

**North Carolina Council for the Deaf and Hard of Hearing**  
**Quarterly Meeting Minutes**  
**February 2, 2024**  
**9:00 am – 3:00 pm**  
**Joint Forces Headquarters, Raleigh, NC**

**Members Present:**

Christina Armfield  
Antwan Campbell  
Kevin Earp  
Rebecca Freeman  
Pattie Griffin  
Michael Evola  
Betty Kelly  
Greta Knigga-Daugherty  
Stephen Latus  
Mike Lupo  
Dr. Robert Nutt  
Randall Pope  
Laurie Ann Rook  
David Rosenthal  
Donald Tinsley Sr.  
Hope Turpin  
Saarah Waleed  
Jennifer Woodard

**Ex Officio:**

Jan Withers (Present)

**Liaison:**

Kim Harrell (Present)

**Members Absent:**

Linda Amato  
Kathy Dowd  
Megan Pender  
Neil Robinette  
Daphne Peacock  
Rep. Ya Liu  
Dr. Claudio Pagliaro  
Senator Bill Rabon  
Rep. Diane Wheatley

<b>Current Vacant Council Seat(s)</b>
Senate Appointees (2)- President Pro Tempore
Governor Appointees

**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 November 3, 2023.**

**Motion #1:** Michael Evola (Antwan Campbell) moved to approve the minutes from the November 3, 2023, Council meeting. **Motion Passed.**

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

**David Rosenthal, Chair**

Welcomed everyone and those who are watching remotely via YouTube Live. He apologized for missing the last council meeting due to a family emergency and stated that he is happy to be back and meet everyone today. Randal Pope the newest Council member was introduced. Kim Harrell, with the Division of Services for the Blind, liaison to the Council, will be retiring, and this will be her last meeting.

**SL 2013-119 Collaboration Update**

**Jan Withers, Director, Division of Services for the Deaf and Hard of Hearing**  
**Sherry Vernelson, Section Chief, Sensory Support & Assistive Technology, DPI**

**Jan Withers, Director, Division of Services for the Deaf and Hard of Hearing**

The session law (House Bill 2013-119) is a collection of information related to the Deaf and Hard of Hearing students who have IEPs throughout the school system) and has been around for about 10 years. NCCDHH decided it is time to review the law and identify opportunities to strengthen it since new research and evaluation tools have been developed. We'll be using the process to move forward with that review to reconvene a group that we previously called the Common Ground Group. The purpose of this group this year is to focus on developing recommendations to strengthen the current session law 2013-119 and move forward with some legislative action using the council's support. We are limited to being involved in politics or legislation as a council, but we can make recommendations. Members will be finalized, and meetings will start in a few weeks.

**Common Ground Group Members as of Today**

- **Co-Chairs**
  - **David Rosenthal** (Chair, NC Council for the Deaf and Hard of Hearing)
  - **Hannah Eskridge** (Clinical Director, Department of Otolaryngology/Head and Neck Surgery, UNC Health)
- **Ex-Officio**
  - **Jan Withers** (Director, Division of Services for the Deaf and Hard of Hearing)
  - **Marcia Fort** (Au. D, Manager, Genetics and Newborn Screening)

## **Sherry Vernelson, Section Chief, Sensory Support & Assistive Technology, DPI**

In November, we were asked to survey the communication plan worksheet required by House Bill 317 and the House Bill 317 data collection, which is also a part of that bill. At that time, we already had some training and decided to leverage that training to conduct the survey. We received few responses, so we decided to survey more people, and we did that in January. We received 72 responses, and we distributed it across our three listservs that focus on professionals who support students who are Deaf and Hard of Hearing. The respondents were given the option to respond to one or both surveys.

Responses that were received from survey respondents:

### **Top Three Barriers to Completing the Communication Plan worksheet:**

- Lack of training on how to complete the communication plan worksheet.
- Lack of sufficient data to respond to questions appropriately.
- Lack of data to determine communication, language, and literacy levels.

### **Top Three Barriers to Completing the HB317 Data Collection**

- Lack of understanding of curricula being used.
- Lack of collaboration/communication with all service providers
- Lack of sufficient data to report on the communication, language, and literacy

### **Top Theme of “Other” Barriers to Completing the Communication Plan Worksheet & HB317 Data Collection**

- Time-consuming
- Redundant based on other components of the IEP

### **DPI Next Steps**

- Training on March 20 for HB317 Data Collection for the 2023-24 school year.
- Push out links to existing Communication Plan Worksheet training.
- Micro PD at spring Lead Related Service Provider meeting.
- Continue individualized technical assistance related to the communication plan Worksheet and HB317 for districts.

## **SL 2023-10 Transition Plan Update**

### **Dr. Michele Handley, Director, Eastern North Carolina School for the Deaf, Wilson**

DSDHH council requested some information related to the transition and Session Law 2023-10, they submitted a few questions, and I will share some information to answer those questions. All this information has been collected from the North Carolina School Board Association, they are the authority in our state for board operations, school boards. Even though our board is appointed and not elected, most of everything still applies similarly.

### **The Role of the Boards of Trustees**

The roles of boards of trustees have two different parts, Board Authority and Superintendent Authority, that work together. This is a constantly flowing process, and it relies on effective collaboration and communication between both parts of the Board and the Superintendent. The Superintendent Authority is responsible for looking at what he or she has implemented and seeing if it is accomplished, and lining back up with the vision and the policies the board has set. The Board Authority is responsible for evaluating the outcomes of what the Superintendent

has done. Effective school boards understand the distinctions between board and staff roles and refrain from performing management functions that are the responsibility of the Superintendent and staff so that way they can hold the whole system accountable for results. It's important to understand that an individual board member only has power when sitting in an official meeting with the rest of the board. Trying to exert individual power can lead to legal trouble without any protection.

### **What Training Do the BoT Members Receive?**

- A minimum of 12 hours of training every two years must include ethics.
- Many annual training or work-study groups with specific topics based on individual board requests.
- Staggered terms for operational continuity.

### **How will the ENCSD BoT and the NCSD BoT work together?**

- SL 2023-10 establishes some uniformity.
- Boards are independent.
- Independent policy making

### **Session Law 2023-10 Updates**

- Operations continuing under the DPI until July 1, 2024
- Boards have begun meeting.
- Legislative reports submitted December 15, 2023
- Transition planning in progress.

## **Impact of Language Deprivation on Behavioral Health Ms. Lauren Crawley, RHA Health**

I'm here to share some information about language deprivation and the impact of that on behavioral and mental health, the services we provide, and some background about RHA Health.

RHA Health is a nonprofit mental health program that works statewide and serves people who are Deaf and Hard of Hearing. RHA Health funding comes from the Division of Mental Health to provide mental and behavioral health services.

### **RHA Health Services:**

- Outpatient therapy services
- Peer support services
- Case management
- Advocacy

Language deprivation happens when a person does not have access to language or it's not been provided to them, the best prime time for language acquisition is before the age of three to five years old. If the person doesn't have access to language by that time, their brain's ability to absorb diminishes by the age of five, and brain matters begin to change at that point, and the

person will lose that neuroplasticity and ability to pick up the language. Unfortunately, a lot of children who are Deaf and Hard of Hearing don't have exposure to language prior going to school. When they don't have the language foundation, their ability to understand the world around them and thrive is very limited.

### **Difficulties for People with Language Deprivation**

- Ability to solve problems.
- Communication
- Concept of time
- Pattern how things occur.
- They are at high risk of trauma.

People with language deprivation have difficulty solving problems, communicating, understanding the concept of time, and determining the pattern of how things occur, and their emotions and body language don't match. Because of these struggles people with language deprivation are often misdiagnosed. We receive referrals from the community, family members, and hospital that they suspect a person has mental health issues or behavioral health issues based on what they have observed. Language deprivation doesn't automatically mean someone has a mental health issue to deal with. We do emphasize that the experience of language deprivation can lead to mental and behavioral health issues in some situations.

### **How RHA Health Help People with Language Deprivation**

Traditional talk therapy doesn't work with someone with language deprivation, and we identified that cognitive behavioral therapy is what would be beneficial to them. Our services can be long-term or short-term, depending on our patient's needs. The fact is any kind of therapy or treatment for people with language deprivation will take longer than normal because of the difficulties that come from their language deprivation. While we work on behavioral health goals, we provide the necessary resources of information that they might need and encourage them to follow their dreams and thrive in the community.

### **Language Deprivation from a Medical Perspective**

**Robert Nutt, M.D., Developmental-Behavioral Pediatric Specialist**

I will share some information based on my experience with language-deprived populations, especially children who have developmental, behavioral, and physical disabilities, specifically those who are Deaf, Hard of Hearing, and DeafBlind. Circumstances of language are critical for the development of human beings, and when those are language deprived, another term called language neglect can affect everyone at any age. Language provides access to opportunities and those opportunities are then enriched by learning and in social relationships. Deprivation of these opportunities can create isolation and fragmented language, causing these lost opportunities for an enriched life and way of connecting with others. We understand that language deprivation leads to:

- Anxiety
- Depression
- Hypervigilance, Hyperactivity

- ADHD
- Difficulty with executive functioning

Self-Advocacy is an important skill that individuals who are Deaf, Hard of Hearing, and DeafBlind need, also it is important to understand that Deaf and Hard of Hearing children require the advocacy of their parents, but in many cases, we see that parents don't know what to do and what is the right thing to do. Ninety percent of children who are Deaf and Hard of Hearing are born to hearing parents. So, it is important to have somebody, such as a medical provider or counselor, to guide them. This person needs to present things in a natural and formative way, is as unbiased as one can be, and guide families in the right way to move forward towards their goals, which is having a matrix of completed language before age five. We aim to fill the gaps to provide better and easier service to this population. Through the Early Hearing Detection and Intervention (EDHI) office, we are trying hard to look at how we can improve the quality and density of support services before age three.

### **Update on DeafBlind Services/Lived Experience Perspectives**

**Ms. Ashley Benton, Deaf/DeafBlind Services Coordinator, DSDHH**

**Ms. Nicole Alleman, DeafBlind Services Specialist, DSDHH**

**Mr. Randall Pope, DeafBlind Consumer**

We are here to share information about our services with Deaf-Blind consumers in North Carolina. We have two DeafBlind Service Specialist positions in DSDHH that provide state coverage, one in Eastern North Carolina and one in Western North Carolina. We work on program development and with our staff to ensure that they receive all necessary training to work directly with Deaf-Blind consumers.

### **A Diverse DeafBlind Community**

DeafBlind communities are very diverse and DeafBlind individual's needs are very diverse. They can evolve based on different things such as their educational background, hearing status, visual status, their communication, etc. Sometimes, you will see a hyphen when the DeafBlind community is identified; we want a more cultural perspective when naming and identifying a population. DeafBlindness needs to be addressed at once, and it also speaks to the cultural identity; we want to show that we are proud of being DeafBlind and having those diverse experiences. Please remember that it's evolved over time and no longer uses the hyphen.

### **DeafBlind Service in North Carolina**

We do have three different sections here in North Carolina that provide services to DeafBlind consumers. There are many other services but these three are the main ones.

- **DSDHH NC DSDHH Regional Centers**
  - Two DeafBlind Services Specialists
  - Peer Support, Communication Access, and Self-Advocacy Training
  - National DeafBlind Equipment Distribution Program (NDBEDP/ICC)  
[www.iCanConnect.org](http://www.iCanConnect.org)
  - Resource Development
- **Division of Services for the Blind (DSB)** <https://www.ncdhhs.gov/divisions/dsb>

- Five DeafBlind Specialists
- Vocational Rehabilitation and Independent living Services
- **NC DeafBlind Project** <https://ec.ncpublicschools.gov/disability-resources/deaf-blind>
  - Support for Children, Families and Schools
  - ECU Teacher Support Program
  - Exceptional Children Assistance Center (ECAC)
  - Department of Public Instruction (DPI)

### **Support Service Provider (SSP) In North Carolina**

SSPs are trained individuals and have experience and know how to provide support to someone who is DeafBlind. They can provide human guidance and environmental visual information. We do have two types of SSPs in North Carolina, paid and volunteer, and unfortunately, SSP services are limited in North Carolina.

**Paid SSP: This is a contracted position within DHHS; currently, we have 13 SSPs on our SSP vendor list, and 7 are deaf.** They serve employees and consumers, and they cover Medicaid Communication Access. Medicaid Communication Access is a program that serves our DeafBlind consumers for their Medical SSP needs. For more information, you can visit this website: <https://www.ncdhhs.gov/dsdhh/Medicaid>

**Volunteer SSP:** DSDHH provides SSP training for individuals interested in becoming an SSP and gaining some skills before working as a paid SSP. There are not many people interested in becoming a volunteer SSP, and we need to work on how to recruit more people. Volunteer SSPs can serve DeafBlind individuals' personal needs, such as shopping for groceries or their medical appointments.

### **What's new:**

- **Protactile Language**
  - Third year for NC to be a part of the Protactile Language Interpreting Institute (PLI) Cohort
  - Four interpreters and six DeafBlind individuals from NC were selected to participate in PLI this year.
- **DeafBlind Style Meeting known as Direct Communication**
  - DeafBlind Self-Advocates Forum Support Group Meetings
  - NCDBA Board Meeting on Nov. 5, 2023.
- **Co-Navigator Service** is new here in North Carolina, and it is different from SSP. It's more of an experience, a team approach with the person supporting you. You are doing things together, and the co-navigator might give you an opinion. The co-navigator can give you more information than SSP.

### **Contact Us**

**Ashley Benton**, Deaf/DeafBlind Services Coordinator DSDHH Administrative Office  
 (919)741-4511 (Videophone)  
[Ashley.Benton@dhhs.nc.gov](mailto:Ashley.Benton@dhhs.nc.gov)

**Nicole Alleman**, Eastern DeafBlind Services Specialist DSDHH Raleigh Regional Center  
(919)324-3714 (Videophone)

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**Vacant Position**, Western DeafBlind Services Specialist DSDHH Greensboro Regional Center

### **Let's Hear from Our DeafBlind Community Member Randal Pope**

What's your favorite programs/services for DeafBlind North Carolinians?

- Assistive Technology – ICC program that has opened so many doors for DeafBlind individuals.
- Communication Facilitator: this is a person that sits with DeafBlind individuals and interprets for them. That way, they can use a videophone; this service would help DeafBlind individuals connect to people from a distance.

What are the needs or gaps you see in North Carolina for the DeafBlind community?

- Lack of Support Services System (SSP)
- Having Qualified Interpreters, who can help a DeafBlind individual in their preferred style of language.
- Long waiting on process getting assistive technology
- Lack of training for assistive Technology
- Lack of transportation in small cities
- Accessible fire alarm for DeafBlind individuals

Any Suggestion for how the needs and gaps can be addressed?

- We can fund Communication Facilitator and SSP programs through TRS (Telecommunication Relay Service)
- More training for certified interpreters
- More training on Assistive Technology

### **Council Activity**

**David Rosenthal, Chair**

A survey will be sent to Council members to prioritize the issues and gaps that was discussed today such as:

- Service and resources for kids aged zero to five.
- School for the Deaf admissions and policies
- ASL interpreter for public meetings of municipal, county, and state government
- Program requirement for early intervention.
- Transition out to the real world after high school.

We need to focus our energies on what we can affect to change instead of the issues we cannot.



**Council Feedback, Updates and Wrap Up**  
**David Rosenthal, Chair**

Thank you, everyone, for your patience. Thank you for addressing possible gaps and offering suggestions to serve our community even better. On behalf of Deaf, Hard of Hearing and DeafBlind people of North Carolina, we want to act on their best interests.

**Meeting Adjourned at 3:00 p.m.**

2024 Meetings: May 3<sup>rd</sup>, August 2<sup>nd</sup>, November 1<sup>st</sup>  
<https://www.ncdhhs.gov/divisions/dsdhh/councils-commissions>