



**Maryland Advisory Council on the Deaf and Hard of Hearing Meeting  
Maryland Department of Transportation – Hanover, MD  
March 1, 2011**

**Attendees:** Ann Black, Amy Bopp, Dakota Burgess (MDOA), Laurie Corcoran, Cheri Dowling, Shane Feldman, Gary Monroe (MCHR), Jack Rouse (DHCD), Robin Underwood (MDOT),

**Absent:** Carl Bailey (DHR), Marian Bland (DHMH), Lisa Brinks (MSD), George Kosovich, Sara Muempfer (DLLR), and Jennifer Whitcomb.

**Staff:** Lisa Kornberg, Joshua Lamont (ODHH Intern), Julie Schafer, and Laura Quinn

**Interpreters:** Erin Harrison, Carrie Quigley, Lisa Rosen, and Gerard Williams

**WELCOME & INTRODUCTIONS**

This was the first meeting for recently appointed Deaf-Blind representative Ann Black. She is very pleased to become a member of the Advisory Council.

**REVIEW & APPROVAL OF MINUTES**

Due to a lack of a quorum, the minutes will be approved via e-mail.

**SUBCOMMITTEE REPORTS**

**Education Subcommittee – Cheri Dowling**

**Mentoring Program**

The decision at the prior meeting was to place the Mentoring Program on hold.

**State Plan**

The Maryland Task Force has shifted its focus due to the inability of members to come to a consensus. Instead a facilitator has been brought in to focus on town hall meetings or forums throughout the state to hear from the parents, professionals, and students in Maryland and get their input about what the education plan in Maryland needs to look like. Thus the involvement of this subcommittee in the State Plan has also been put on hold.

**Social Events for Students**

It was suggested that the subcommittee look at planning some social events for students around the state of Maryland. There are many isolated students around the state. While there is a large group that goes to the Maryland School for the Deaf (MSD), there are many students in mainstream programs in different areas who are often by themselves.

The goal would be to develop regional social events around the state to occur quarterly for these kids just to get together to talk, and have a good time. The subcommittee is going to contact Jennifer Whitcomb, who is on this subcommittee, about working together to plan an event on the Eastern Shore. It would also be a good idea to contact Maryland State Steering Committee chairperson, Kathy Jones, to get their involvement.

The subcommittee has decided that this will be its ongoing project and focus. It hopes to have the first event take place before the end of this school year.

## **Letter of Support**

The committee recommended that a letter should be sent from the Council in support of HB1013, for the establishment of a permanent hearing aid loan bank. Since some of the members of the Council represent State agencies, the letter will not list individual members, but will be signed by the chairperson, Laurie Corcoran.

## **Communication Access Subcommittee – Shane Feldman**

### **Airport Accessibility**

The subcommittee continues to work with MDOT to address access to announcements over the PA system. Together they are looking towards improvements to visual access to that paging system.

During a recent trip, Shane Feldman observed that not all the TV's were captioned, for either the private vendors or the TV's in the terminals. Robin Underwood and Shane Feldman have scheduled a March 9, 2011 site visit to BWI Airport and will meet with the Chief Accessibility Officer, Neal Heaton.

### **MTA**

Both the Baltimore Metro and MARC systems now have visual paging systems inside the cars, informing passenger of the next stop. There is also a system inside the train stations to warn passengers when the next train is arriving. The Maryland Department of Transportation and Maryland Transportation Authority, with involvement from the deaf community, worked together to make that happen.

### **Captioning in Public Places**

Shane Feldman shared a story with the subcommittee about trying to get captioning turned on for a television in a bar in Annapolis, which was unsuccessful. After a half-hour of fruitless efforts, he finally gave up. The best way to address the issues is to file a complaint with the Maryland Commission on Human Relations (MCHR).

### **Senior Care**

Dakota Burgess is working on senior citizens issues. There is a longstanding request from the deaf community to have its own nursing home or senior citizens community in the state of Maryland. The subcommittee brought up various examples in Ohio, California, Philadelphia, and Arizona, which has housing for deaf senior citizens.

### **Deaf-Blind Access**

Ann Black is working with the Department of Rehabilitative Services about computer access for deaf-blind people, and the need for Support Service Providers (SSPs). The Columbia Lighthouse for the Blind has received some financial support from Montgomery County to provide training on improving deaf-blind accessibility. She also mentioned that there was a lawsuit against Metro Access for lack of communication between deaf-blind riders and the drivers. Robin Underwood commented that the Maryland Transit Administration's (MTA) Mobility/Paratransit program wants to work to make sure that there is good communication with deaf-blind consumers.

## **Behavioral Health Subcommittee – Lisa Kornberg**

### **Letter to DHMH – Deputy Secretary Renata Henry**

The meeting last month was used to redraft a previous letter to Deputy Secretary Renata Henry to make it more specific and to address some gaps. This draft letter will be reviewed on March 14 by the subcommittee and once finalized it will be sent to the Deputy Secretary.

There will also be a representative coming from Value Options to discuss their role in identifying culturally competent providers.

## **CHAIRPERSON REPORT – Laurie Corcoran**

### **Advisory Council Strategic Plan**

Laurie Corcoran drafted a five-year strategic plan for the Advisory Council. It was distributed to everyone to review. (Addendum B) Please send an e-mail to her if there is something missing.

### **Accessibility in Hospitals**

Laurie Corcoran also shared with the Council the “ADA Business Brief: Communicating with People Who are Deaf or Hard of Hearing in Hospitals Settings.” This document can also be found, along with other resources on the Department of Justice’s ADA website at <http://www.ada.gov/business.htm#anchor-bbriefs>. Laura Quinn commented that when a constituent contacts ODHH because a healthcare provider is refusing to provide an interpreter, that very same document it is one of the resources provided to the medical office.

Currently there are a couple of counties, such as Baltimore County and Anne Arundel County that are specifically addressing the issue of accessibility in medical facilities. In addition, most counties have a commission on disabilities. If there is an active commission in your county, contact them to see if they’d like to setup a workgroup to focus on accessibility in medical settings.

Also, Laurie Corcoran drafted an information sheet that could be shared with the hospitals about accessibility for people who are deaf, hard of hearing, and deaf-blind. (Addendum C) It should be up to the consumer to decide how to best meet their communication needs. Since in most hospitals it is not fiscally worthwhile to have full time interpreters on staff, about 50% of the hospitals in Maryland are utilizing Video Remote Interpreting (VRI) in many situations. The hospitals must be educated that VRI should be used only as a stopgap measure, not in place of an onsite interpreter.

Last month Anne Arundel Medical Center approved funding to hire staff interpreters. They also set up a task force and did research on technology. In this case it was the result of them being sued.

When obtaining an interpreter for a patient, the federal law uses the language “qualified” interpreter, not “certified” interpreter. Some states require a certification, but Maryland does not.

Julie Schafer noted that Delegate Shawn Tarrant, the Deputy Majority Whip, is looking at this issue of interpreters in hospitals and is very interested in introducing legislation to that effect. The filing deadline has passed this year for bills, and it is a more cumbersome process to go through now to get bills introduced. So it may be something to work on with him during the off session.

Some patients are being told they have to wait until a later date to get a medical appointment with an interpreter present. But then the patient is reluctant to file a complaint if the doctor is going to be performing necessary procedures. They do not want to start an antagonistic relationship with someone who will be treating them.

Shane Feldman also noted that some deaf consumers are not often as empowered as others or they might not be as well versed in the law. The consumers who are making these requests must be educated about their rights and how to advocate for themselves. ODHH has worked hard to get the word out through V-logs on their web site and through Town Hall meetings. They also provided training recently for community members at the Christ United Methodist Church of the Deaf and the Deaf Shalom Zone.

### **By-Laws**

The by-laws are due to be reviewed by the Council, as should be done annually. The link will be sent out after the meeting for everyone to review and submit comments on possible changes or corrections.

## **AGENCY REPORTS**

Agency reports were submitted in written form and are attached as an addendum to the minutes. (Addendum A)

### **ODHH Director's Report – Lisa Kornberg**

A written Director's Report is also included as an addendum. (Addendum A)

### **Legislative Awareness Day**

Lisa Kornberg asked to recognize the efforts by both Julie Schafer and Laura Quinn in the organization of Legislative Awareness Day. The event was a great success and it was standing room only as the evening progressed. Lieutenant Governor Anthony Brown was the keynote speaker again this year. Kelby Brick was presented with the inaugural Kelby Brick Community Leadership Award. He was one of the key advocates who worked in Annapolis to establish ODHH.

### **ODHH Budget**

For the first time since the establishment of ODHH the budget has not been challenged by the Department of Legislative Services. They have concurred with the Governor's budget as written.

### **Legislation Update - Senate Bill 596 and House Bill 580**

Julie Schafer emphasized the importance of Senate Bill 596 and House Bill 580, pointing out that ODHH would be testifying on both bills in the week following this meeting. It was also requested that members of the council write letters in support of the bill. The bill would impact companies conducting business in Maryland, not necessarily physically located in Maryland. Their respective websites would essentially be places of public accommodation and thus would be required to be accessible to people with disabilities. For Marylanders with hearing loss, this would mean having access to captions and transcripts for audio and video content that is available on such websites.

### **Department of Corrections**

ODHH has met with Secretary Maynard of the Department of Safety and Correctional Services to bring the concerns of deaf and hard of hearing inmates to the Department's attention. Secretary Maynard is very motivated and interested in looking at the issues of accessibility in the prisons. Among the issues discussed were: telecommunication access (VP, TTY, other), and access to classes and trainings that are provided within the prisons. There is a follow-up meeting next week to talk about sensitivity and awareness training for corrections officers.

### **Town Hall Meetings/Self Advocacy Meetings**

Legislation requires that we hold a minimum of two town hall meetings each year. However, ODHH has been all over the state this year and people have not shown up. It was requested that the community members on the Council think about situations where it would be worthwhile for ODHH to come and do the town hall meetings as well as self-advocacy training. It was posed that the council also help come up with other possible ideas on how to improve attendance to these meetings.

### **Financial Disclosure**

One of the requirements of being appointed to the Council is that appointees must file an annual financial disclosure. This year's deadline is APRIL 18<sup>th</sup>. The purpose of the disclosure is to make sure there's no conflict of interest or ethical concerns.

## **Membership Report – Laura Quinn & Lisa Kornberg**

There are two new applicants who have shown an interest in becoming Council members. The first is Oma Sampson, an IT professional working on his PhD, who is motivated to become involved and is very interested in access issues. He has already submitted his application to the appointments office. The second is Nancy Jenkins, a hard of hearing lawyer in Anne Arundel County.

## **ANNOUNCEMENTS**

Maryland Department of Aging - Fourth Annual Governor's Leadership in Aging Awards: May 10, 2011

## **NEXT MEETING**

Date: June 7, 2011

Time: 2:00 – 5:00 p.m. (followed by a town hall meeting)

Location: Deaf Independent Living Association, Inc. (DILA) – Salisbury, MD

**DIRECTOR'S REPORT AND STATE AGENCY REPORTS  
to the Maryland Advisory Council on the Deaf and Hard of Hearing  
March 1, 2011**

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**Governor's Office of the Deaf and Hard of Hearing - Director's Report**

**1. Legislative Session**

- Legislative Awareness Day
  - Over 100 people registered
  - Lt. Governor Anthony Brown provided keynote address
  - Presented Governor's Proclamation to Kelby Brick
  - Received Proclamation from House in recognition of ODHH Ten-Year Anniversary
- Provided technical assistance and testimony for the following:
  - Senate Bill 22/House Bill 1000 – Captioning of Political Ads
  - Senate Bill 596/House Bill 580 – Internet Access
  - Senate Bill 754/House Bill 1013 – Hearing Aid Loan Bank
  - Senate Bill 702/House Bill 452 – Insurance Coverage of Hearing Aids

**2. Budget**

- Prepared response to DLS recommendations for ODHH budget
- Presented testimony at House and Senate budget hearings

**3. Website/Brochure Updates and Revisions**

- Continued to update Twitter and Facebook pages
- Submitted Monthly update of ODHH Home Page
- Posted Legislative updates and update Legislative Awareness Day announcements and registration

**4. Interagency Councils and Boards**

- Alliance
- UASI Baltimore Region Vulnerable Populations Workgroup meeting
- Interagency Council on Aging
- MSDE State Planning Committee
- Universal Newborn Hearing Screening
- State Steering Committee on Education of Deaf and Hard of Hearing Children
- Baltimore County Sub-committee on accessible medical facilities

**5. Interagency Coordination**

- Executive Branch
  - Captioning of Governor's Videos
  - Coordination with GOCI, GOCCP and MPCTC for visual communicators

- Public Safety and Corrections
  - Met with Secretary Maynard concerning accommodations for the deaf and hard of hearing in correctional facilities
  - Scheduled meeting with the Correctional Training Director at MPCTC Charles Rapp
- Maryland State Department of Education
  - Conferred with Dr. Heath on hiring a facilitator for assistance with developing the State Plan for Education of Deaf and Hard of Hearing Children; Task Force tabled for now
- Maryland Department of Disabilities
  - Coordinated testimony on
    - Budget hearings
    - Captioning for Political Advertisements
    - Tuition Waiver for individuals with disabilities (HB 104)
- Responded to State Directors forum on:
  - Use of TRS funds
  - Phone accessibility in correctional facilities

## 6. Internships

- Joshua Lamont, Towson University, began his internship
- Cassie Costin, Towson University, began her internship
- Nicole Dziewanowski from Towson University completed her internship
- Zainab Alkebsi, University of Baltimore Law School, continues internship 3 hours per week

## 7. Constituent Services Program

- Fielded 142 requests for information and referral. Of the requests, 112 were from individual constituents and 30 were from a government agencies. Ninety-eight percent (98%) of the requests were responded to within 48 hours. (MFR requires 90% response in 48 hours.) Eight (8) incidents of technical assistance were provided, three (3) government agencies and five (5) to non-government individuals or organizations.

## 8. Community Outreach and Education

- Exhibited 1 time in the community
- Presented 2 Sensitivity and Awareness Trainings
- Presented 4 other types of trainings (Self Advocacy, About ODHH, Emergency Preparedness, etc.)

# Maryland Department of Aging (MDoA) Report

## Update on Departmental Priorities

There have not been any significant changes in MDoA's priorities.

## Specific Programs, Projects and /or Services Being Developed or Implemented to Address Constituent Concerns

### Money Follows the Person

MDoA is working in partnership with the Departments of Health and Mental Hygiene and Disabilities to implement a five year federally funded program to identify individuals in nursing homes who wish to transition back into the community. Eligible individuals transition into one of several Medicaid Home and Community-Based Services Waivers. This initiative requires coordination with the local AAA in the community where the

person wishes to reside. As of January 2011, 312 nursing home residents have transitioned to the Waiver for Older Adults under this initiative. A 2010 Memorandum of Understanding between the Maryland Department of Health and Mental Hygiene and the Maryland Department of Aging provides \$3 million to fund activities in support of the Money Follows the Person Demonstration through December 2011. This funding is allocated to the Department to support the MFP program through local Area Agencies on Aging and to expand the MAP program and website.

## **Events of Significance**

### **Annual Governor's Leadership in Aging Awards**

The Maryland Department of Aging is seeking nominations for the 2011 Governor's Leadership in Aging Awards. The awards ceremony is held each year during Older Americans/Marylanders Month in May to recognize individuals, groups and organizations for excellence and outstanding contributions to field of aging and quality of life for seniors.

Here are this year's categories:

- 1. Trailblazer:** An individual, community group, business or organization that has demonstrated leadership in advocacy or developed an innovative program, research or training for seniors
- 2. Visual and Performing Arts:** An individual, 60 years of age or older, or a group (members must be 55 years of age or older), who has demonstrated excellence in the visual or performing arts
- 3. Photography:** An individual 60 years or older who demonstrates excellence in photography or photojournalism that portrays "Successful Aging" (new category)
- 4. Health and Vitality:** An individual 60 years or older who demonstrates a commitment to healthy living and who serves as a role model to others

### **Maryland Medicare Part D Phone-A-Thon**

On December 9 and December 21, 2010, the MDoA's Senior Health Insurance Assistance Program (Maryland SHIP) sponsored two live Phone-A-Thons to promote the annual open enrollment period for Medicare Part D, prescription drug coverage. Governor Martin O'Malley and Secretary of Aging Gloria Lawlah were featured in television spots the week prior on Baltimore's WJZ, urging viewers to tune in. On December 21<sup>st</sup>, Congresswoman Donna Edwards, Secretary Lawlah and the directors of Departments of Aging in Virginia and Washington DC were featured in the Washington DC region on WUSA Channel 9 with J.C. Hayward. This was the first year that the Phone-A-Thons were conducted in both of the state's two largest television markets. Over 2,200 calls were taken by the 26 phone bank volunteers.

The Annual Enrollment Period (November 15<sup>th</sup> to December 31<sup>st</sup>) of each year is the time where Medicare beneficiaries can make changes to their choice of Medicare Part D prescription drug plan options. The goal of the Phone-A-Thon was to encourage beneficiaries who needed help with their decisions to seek assistance through their local SHIP program. Also highlighted during the initiative were assistance programs for low income beneficiaries including the Maryland Senior Prescription Drug Assistance Program, that can help pay for the monthly premiums and additional coverage during the Part D coverage gap or "donut hole."



## **Maryland Department of Health and Mental Hygiene (DHMH) Report**

- Dr. Joshua Sharfstein was appointed by Governor Martin O'Malley as the new Secretary of DHMH in January 2011. Prior to Dr. Sharfstein's appointment as secretary, he served as the Principal Deputy Commissioner of the U.S. Food and Drug Administration, the agency's second highest-ranking position from March 2009 through January 2011. Additionally, Dr. Sharfstein served as the Commissioner of Health for the City of Baltimore from December 2005 through March 2009.
  - Springfield Hospital continues to host and chair monthly Service Review meetings with mental health, substance abuse, and developmental disabilities' housing and service providers to facilitate discharge planning for individuals who are deaf or hard of hearing.
  - The Director of the Mental Hygiene Administration's Office of Special Needs Populations is scheduled to present on deaf services and the behavioral health subcommittee recommendations on March 24, 2011, to the Deputy Secretary of Behavioral Health and Disabilities and the Behavioral Health Agency Directors.
  - MHA's Office of Special Needs Populations is having a one-day conference on March 4, 2011, "Helping Individuals to Lead Better Lives" at the Temple Oheb Shalom in Pikesville, MD. Highlights of the conference include Ms. Tonier Cain as the keynote speaker, an awards presentation recognizing key staff in the field for service, partnership, or leadership, and an array of workshops from cultural sensitivity and awareness in working with individuals who are deaf and hard of hearing; jail diversion and re-entry; disaster preparedness; homelessness and housing; SSI/SSDI and expediting benefits; traumatic brain injury; and veterans issues.
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## **Maryland Department of Labor, Licensing, and Regulation (DLLR) Report**

### **1. Update on Departmental Priorities**

- DLLR remains fully committed to providing quality workforce services to Marylanders with disabilities. Therefore, DLLR continues to investigate funding options to have a Statewide Disability Coordinator for DWDAL.
- DLLR DWDAL will release the upgraded version of the Maryland Workforce Exchange in the Spring of 2011.

### **2. Specific Programs, Projects and/or Services being Developed or Implemented to Address Constituent Concerns**

- Funded by and in partnership with the Maryland Department of Disabilities, there will be 5 Open House events at One-Stop Career Centers in Maryland for Community Rehabilitation Providers. Listed below are the 5 event dates, times and locations. Please see the attached flier and registration form for more detailed information (can also be found at [www.mdod.state.md.us](http://www.mdod.state.md.us)).
  - a. March 15<sup>th</sup>, 8:00 am – 12:30 pm, Easton One-Stop Career Center
  - b. March 22<sup>nd</sup>, 8:00 am – 12:30 pm, Eastside One-Stop Career Center- Baltimore
  - c. March 31<sup>st</sup>, 10:00 am – 1:30 pm, Waldorf One-Stop Career Center
  - d. April 7<sup>th</sup>, 8:00 am – 12:30 pm, Bel Air Workforce Center
  - e. April 14<sup>th</sup>, 8:00 am – 12:30 pm, Largo One-Stop Career Center

- The Warrior to Worker Council is in the process of writing two reports: Veterans Recruitment for State Employment Strategic Plan and the Veterans Skills and Education Strategic Plan. Included in these reports will be several recommendations, strategies, and ideas to assist veterans and veterans with disabilities in securing and maintaining employment in Maryland.
- 3. Staff Training/Education on Disability Issues, Cultural Competency, etc.**
- Maggie Leedy, Maryland's Lead Disability Program Navigator, will focus on providing One-Stop Career Centers with technical assistance and training on disability employment issues of need and significance until June 30, 2011.
    - March 4, 2011- Maggie will provide the One-Stop Career Center staff in Anne Arundel County with technical assistance regarding how to manage the increase in job seekers with disabilities in their One-Stops.
- 4. Number of Deaf / Hard of Hearing Staff Requesting Accommodations**
- Requests collected by 12 local Workforce Investment Areas- will collect next quarter.
- 5. Number of requests from Deaf / Hard of Hearing Constituents for Services**
- Requests collected by 12 local Workforce Investment Areas- will collect next quarter.
- 6. Significant changes in Budget Impacting Programs/Service (including Grants)**
- Nothing to report at this time.
- 7. Events of Significance**
- See Item #2 with a listing of Community Service Providers Open House Events.
- 8. Information for Dissemination to Constituents**
- See attached- for dissemination to community service providers who provide employment services to constituents with disabilities.
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**DRAFT**  
**Strategic Plan for Advisory Council ODHH**

The role of the Advisory Council is to assist and advise the Director and staff of the Office of Deaf and Hard of Hearing in their responsibilities to the Governor and Deaf constituents in Maryland. These goals are outlined in the ODHH strategic plan. The priorities the Advisory Council has identified are as follows:

- Access to all forms of somatic and behavioral health. This is being addressed with the formation of a behavioral health sub-committee. The goal of the committee is to identify and come up with strategy to break down barriers that impede Deaf constituents from accessing services.
- Appropriate education for all Deaf children in Maryland. An education sub-committee has been formed to discuss issues that are pertinent not only to children at the Maryland School for the Deaf, but also deaf children who have been placed in mainstream school settings.
- Information and communication access to all deaf constituents in Maryland. A sub-committee was formed made up of a variety of board members, most importantly, the representatives from various Departments who are unaware of the barriers that Deaf people face. They are in a position to listen to Deaf and Hard of Hearing board members and take their concerns back to their agencies so changes can be implemented.

**DRAFT**

**How can you protect your hospital and provide good patient care to Deaf and hard of hearing individuals?**

*Did you know that the American's with Disabilities Act protects you and your institution?*

If you insure quality communication for your patients, you will be better able to treat them in the most cost effective way possible.

*What does that mean?*

A qualified interpreter from a reputable agency

*Deaf parents of a hearing child are covered under the ADA and should have an interpreter so they can make the best decision possible for their child. But why can't the child interpret?*

There are several reasons why a child or any family member should not interpret. First and foremost, interpreting is a profession where you translate one language into another. It's often difficult for family members to be unemotional and not filter information to protect their loved ones. If the child is the patient, there is information that they are not going to understand, or may filter out so their parents won't worry (or they may not want their parents to know)! You don't want to be responsible for a misdiagnosis or treatment because you don't have all the facts!

*How can I get a consent form signed?*

Good question.....unless you know the patient understands what they're signing you've just opened up yourself and your institution for a lawsuit.

*What are some simple things you can do to make your institution more accessible to deaf and hard of hearing individuals?*

- Each triage station can have index cards with a few signs on them...asking if the deaf person needs a sign language interpreter, a pen and paper, an oral interpreter, etc.
- Keep a list of the interpreting agencies in your area.
- Instead of using the intercom system to call the deaf patient, which they most likely won't hear, have someone go and tap the patient on the shoulder so they know it's their turn.
- Flag the exam room so the doctors and nurses know there is a deaf patient in the room.