michael Evola (Craig Blevins) moved to approve the minutes from February 4, 2022, 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 three vacant seats on the Council: Meredith DeNaples, resigned; Senator Bill Rabon, term expired; and Second Senate seat, vacant. He announced the new appointment of Saarah Waleed, Section Chief, DHHS Mental Health Developmental Disabilities and Substance Abuse Services who is replacing Brad Trotter.

**DHHS Office of Health Equity**

**Victor Armstrong, Chief Health Equity Officer**

**Angela Bryant, Assistant Secretary for Equity, and Inclusion**

I accepted the role of chief equity officer in October 2021, after having served as Director of Division of Mental Health. I assumed this role with the charge of setting up and operationalizing a new portfolio, a portfolio whose mission is to embed health equity through DHHS and to work toward eliminating health disparities across the state of North Carolina. I believe the department is fully embracing this journey of increasing and improving health equity and reducing and eliminating health disparities.

**Commitment to Lean into Equity**

- The work of health equity continues and the vision lives on. It's not dependent upon one individual but it's a commitment to change. The work of health equity is not the type of work that can be done in a vacuum, nor can it be the sole responsibility of one person or one division
- Traditionally, when we think of equity we think of race and ethnicity but marginalization in North Carolina and in America is not limited to race and ethnicity

**Marginalized Populations**

- The Deaf, Hard of Hearing and Deafblind individuals have been a historically marginalized population including health, housing, transportation, employment, and the Justice system, to name a few
- We recognize that American Sign Language is the third most used language in the United States and yet it is often unappreciated in terms of how many individuals are impacted and how the impact influences their quality of life and every decision we make as a department either leans into equity or perpetuates an inequitable system

**Deaf and Hard of Hearing Experience Barriers**

- Many service providers in judiciary and in transportation often create barriers in violation of the Americans with Disabilities Act and usually those barriers are due to lack of knowledge about their legal obligations.

- Deaf people who use ASL are more properly viewed as linguistic minority, like the Spanish speaking population, yet we don't treat it the same way
- DSDHH's work in fostering communication is key to removing the marginalization and ensuring full and equitable inclusion.
- North Carolina is one of only 16 states to cover the cost of sign language interpreting as well as other communication access services for Medicaid beneficiaries and their companions. Much of that came from the work of folks on this call

We must continue the path of working with DSDHH to foster systems of change and break down communication barriers which lead to equity and full inclusion of Deaf, Hard of Hearing and Deafblind individuals across North Carolina. Director Withers is part of our Health Equity Brain Trust. During these meetings we bring different people from across the division and different stakeholders from the community to incorporate all the things that we need to do to ensure we are meeting the needs of all our state's residents.

Recently I announced my resignation from the department due to some changes in my situation personally. My wife had some health issues and is doing very well now. This time has allowed me to reflect and put things in perspective and I felt like it is much more important to be with my family in Charlotte.

I have no doubt the work of equity and eliminating health disparities is work that will continue. It will continue because we have dedicated leaders like Angela Bryant who has been such an integral part of this work and who has worked so diligently to make sure that we are inclusive in the way we are addressing health equity and because of my successor, Debra Farrington, who will continue this work.

### **Introduction of Debra Farrington**

Currently, Ms. Farrington is the chief of staff for North Carolina Medicaid with the Division for Health Benefits. In her role as chief of staff, she has a collaboration with DSDHH to develop and implement Medicaid communication access services. This partnership has worked very well.

She is happy to work with Ms. Withers and others on this Council to implement that work and appreciates the partnership that Victor referenced between the Office Health Equity and DSDHH. It is her intention that this partnership will continue to foster systems of change, break down barriers, and achieve communication equity as we focus on improving health equity. She looks forward to their continued work and partnership.

### **Angela Bryant Assistant Secretary for Equity and Inclusion**

Ms. Bryant has been with DHHS for seven months now. She is a lawyer by profession, her expertise is in policy and structural change. She served in the Legislature for 12 years in both the State House and State Senate and in other state government positions. She has a history there that she thinks helps with the whole process of making change. Ms. Bryant comes with a 30-year background in DEI training and consulting as part of a nonprofit organization that she co-founded.

The Health Equity Portfolio combines three functions:

- DEI Function
- Office of Rural Health

- New Office of Health Equity (combined policy and strategy and Office of Minority Health and Health Disparities into a new Office of Health Equity)

They are working on pulling entities that have previously operated separately, whether it is in government, in communities, or the private sector. It is a task they are working on every day in an ongoing way, trying to determine what their portfolio objectives are, and the overall departmental objectives and strategic plan around advancing equity.

Their goal is to embed equity and link up their equity efforts across DHHS so that they maximize resources, share expertise, identify structural, operational, and transformational needs that they have together and make sure they are all informed and are moving together toward the goal of creating a whole person health and well-being and opportunity for all our citizens and constituents they serve.

Yesterday, she announced a Director for the Office of Health Equity. Eva Crawford comes from the Department of Public Health and chronic disease section. Ms. Crawford has significant experience in attacking health equity issues and health disparities, creating change, linking resources, and doing that in a transformational way. The Office of Health Equity is now in the process of searching for a director of the Office of Diversity, Equity, and Inclusion.

Linking equity efforts has been the first relationships Ms. Bryant built with DSDHH. Jan Withers, Tony Davis and Usherla DeBerry have really helped her learn what it means to create communication access to address accessibility issues.

One of her roles was as strategy lead for DHHS's COVID equity strategy. They included in that strategy a language and communication access team that works to educate and promote equal access. Recently, an updated accessibility checklist was released and shared with multiple groups for input.

Another role of Ms. Bryant is as chair of the Diversity, Disability, and Inclusion Councils across the department. She has done some information gathering from all the Councils and will look at helping to implement a coordination and governance support structure for all the DEI Councils. Together, she will work with them to identify some key goals. Part of this effort is by being involved in the Governor's Employment First work group and putting employment access for people with disabilities on the front burner of our work.

## **NC Institute of Medicine Task Force on Communication Barriers-Update Jan Withers, Director of DSDHH**

In 2020, the NCIOM Task Force released a soft report with 14 recommendations to address concerns regarding communication access in health care settings for Deaf, Deafblind, Hard of Hearing, and late deafened citizens of North Carolina. At that time the pandemic just started, and our attention was focused on COVID-19. We initially thought this pandemic would be to be a short-term issue, but as we now know, that was not true. In July 2020 we realized along with other agencies we would not have a chance to implement the 14 recommendations while the pandemic is ongoing. There was a silver lining to this situation. DSDHH's response to the pandemic emphasized developing fact sheets addressing different parts of the health care system to ensure more access, especially in the area of Telehealth. We distributed clear masks. We did a lot of things and through the process we learned and realized that many of those things we did meet some of the recommendations of the Task Force.

The second silver lining we noted is that North Carolina is a national leader for pushing focus towards health care equity. Unlike many states, North Carolina has been collecting data on how much people from different backgrounds and different communities such as Black, White, Hispanic, Native Americans, Asians, and all others were able to access vaccinations along with the impact of COVID to those communities.

Collecting this type of data gave us a much better understanding of their views on COVID and the challenges they faced in getting vaccinated. This helped us emphasize the importance of transparency in our focus on health care equity which led to the establishment of the Office of Health Equity. The Office of Health Equity and the NCIOM work led to a partnership, which has been wonderful.

The Task Force report had one key step: creating a coalition to oversee the implementation of the 14 recommendations. We had discussions with Victor Armstrong on how the Office of Health Equity and DSDHH could partner together to support the coalition.

We are working on a Task Force recommendation to create a position of a coordinator that will focus on improving communication access in the health care system. We will need to fill that position first so that person can begin their work with the Office of Health Equity to support the coalition and its operation.

We have one recommendation that we are looking at implementing very soon. We are looking at potentially changing the language in the rules for the provision of the Patients' Bill of Rights. The rules currently do not include disability and access to sign language interpreting services.

We will begin working on implementing some infrastructure that will really help us begin to address the other recommendations from the Task Force.

**The COVID-19 Pandemic and Behavioral Health  
Lauren Crowley, MSW, LCSW, Clinical Lead Therapist  
Deaf/Hard of Hearing Program, RHA Behavioral Health Services**

**RHA and Deaf and Hard of Hearing Program**

- Deaf and Hard of Hearing portion of RHA is a nonprofit
- Service is provided regardless of whether someone has insurance
- Six offices statewide: Wilmington, Raleigh, Greensboro, Morganton, and Charlotte
- Staff travel to different locations if a client doesn't live close to a center or Telehealth services can be provided.
- Licensed professionals provide all clinical assessment and diagnosis.
- Staff Structure
  - DHHS Statewide Director- Linda Harrington,
  - DHHS Statewide Coordinator/Business/ Manager- Lindsey Gray
  - Eleven Licensed Clinicians
  - Five Regional Care Coordinators
  - Recovery Coach and Substance Use Therapist

**COVID-19 Pandemic Trends:**

- Increase in referrals of Hard of Hearing individuals
- Increase in depression and anxiety due to social isolation and lack of access to natural supports

- Increase in access to services due to availability of Telehealth
- Zoom permanently approved for billing due to HIPPA approval
- Videophone and Facetime services allowed during State of Emergency

#### RHA Deaf Hard of Hearing Response to COVID-19

- Drastic increase in use of Telehealth via Zoom or Videophone
- Staff returned to office in April 2021
  - Continue to offer Zoom as an option, in person services encouraged
  - Daily screenings for all staff, all individuals seen in person screened
  - Masks required-clear masks encouraged for staff members

#### Referral Process

- Complete referral form and Release of information and email to [RHADHHBusinessOffice@rhanet.org](mailto:RHADHHBusinessOffice@rhanet.org) or fax to 919-250-9817
- Regional Centers will be assigned for intake
- Clinician completes Comprehensive Clinical Assessment
- Treatment Plan development and implementation of service recommendations

#### **Deaf Mentor Program**

**Jan Withers, Director DSDHH**

**Marcia Fort, Au. D. Manager, Genetics and Newborn Screening, Division of Child, and Family Well-Being**

**Jenna Rankin, Parent**

**Jessica Peterson, Parent**

North Carolina has a new Deaf Mentor Program. The program is designed to partner with Deaf, Hard of Hearing adults and train them to be mentors for families with a young child with hearing loss. The NC Department of Health and Human Services leadership has authorized the NC Division of Services for the Deaf and Hard of Hearing as having a lead role in coordinating the Deaf Mentor Program.

Marcia Fort is the manager of the Genetics and Newborn Program under the Division of Child and Family Well-Being. She is also in charge of the early hearing detection in EHDI. Together we have been working for more than a year now. The two of us will partner together to do outreach and raise awareness of the availability of the deaf mentor program to foster an effective referral process. We will also work together to monitor outcomes of the deaf mentor program and we want to do that through the lens of the child's language acquisition and development of psychosocial skills.

Why have a deaf mentor program?

- For several years, families of Deaf, Hard of Hearing and Deafblind children have been asking for access for deaf mentors to help them with learning American Sign Language.
- While NC is fortunate to have a wide variety of resources available to provide to families with young children identified as having a hearing loss, none of them feature deaf adults as professionals trained to work with families in a structured, research-based format.

#### **Jenna Rankin, Parent**

I am a parent of a deaf child and married to a CODA. My husband and I have been advocating for a program like this for some time. As a hearing parent of a deaf child, I have had the unique privilege and opportunity to have two deaf role models built into my daughters' life. Many deaf

children are born to hearing parents and hearing parents don't know how to connect to the deaf community. Our daughter has two people who can support her and understand her in a way I can't as a hearing parent. My mother-in-law and father in-law have been able to provide knowledge and lived experiences that I otherwise wouldn't have known.

I think about how great it would be if other families could experience having a deaf adult in their lives alongside them, supporting them, answering questions, introducing them to the deaf community, all the benefits we have just had naturally because of our unique family situation. I am so excited about this program finally coming to fruition and being established. I am also excited to have other North Carolina families experience this benefit.

### **Jessica Peterson, Parent**

I am a mom of two deaf boys, and like Jenna, I am super excited about this program. We have no family history of hearing loss. We struggled with what we should we do regarding cochlear implants, hearing aids, sign language. We decided to implant both our boys. We initially thought maybe it was selfish of us to implant our deaf boys because we are of the hearing world, so we all learned sign language. We wanted to give them the opportunity to have both options. During the implant process we were told to drop sign language because it's easier for them to learn spoken language and focus on learning how to hear and speak.

In 2019 we had the opportunity to go to Guam with Care Project where they don't have any access to cochlear implants. They have hearing aids and interpreters. Mostly ASL is their form of communication. Our oldest boy asked us why he didn't know how to sign. He said he needed to be able to communicate with his hearing and all his deaf friends. It was then that I knew this was something that he needed to do or what we needed to do as a family to really complete them as a part of who they were.

Once you decide to go the cochlear implant route, you don't really have access to sign language lessons. I have been taking ASL classes at Wake Tech and teaching my children how to sign. I am probably not the best person to be teaching them, but we are working through it.

This Deaf Mentor Program is so important to me because it would be nice to learn about the deaf community, learn more about their culture. Our children are part of that culture, and we want them to be part of it. We never had an interaction with anyone who was deaf prior to my children. It was scary and more of a fear for the unknown for us as parents. A new world opened once we met our deaf mentor.

This program would be an amazing addition to everything that North Carolina already has to offer our Deaf community and I am very grateful to Jan and Marcia for all the work they have put forward including Jenna and others who were part of this advisory board.

### **Jan Withers, Director of DSDHH**

We have worked for almost two years, and we have gotten to know Jenna and Jessica and their perspectives, thoughts, their experiences, and they are just invaluable!

Goals of the Deaf Mentor Program:

- Provide hearing families early ASL knowledge as well as strategies to support the deaf child's English which is essential for reading on a grade level and for their school success

- Provide a safe and nurturing relationship at the child's grade level in order for the relationships to take place, which enables them to learn more about deaf culture and connect to the local Deaf community
- Foster social/emotional health and resilience
- Desired outcome is that all Deaf, Hard of Hearing and all Deafblind children will acquire language in accordance with established milestones, develop meaningful attachments with their parents, develop the capacity to appropriately regulate their behaviors and emotions, and be ready to enter kindergarten and enter on track for reaching their developmental goals

The Deaf Mentor program is in alignment with several statutes and regulations that govern early intervention. It's also in alignment with seven of the ten goals of the North Carolina early childhood action plan, the joint committee on infant hearing, and directives of various federal grants.

DSDHH has been working closely for a year now with EHDI. We have formed an advisory group which has met monthly for a full year. The advisory group has heard from other Deaf Mentor programs in two different states, and one is well established and has been in existence for over 30 years. We also heard from representatives of the Sky-High Deaf Mentor program that provides training for deaf mentors nationwide. This advisory group developed a proposal that was approved by the Department of Health and Human Services leadership.

What's next for us?

- We will begin the heavy work of developing the program in its entirety
  - Creating and filling the Program Manager position
  - Expand the advisory group

**Communication Access for Deaf Parents with School-Age Children**  
**M. Antwan Campbell, Education Consultant for the Deaf and Hard of Hearing and Interpreters, Department of Public Instruction**

When I started with DPI in 2017, we started to receive complaints from parents about them not having access in the school system, so we partnered with the Division of Services for the Deaf and Hard of Hearing, and we started to have forums.

DSDHH and DPI held 3 forums across the state, and each was open to all the parents to come and speak about their concerns.

We cover all counties and charter schools. We have 56 districts that have interpreters. The only region that does not have at least one lead interpreter is in the Northeast district.

Three concerns/issues were identified at these forums:

- Interpreter requirement
  - Several parents didn't know about the interpreter requirement or what made the interpreter qualified to work in public schools
- Variance of request policies
  - The request policy in general was discussed and how to request an interpreter the correct way.
- Role of interpreters



- Different roles of interpreters for students, for adults for staff members and clarifying that role a bit more.

Current Updates:

- Sent out information about the division as a resource for our public-school units
- Partnered up with a couple of local regional centers, clarifying roles between the two of us
- Created a training about the differences of interpreter’s and the laws that go with each ADA/IDEA/504
- Resource information sent out for deaf parents, with my contact information if they have a complaint of an issue that arises at school
- Provided a webinar for all superintendents and EC directors for all the districts to address communication access concerns

Since the pandemic began, we have had only two complaints from the time of having the forums. Virtual meeting made it easier for districts to provide interpreters virtually. Now that we come to the other side of the pandemic, we will see if the complaints increase as we go back to in-person instruction.

**NC Interpreter and Transliterator Licensing Board- Rules and Statute Updates  
Pam White, Education Settings Representative, NCITLB**

I represent the North Carolina Interpreter and Translator Licensing board. Interpreters provide services that affect the public health, safety, and welfare of those they serve. The licensures of the practices are necessary to ensure the minimum standards of competency and to provide the public with safe and accurate interpreting or transliterating services.

In 2016, the NCITLB removed the cap of provisional license extension in response to the moratorium on the RID certification test which was the only pathway to full licensures. Since then, the moratorium has ended. The NCITLB seeks to restore this threshold by adding this verbiage “the board shall not for any reason renew an extension of a provisional license for a fifth time”. A public hearing has been held and the public comment period ended May 2, 2022. The proposed effective date of this amendment is July 1, 2022. Any provisional licensee requesting an extension for the 2022-2023 cycle would be affected by this rule.

Since January 1, 2016, the only pathway to obtain a full license is through the RID test for national certification. So, additional language to the statue would empower the board to seek and approve other certifications such as BEI or the EIPA.

Current Language in 90D-8 Criteria for becoming provisionally licensed is to satisfy one of the following:

- Hold a current Educational Interpreting Performance Assessment EIPA level 3 or above classification.
- Or holds at least a two-year interpreting degree from a regionally accredited institution

Proposed Amendment to 90D-8

- A two-year degree from an accredited institution
- Holds a current Educational Interpreting Performance Assessment, EIPA, level 3.5 or above

- Holds such other certification or classification or meets such other criteria or standards as may be adopted by the Board through rulemaking

Support for Statute amendment signed by many stakeholders

- NC Registry of Interpreters for the Deaf
- NC association for the Deaf/Hard of Hearing
- Individual Licensees
- Individual Interpreter Training Program Faculty

An amendment has been submitted to the legislative review committee by a NC House Representative. The goal is to have the amendment introduced during the upcoming legislative short session. Again, our purpose is to ensure minimum standards of competency.

Pam asked that Council write a letter in support of the amendment that has been discussed today.

**Motion:** Craig Belvin's (Kevin Earp) has made motion that the Council write a letter of support for the NCITLB changes to the licensure law. **Motion passed**

## **NCCDHH Committee Reports**

### **Audiology by Kathy Dowd**

- Erika Gagnon, committee chair is on maternity leave
- At the last meeting, we reviewed CDC guidelines for hearing and vision loss and risk of falls in diabetes care.
- We had discussions on CDC and the American Diabetes Association and the Deaf and Hard of Hearing screenings
- CDC is recognizing hearing loss with diabetes has posted a screening tool on the CDC site that is linked to the World Health Organization hearing screening tool
- Managed care issue of nonpayment for hearing aids for children was discussed
- Minnesota CPV hearing aid program provides states with special pricing for hearing aids for Medicaid.
  - Information was sent to Rhonda Owens and NC Medicaid for consideration
- Members discussed benefits of working/combining some Council committees

### **Health by Kathy Dowd**

- Attendance has been a concern, Dr. Nutt suggested inviting guests to speak at meetings and perhaps have joint committees
- Social Isolation has been a topic on the health committee's agenda. Members discussed ways to improve social isolation with broadband accessibility and streamlining to seniors and guidelines for suicide prevention work
- The NC Medicaid Communication Access pilot program coordinator attended the last meeting and reported they have 28 new providers signed on for this program
- NC diabetes guidelines now include hearing test and screening for balance at the time of diagnosis and then annually thereafter
- Western area AHEC Summit Conference for interprofessional education and collaboration is set for the Fall of 2023. It will include OT, PT, diabetes, educators, pharmacy, podiatry, optometry, dental, audiology, endocrinology and the focus is educating family physicians.
- COVID-19 pandemic was another topic for this committee

### **Education by Mike Lupo**

- Many issues and topics that we were addressing in our committee are the same long-standing issues we have tried to address, majority relates to deaf education and specifically preschool aged children
  - Licensure concerns with no having teachers who are not licensed in the preschool specifically with Deaf and Hard of Hearing. Which means they do not have the dual licensure that most of our K-12 teachers have
- David Rosenthal has sent out our letter and a report to the Governor and Legislators. This report is a good start and hopefully we will get a response from our legislators and the Governor and from other professionals in the community
- We will continue to have discussions and address these concerns, we are making progress, but it is slow

### **Disability/Diversity by Donald Tinsley**

- We recommended motion to have Council Chair request the Medical Care Commission to include right to interpreters in the Patients' Bill of Rights
  - Awaiting status of inclusion
- Exploring how to address systemic racism and social injustice in North Carolina Deaf Community
  - Our next step is too welcome BIPOC Deaf and Hard of hearing individuals to attend future meetings to share their experiences
- Discussion how we can help with increasing the number of Black Deaf teachers in the school system
  - Next step is to explore why some school districts are hiring Speech-Language Pathologists for roles that should be filled by individual with degree in Deaf education
- Focusing on
  - DHHS DEI Mission: grow a high performing diverse workforce and cultivate an inclusive workplace where employees are fully engaged to deliver exceptional services and programs
  - DEI Council put into place to change the culture and policies, leading to a more diverse workplace
- We connected with Union County legislatures regarding ASL and captioning as an ADA accommodation. Michael Evola from our committee is on the Union County council and is taking the lead
- Exploring how to empower others to educate people on services available to assist them
- Exploring why aged Deaf and Hard of hearing individuals feel isolated because of the impacts from the pandemic
  - Will be asking Deaf or Hard of Hearing seniors' citizens to attend our committee meetings
- Additional Council Recommendations
  - Invite Governor Cooper to speak at a Council meeting
  - Invite new Commissioner of DMV, Wayne Goodman to speak at our Council about identification on driver's license if Deaf of Hard of hearing

### **Council Chair, David Rosenthal**

- Letter/report to the Governor and Legislature about issues facing the Deaf, Hard of Hearing and Deafblind students in North Carolina
  - Questions/Comments about document

- Education Committee members all in agreement that report/letter be sent to the Governor and legislature
- I have been in discussions with the legislature to see if we can get assistance with having two representatives from state Senate to fill the vacant council seats

**Motion:** Antwan (Christina) has made a motion that David Rosenthal, Council chair submit letter to the Governor and Legislature regarding issues facing Deaf, Hard of Hearing and Deafblind students in North Carolina. **Motion passed**

## **Open Dialogue (Members Only)**

### **Future Topics/Presentations for the Council**

- Michael Evola would be interested in seeing a panel of Deaf educators for Deaf children to speak about their experiences and share concerns they have as educators
- Craig Blevins would like to follow-up with the new laws as it relates to endorsement on driver's license to identify if you are Deaf or Hard of Hearing
- Erika Gagnon has several patients transitioning from her pediatric program out into the educational environment and into professional world. She thought it would be great to have a panel of young adults sharing their experience in going through the system. She feels we could see how we could help support those young folks.
- Lee Hartline would like to see the Council take up the issue of SSP services for Deafblind population in North Carolina. He would like to see NC take a bigger lead in helping the Deafblind with services through the SSP's.

### **Current Virtual Committee Meetings**

- Several members suggested to keep Committee meetings virtual
- Member suggestion to get more public members to participate committee meetings and partake in discussion
- Suggestion that the quarterly meetings move forward with a hybrid in-person/virtual option

Council chair, David recognized that Craig Blevins term limit is up, and he will continue to serve until his successor is appointed by the Governor. Craigs involvement has been incredibly helpful and looked at as a very valued member of the Council and community. Council chair thanked Craig for his involvement and participation as a Council member.

There being no further business and announcements, the Council meeting was adjourned a 1:00pm.

**Future 2022 meetings:** August 4<sup>th</sup> and November 4<sup>th</sup>

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