

>> There's a third facilitator today. This lovely creature. Was that not amusing to you? Will's saying good morning, everybody. I know some people are going to be late. I know Megan could be late.

Julie is out on parental leave. (Speaker off mic).

>> Spenser, this is the interpreter, your mic is super under watery. It's hard to hear.

>> That better?

>> That is better. Thank you.

>> OK. All right. So, people missing, plus my voice is off, so sorry. Laurie, Pete, for now. The participant box as they come in. So, we have a lot to cover. Why don't we get started? The agenda was sent out. And we'll start with general updates and so, I did see Val is on, if she wants to provide a quick update for VCIL.

>> Hey good morning, everybody, sure, this is Val. Can you see me, OK? Hopefully, everybody's good with the background. Cool. Good morning, everybody. I am Val Hughes. And I'm the deaf independent program coordinator for Vermont Center for Independent Living, VCIL, I work statewide. I have been doing a lot on the road lately. My poor car.

Anyhow. So, at this point, updates, there are definitely just mostly covering people's needs, seeing what they need, what I can do to support them. And working with social security, that's the biggest crux right now is the pain in the butt. People are having a hard time making sure they're connected, getting things through social security. Housing wise, seems like deaf people are getting housing. There's maybe one person who is still homeless and staying at a hotel/motel. But everybody else has found housing so far, at least from my clientele standpoint.

So, I did go to a deafblind workshop and hoping to take more of those in the future. October 6th, I believe, there's one in Brattleboro. I'm hoping to be there for that event. And then, what else was there? Currently, VCIL is really focusing on the fiscal year. Because it's the end of this month. So, we are wrapping things up, getting up caught up with all of the reporting and data collection and getting our stats in for end of year reporting.

Other than that, not a ton of updates. Thanks, everybody. Any questions?

>> This is Laura. Question for you. So VCIL, their

Montpelier office, is that up and running again, or no?

>> No, that's a good question. The Montpelier office is not up and running as of yet. There's a temporary building where we're keeping our staff in our office, but the original VCIL building more than likely will be sold.

So, we're looking for a new space to call home. And hopefully, better access in terms of building accessibility next time, and hopefully, not a place flood prone. We're looking potentially in other towns but within the Montpelier area. But we'll see what shakes out. Really trying to stay next to the bus and transportation routes because of sake of ease because our clientele doesn't have cars. So still trying to figure out the best location for us in the near future. It's a bit of a bummer because we just paid off that building. But the fact it's flooded twice, and the renovations are very costly, it is probably worth the organization's while to sell the building and find something new.

Hopefully, the sale will be quick, so we can get a move on finding a new place to get settled in the coming year. But this current office is very small and very temporary. It's, yeah. We're trying to figure it out, but we'll try our best and see how it goes. Yeah, Will.

>> So, this is Will. I wanted to add to that comment, Val. I was at the VCIL board meeting maybe a couple weeks back. Sorry, not a board meeting, but a special meeting that they hosted. They had to vote on various things about specifically what to do on the building. And it's not an easy decision. People are really wrestling with that. Do we keep it, sell it? Good rich discussion, been through the pros and cons of keeping versus selling and they all decided at that meeting to sell. But the hope is that at least for now, we can rent. And then, find a permanent home down the road. Again, like you said, we'll see how it goes. It's a tough predicament. And Val's saying, yeah, it's a bummer because that original office building is a home for us, and it has been for decades. It's centrally located. But again, it's been flood prone the past couple of years and not a good space anymore. Hopefully, we'll find another building that's comparable.

I haven't heard any updates about where we might locate. But we'll see. To be determined. Anything else? We are good? All right. Have a good day, everybody.

>> Val -- moving on. We have VANCRO update. And Jessica is not here today. She did send me a link and what I'm going to attempt to do because she's signing in her update, I'm going to open up the link and share that. And then, maybe the interpreter can translate, voice translate that. OK.

I'll pull this up. And do this. I'm going to go ahead

and press play.

>> All right. Hello, everybody, this is Jessica Hutchins, the lead program manager for VANCRO interpreting services. Thank you so much for letting me do this recording update for you as opposed to being in person. Unfortunately, I have a conflict, I can't be there today.

My brief agenda about my updates, we've got the Vermont apprenticeship program, Vermont SP program, educational interpreters, UVM and outreach opportunities. The apprenticeship program, we have two interpreters who are relocating to Vermont, New England, I should say. To start working interpreting and join our program. One person will stay for sure, and the other one is contemplating if this will be temporary or permanent.

The Vermont SSP program, you've all been waiting with anticipation to see if there's extended funding to continue this service program to provide SSPs for the deafblind consumers we have in Vermont. Those who are signers and not signers. We're still waiting for the ink to be signed. So, to be determined.

We do provide interpret services for educational settings. We have staff within VANCRO that do this. They cover K-12. We are not the only game in town, there are entities that also provide educational interpreters for the K-12 setting. They have a breadth of knowledge and experience in providing that. In knowing there's other people out there doing this, we want to make sure we work together to provide educational interpretation statewide for Vermont students.

So, we're just planting the seed now to, hopefully, help you understand the impact about educational interpreters and the lack thereof. We have so many deaf, hard of hearing, and deafblind students in Vermont, and getting coverage is tricky. People saying there's not enough teachers of the deaf, and gaps in services. There's also a lack in having ample number of educational interpreters to cover all of the needs and the languages. It's a struggle, I'll admit that, to find full coverage everywhere.

So, we are collaborating with another agency and company that does provide educational interpreters in this setting, so we're working together to really provide best coverage as much as we can across the state and working with both pools we have. It's a great collaboration.

UVM Medical Center, we are still in great conversation with them, collaborating more and more, trying to get the word out to our community that we do provide interpretation services at UVM Medical Center, we are the contract holder for the specific entity. Also, we are helping with our on-call schedule for emergency interpretation.

As far as outreach opportunities, we do a biweekly

training for staff at a hospital. And we also are building rapport with two other hospitals who are looking for recurring trainings and educational opportunities. So, still in talks about that. We'll see how it goes, but hopefully, we'll get that going soon.

Future outreach opportunities. I do go to train at the police academy, typically, I co-present with Deaf Vermonters Advocacy Services. Usually that is Rebecca and me. Also, the UVM health equity summit, it's our second year presenting there. Please, reach out with any questions, comments, or concerns. My contact information is here. I'm open to talking with you anytime. Thank you so much.

>> OK. Yeah. Quickly, I don't know if you'll be able to answer any. But as Jessica put in there, the council, as well. If they want the information.

>> Great. Great. Yeah.

>> Now moving on to the next update, Vermont Association of the Deaf, Rebecca.

>> All right. Good morning, everyone. This is Rebecca. And I'm president of the Vermont Association of the Deaf. VTAD. We are still a new board, trying to get our bearings. We did have town halls, we have one coming up October 19th, and we are going to do the historical society in Barre, the same place DVAS hosted a soup festival. October 19th from 10:00 AM to 3:00 PM. We'll get flyers for everybody to know about the event. We're excited to have that.

So also, this Saturday, Lawson's brewing company is hosting an event for our community. Basically, they're hosting it with, Allen Winfrey as well as Jacob Veeder and they typically do deaf night out for the community. It's a mixer/mingler. And this particular event is cohosted with Lawson's this Saturday. And I don't know if you're aware, maybe you've already seen these social media posts, the little teasers, but great thing, Lawson's finest partnered to create a beer can designed specifically with us in mind.

It's called Deaf Glow. It is a phenomenal design, very unique, specifically tailored to our community. If you buy that specific beer, I think every dollar will go to the Yolanda Henry Community Fund. We are also still looking for ways to keep those coffers filled. And for those of you who don't know about the community fund, it is a fund specifically to help cover the cost of interpreters that events are not under the ADA, like funerals, weddings, reunions, et cetera.

So, we are always looking for different ways to fund raise for that specific community fund. Let us know if you have ideas. We're also in conversation about different topics that we

want to focus on for our community and specifically, how we want to work with the legislature. Those are the updates so far. Any questions?

Someone put in the chat. Oh, thank you, Laura, that is the link to this Saturday's event at Lawson's.

>> I have a quick question for you.

>> Yeah, go for it.

>> It's a question about the Yolanda Community Fund. What are some of the other funding sources for that fund? Is it -- is there state funding that's allocated every budget?

>> No. We have been looking for grants. No state funding. We haven't had luck with grants, either, so far. Working with VANCRO at this point in time because the request tends to go through VANCRO, Vermont Association of the Deaf is the holder, but we look to know we have KE cover the costs. VANCRO does help to look for grants on our behalf. So far, we have received funding from Allen Winfrey's company they work for. They gave us a nice donation. We're looking for donors, we're looking for ways to get contributors for this fund. They're willing to also, you know, make a donation to that fund from that event.

So, we're always looking for more. There's no set recurring funding source. Yeah. Will, I think you were next.

>> Rebecca, can you talk more about the town hall, October 19th, what's the purpose of it?

>> Sure. This is Rebecca, again. The town hall is for the Vermont Association of the Deaf to connect with everybody in the community as much as possible. We want you to know who we are. And we want to know who you are.

So, we want to recognize that, you know, we're a new board, we're happy to listen to you, any of your concerns, frustrations, get us feedback. So, it's really a time to come together and talk writ large about what's going on and also to meet everybody. We're also hoping, I know one person from the UVM Medical Center reached out. Their liaison. And we had a conversation a way back, me and Dr. John Perone.

They want to serve deaf patients better at the medical center in Burlington. And we thought, OK, they could actually come to us and meet us in our space. But then we thought, well, maybe not, the health care center, the medical center is one option we're hoping to have outreach with them. But, again, our first town hall, hoping to have people there to talk about their needs. Thank you. All right. And just to add, this is Laura.

Yeah. So as per every year, I do try to submit to the legislature a proposal requesting for funding for communication access similar to what the community fund is doing. So, we'll see if we ever get that money. Maybe someday. Hard to say. All right. Thank you.

>> (Speaker off mic).

>> Any other question? Bill?

>> Another quick question. Not related to anything you just said, but when you mentioned John Perone's name. I thought I saw somewhere that UVM may have hired another professor to teach another ASL class. Do you know anything about that?

>> That's true, they did. Well, yes. Melissa Kate Adams. Melissa Kate is her sign name, she's a Vermonter, She's a new full-time professor for ASL at UVM.

>> I saw that. Seems like there's growing support to have more professors.

>> Yes, there's a very high demand from what I understand for their ASL classes. Nicholas Lalanne is the ASL coordinator and Dr. John Perone is focusing on some research.

>> Will, do you have a question?

>> Yes, I did. This is about Melissa Kate Adams. So, she is also certified teacher of the deaf. So that's really great. Anyway. The other question was about the community fund. I know I'm retired and a little bit behind, but that's under VANCRO? Well, right now, actually, the money is held by Vermont Association of the Deaf. But the requests for interpreting services go through VANCRO. They get a request to be covered by the community fund, they let us know about the estimate of cost, we look at the budget and how much money we have, and we let them know about where we're at budget wise.

If we don't have enough to cover it, we let them know we don't have enough, and they see what they can do to sort of collaborate or negotiate with the folks to see if we can get it down to a place where we can afford to pay the bill.

>> All right. That's helpful. Thank you so much. And then, what's the balance right now? How much money have you got right now?

>> Rebecca's saying, I think we've got about, not much. Maybe about \$400 or so right now in that fund. And each request is maxed at about \$200. So, we've got a couple of requests worth. We're working hard to try to find more donations for that fund to be set up.

>> One other thing, this is Bill, again, I wanted to add you had mentioned, again, this town hall event on the 19th of October. And that's at the Vermont Historical Museum?

>> No, it's at the Barre, the town hall. Where DVAS has their soup fest. Yeah, that's right there in the middle of Barre, oh, that place.

>> We'll send out a flyer, it'll be on the flyer. We're trying to get information about this Saturday's event and once we're past this Saturday, we'll be focusing on the 19th. Yeah,

keep an eye out for that.

>> All right. Any other questions for me? Am I good to go?

>> Thank you, I appreciate it, Rebecca.

>> Thanks.

>> Moving on. HLAA update now. I know I got an email from Deb this morning that she's unable to attend. Rebecca Chalmers, if you're on and want to provide an update, if you can, could you please do so, if not, perhaps, an email update can go around.

>> Oh, sorry, I got a cold here. I think the main things that, a little short order here. Sorry, Deb was away. So, the only -- I guess the only thing I can think to say is that we've had really great presentations this year.

And that's been really useful for a variety of people. There's been 4 or 5 a year. And the next one up will be next Tuesday, and it'll be a professor at Gallaudet, and she'll be talking about communication strategies and how to have better communication access.

Some of the other ones we've had this year were about cochlear implants and assistive listening technology, and also, how to get a service provider for the deafblind.

So just, that's all I can think to say on short notice. Sorry. Keep spreading the word if you know anybody that might be interested in some of these or if you have an idea for a speaker. Some of them have been super useful. There may be one that interests you and show up and enjoy.

>> Thank you, Rebecca. I do have a quick question for you, though, about the presentations. Are those recorded and available to the general public? Or are they just always live and you have to attend?

>> I believe some of them are, I'm not sure about all of them. Mostly trying to encourage people to show up. But we do have some recorded.

>> OK. Anybody have questions for Rebecca?

>> OK. Thank you. First on the agenda, is education services update, since we didn't have a meeting in July. It has now been an update -- before I, I forgot to update at the beginning as an announcement. I did send an email around to council. I don't know if everyone saw, but did get the seat added for the parent advisory group, Vermont Hands and Voices, that was successfully added to the existing statute language for the council.

That is now a seat on the council, and at this point,

Vermont Hands and Voices board will have to decide who participates on the council. Obviously, Michelle John, she's not here today, but I wanted everyone to be aware of that because I don't know if people saw my email earlier.

So, along those lines, we will move in now into the presentation for an education services update, and I'm not going to dive in too much about, you know, how the, you know, who was chosen and what's going on. I'm going to let Pam and Linda provide the updates on this. And then, we'll move into a group discussion as I know some of you want to continue to talk about the subcommittee, the education subcommittee and its role going forward as I figured it would be best to hear from Pam and Linda first to see what is happening on the ground and how the AOE grant was awarded and how that's being utilized.

Pam and Linda, I'm going to turn it over to you. I'm not sure if one's going to go first or if you're going to co-present.

>> Thank you, Spenser. Good morning. We're going to co-present. So, I will just start off by saying, this year, the CARES team and the ESP team have been collaborating to ensure that approximately 450 students who have hearing loss in Vermont receive services identified by their educational teams.

And listed in their educational plan. Services encompass technical assistance and direct services. Working together is essential for the benefits of students, teams and families. CARES is an interdisciplinary team of nine consultants who hold advanced degrees in two in deaf education, audiology, one in special education, one in psychology, and one in social work.

We have over 150 years of combined experience in the field working with students who have hearing loss. CARES consultants work collaboratively throughout the state to support school teams so they can support their students who have hearing loss. So, CARES provides consultation and technical assistance to school teams. What does this mean?

This means that resources, education, and training are provided to school teams to guide them and help build their capacity, so they are better able to support students who have hearing loss. CARES do not provide direct services.

>> Thank you and good morning, everyone. I am going to take the next portion and talk a little bit about the educational services practice. We have or ESP. We have simplified our name to make it easier for everyone. So, ESP does provide consultation and technical assistance for some students. And in addition, we provide consultation, technical assistance, and direct services for other students across the state of

Vermont.

I'm going to be very transparent and say our resources are very, very -- you know, we are challenged with resources as Jess mentioned earlier, in the areas of educational interpreters and teachers of the deaf and hard of hearing and we are looking to add more staff.

Currently, we have a total of 33 providers that work statewide. And in 2023-2024 school year, I wanted to break down the direct service students. Service areas. So, we have teachers of the deaf and hard of hearing that provide direct instruction to 32 students statewide.

We have educational interpreters with 18 students. We have educational audiology that provide services for hearing assistive technology and supports teams around the hearing aids, cochlear implants, baja devices, et cetera, and there are 32 students receiving those students.

Sign instruction, we have 32 students who are receiving sign instruction. And speech and language services, we have 6 students currently who are deaf, hard of hearing, or deafblind receiving speech and language services. We are continuing to look for additional providers. I will also mention that we have had several students move into the State of Vermont that do need additional direct services.

>> Thank you. Both programs recognize last year that there was confusion in districts. And so, to reduce confusion and prevent service duplication, CARES and ESP have been coordinating very closely this year to identify areas, needs, and providers for services.

>> Thanks, Pam. What other services do CARES and ESP provide? So, some of those other services are SLP evaluations, assessments, and services. ASL assessments. Educational audiology, as I mentioned earlier, in our direct service area. Peer mentoring, deaf and hard of hearing mentoring, advocacy, sign language interpreting, counseling, psychoeducational assessments. We also try to provide, you know, some opportunities for students to come together, Adventure Day has been around for 25 plus years. Usually, held at Lotus Lake, and that is for students deaf, hard of hearing, deafblind between 4th grade and 12th grade.

One other comment I want to make, is this year we are also both ESP and CARES will be involved with the P2P grant, partners to partnership. And that is about students who are transitioning to adulthood. And we're excited about self-advocacy work we'll be doing in those areas.

>> Great. How does a child get referred for services?

Referrals for services can be made by anyone as long as the child meets the Vermont state hearing eligibility criteria. So, what is that criteria?

A student who's documented with a 25-decibel hearing level threshold or worse for one or more of the frequencies in one or both ears as determined by an audiologist. Most of the referrals to CARES come from clinical audiologists or ENT doctors. And most of the referrals from ESP come from schools. After a referral is made, CARES or ESP contacts the point person at the school, the school educational team along with one or more members of CARES or ESP meet to discuss eligibility and services.

>> So, who do we work with to support teams and students? CARES and ESP collaborate with educational teams, families, clinicians, physical and occupational therapists, child services, social workers, care coordinators in medical homes, and equipment companies.

And that's just to name a few.

>> So, this year, CARES and ESP will work together regarding data. Academic data related to our student falls within their respective grade level is available to the public through outcomes on statewide assessments, for example, IEP versus non-IEP students. We protect the privacy of students and families by not disaggregating statewide assessment data by disability category. We are working together to align our services so that they enhance the capacity of educational teams to support students who are deaf, hard of hearing, or deafblind access instruction in their respective educational environments. CARES and ESP will continue to work together to review the needs and services as part of a comprehensive support system that includes expanded consultation, technical assistance, and direct services.

Thank you for your time. Any questions? OK. Thank you.

>> Hi, Pam, it's Linda, thank you so much for your update. I have a number of questions --

>> Sorry, just Rebecca popped on first.

>> Oh, I'm sorry. I didn't see that. Apologies, Rebecca. Go ahead.

>> No problem. Couple of questions. So, CARES and ESP and you both mentioned the challenges as far as getting more teachers of the deaf and interpreters and resources in that way T. I'm just wondering if you thought about potentially any incentives, hiring incentives, trying to draw people into the state. I don't know if you have any budget for that. But it does seem to be hard to get people, I don't know if there was thought

given to any kind of incentives around that.

>> That's a great question, Rebecca, and yes, we do have incentives to bring both educational interpreters and teachers of the deaf and hard of hearing. And audiologists and SLPs to our state because we are also -- our pediatric audiology, we're also down, I think, three audiologists, I think, which is also an issue. So yes, there are definitely incentives, and we are advertising everywhere to find providers.

And this is not just a Vermont issue. This is a national issue.

>> Yeah. No, I've heard the same. And the second question, I like ESP much shorter than the previous name. So, I'm just wondering why the P is practice as opposed to program. Just curious about that.

>> I'm happy to, very happy to explain that. Another area of challenge for Vermont and actually nationwide is speech and language evaluations and assessments for part C. And part B children and students. So, we have expanded our role a little bit to also provide some SLP services for children who are not deaf, hard of hearing, and deafblind. So, under educational services practice is the deaf hard of hearing and deafblind program. And then the speech and language program.

>> Thank you.

>> Thank you. A number of questions. I'd love to hear more about how the referrals will be handled once they come in and what assessments would be done to ensure that students are adequately assessed by a qualified provider. And slotted into the right -- IEP versus 504. And the reason I'm asking this question is Linda did a great job sharing the data last July. And more than 50% of the students under the technical assistance consultation model were more than two to three grades below their academic peers.

And so, I don't know if it catches anyone else's attention that the academic performance is so low, but it certainly catches my attention. And I know that if students remain on 504s without adequate assessment and more importantly, without adequate monitoring, holes can develop. And students receive 504 services rather than being moved over to IEP, this is a question raised by Cheryl Johnson last November and John Pirone who was in attendance at that educational session also raised the question, are these students staying under 504s because they're not being adequately assessed? So, appreciating the workforce issue, and I get that piece. But how do your two teams collaborate to assess adequately the students out there so they're receiving the services direct or consultation that they should be receiving so we can optimize their educational outcomes and close these academic performance gaps?

>> So, Pam, do you want me to take part of this or do you want to?

>> Sure, we can do it. I think we can both answer the question. Every referral that comes in now to either ESP or CARES, we will be, Pam and I will be sitting down and reviewing together. And bringing in the expertise as we needed to help determine what our recommendation would be to the school team at this point in time.

And as far as assessments, I think that is, that's a bigger challenge. And Pam and I have been talking about, how can we address the assessment challenges and we'll be talking to the AOE as part of our process going forward this year. Collecting the data and we found that even with our direct service students is, you know, obtaining the data from school districts is a little bit challenging at times.

So, we need to figure out, we need to put a plan into action to figure out with the AOE how we might be able to obtain accurate, up to date information. And Pam, I don't know if you want to add to that.

>> Yeah, thank you, Linda. And it's important to remember, too, we are just part of the educational team. We don't make those unilateral decisions. Those are made by the students' educational team. And sometimes, I think that can be confusing looking at numbers. So, when you see the numbers from the CARES team last year where students were either one or more grade levels below grade level, it's not the full picture of what supports were those students receiving? What members of the team were on those, that student team? What assessments had been done by the team and what assessments were we able to provide support with for the team?'

There's, it's a big picture.

>> I could appreciate that. But as two agencies have struggled to collaborate the last two, three years or so, students have fallen behind. So, I think we as parents and as the public need to be reassured that this collaboration is really going to be effective and so, I guess, what is really going to be different that's going to allow your two teams to work together to best serve these students in light of the limited resources? And limited workforce?

>> So, Sharon, I think it's already -- sorry, Pam, significant improvement. Yes, we did struggle the last couple of years, but since February, Pam, Darren, Eileen, Terry and I have been meeting on a regular basis, which we are continuing to do. And we have both ESP and CARES have a strong commitment to making a difference. And also, to ensuring that student services

are -- students are met in their needs for services. And part of that is also the confusion that school districts have had.

We are helping to identify ways to let them know who is serving and we communicate with each other. If we get a call and the student is someone served by CARES, we will reach out to CARES, same with CARES, we look at those students as together to determine whether or not there are greater needs for students.

Sorry, I jumped in on you.

>> No, both Linda and I have worked in Vermont, involved with these services for over 25 years. So, I definitely can see and know now as Linda was speaking, too, is coming together and to the table this year. We have an understanding of definitely what is needed in the state. We have an understanding of the shortages that are currently we're experiencing. And how we can come together and make sure that the services are in place for the students and the teams.

>> And so -- go ahead. Go ahead, Linda.

>> That's fine. Also, you know, the use of the checklist and the tool. We are still encouraging, we're sharing it. This information with districts.

>> Mm-hmm.

>> So, I just wanted to make that point, as well.

>> Mm-hmm.

>> Yeah, I had a question about that. But that can wait. I don't understand how MOUs work in the educational world. But the one you both signed that's on central Vermont supervisory union letter head, does that suggest you're only going to collaborate in that district and not the other districts? How does that work?

>> We're collaborating throughout the state.

>> Throughout the state.

>> Why is it only on that letterhead? I'm curious about process.

>> It's on that letterhead because it's coming through where the -- where the services are housed and in conjunction and partnered with CVSU and UVM and ESP and so that's why it's on there. But the collaboration occurs for all districts. And all services provided to all students and teams.

>> I think Sherry has a question. I'll hold my additional questions until after Sherry has a chance to chime in.

>> Thank you, and thank you, Linda and Pam, it's helpful to see how your partner. What I think I hear Sharon saying and coming from the public-school side and a previous special ed director. I hear the need for setting standards because deaf, deafblind, hard of hearing is such a low incidence disability,

often special education teams are struggling with how do we meet the standard in terms of what is designated a disability, which requires special education services and what requires accommodations and 504 and support?

So, do you have a tool beyond the tool that was developed by the subcommittee around establishing what are the benchmarks which would determine whether a student should receive a 504 or receive special education services? I think, you know, we do have our state guidelines, I know the special education agency of education is struggling. Do you see that as something provided when you're giving technical support to the special education teams? I see that benchmark and establishing whether a student is 504 or receiving special education services will challenge for teams.

>> Thanks, Sherry. With ESP, since we are the ones, the providers of, you know, the direct service portion, and I think I can speak for Pam, as well, the first steps are usually consultation and technical assistance. And then, from, you know, on-site visit, discussing it with teams, you know, observing the child. We'll determine whether or not we'll move forward and make a recommendation for direct services.

And one of the advantages Vermont has that some states may not have been the fact that we have providers who are licensed in those critical areas. And have experience with serving deaf, hard of hearing, and deafblind children. So, each of the specialties will come together, like in ESP, you know, our teachers of the deaf and hard of hearing will make recommendations, our audiologists will make recommendations, our SLP will make recommendations. And as I mentioned earlier, new referrals come together, Pam and I discuss it, and then, we also, you know, providers to identify, you know, recommendations for the team and the team makes the final decision on 504IEP.

>> Thank you, Linda, and thanks, Sherry, for your question. I think it might be good, too, to bring in Kathy or Heather from the AO.

>> Yeah, I'm happy to add. There are three criteria that any student would have to meet during special education eligibility that guides some of these processes.

As Linda and Pam mentioned, they're making the recommendations, but those teams are going through the eligibility process, maybe through the consultation, maybe some of the assessments, but comes back to the school team.

>> Can I ask a quick question about that? Based on the question I may have heard from Sherry, just to clarify, consultation, who ultimately makes the final call and says the student needs to be on the 504? That's not the responsibility of

Pam or Linda to make the final call. Who is --

>> That would be a team decision. And if teams can't decide on that decision, Spenser, if there's disagreement, then the LEA ultimately can make the decision about moving forward. And there's recourse for families if there's disagreement. There's a typical process that's applicable to all disability categories. I've offered this in the past and happy to offer it, again, we can do a presentation sometime that walks people through what special education eligible looks like with regard to people with hearing loss.

>> Based on that, here's my concern, just as Linda shared her challenges with locating services, you know, someone who serves special ed for 30 years in the state, we, too, our special educators are not trained. Our LEAs are not trained. So that technical guidance is really critical. And the decisions are made at the team level. And what I hear Sharon saying, those teams are not trained, have the experience, have the background to make such complicated and impactful decisions.

And so, as Linda shares her concerns for audiologists' positions, teacher of the deaf, special ed teachers are not trained at the level they used to be. They are not having the experiences we used to have.

And many districts, I'm lucky to have all of the positions full. But many districts the not have licensed special education teachers available at the level they should. Special ed directors, we are struggling to find. And I am concerned about the level at agency of that in terms of their ability to look.

So really relying on Pam and Linda's team to bring that level of expertise. So, when that decision is made at the team level, building level, its informed decision making. And that's my concern for our students because I really want the people who have the greatest know making those decisions and representing the school and representing the family and supporting the family.

So, I have significant concerns, I know in my district, even.

>> And that is the concern that parents have. And I think it will be really important for you all to work hard to restore the parent trust. I had a parent over the summer say that her daughter's audiologist said things are a mess out there. And I just met with another parent yesterday, and he said the same thing. And so, how can you build trust, again, in the community that there is a coordinated service delivery model that results in academic performance where it should be?

So, I'll be looking forward to hearing about that. I think the other question that Linda you mentioned the use of the

checklist and the tool. And obviously, the resources are there to use. And I think one of the important pieces of feedback that you should hear from the March educational session that we ran was that parent wrote in and wanted to see the checklist modeled in an IED and 504 means, very much like what we did with the ideal IEP meeting we did three times and videotaped, it's available. You could perhaps consider doing that for a 504 so that these teams that Sherry and Cassie are speaking of that have no experience or training in DHH can actually use that resource and you could do some training with them on what it should look like.

So, I think that's something for you to consider.

>> Sharon, this is Linda, just to clarify, we are sharing with teams and introducing with teams if, you know, the checklist during IEP504 meetings. And we're continuing to train our providers and work with them. But again, our first step is sharing it with the team. And then, also, making sure we have buy in from that team.

>> Obviously, continuing to improve it. The feedback over the last three years, the checklist doesn't apply to checklist and consultation. It is lifted from the guidelines that is all throughout the application. So please, make it better and let us know how to make it better.

>> Val, you have a question?

>> Yes, thank you, this is Val. So, just to add to the conversation, obviously, I'm a deaf person. And I also have a deaf daughter who was part of the school system, and I think was utilizing the CARES team with the 504. She graduated a couple of years ago. But I agree, it would be nice if, you know, they can give this presentation about how to go through the checklist, how to find the right resources. How to define if you need an IEP versus the 504 for these particular students who are deaf, hard of hearing, deafblind. I'm psyched you're no collaborating between ESP and CARES. I was a little bit concerned previously with my student going through the process and there was not that collaboration. As a parent, it was disconcerting. Luckily, my kiddo has graduated, but I wish my daughter had a little more service. But it seemed it wasn't coming to fruition. She's hard of hearing, she's deaf in one ear.

It was an interesting situation for her, and I just want her to have the best education possible. I wanted her to have interpreters in the classroom. And they said, we don't have funding for that, at least from the school district level. I was at a loss. And yes, she graduated, she's fine, but I feel like there could have been more done, so she had better access to her education.

And also, teaching parents what this is all about. Letting them know how they can advocate for their kiddos. How they can really fight the good fight. So yes, you make recommendations and do consulting, and I'm psyched to see you're collaborating, thank you, but again, think about what the parents also need.

>> Yeah: I think that is very well said. Val, thank you. The trust in the community among parents and trust in the council, and so, as you two agencies continue to work together, I think the other piece is to, I recognize that the council is a stakeholder. And the data that you collect should be shared with us as a stakeholder. And so, it's obviously frustrating that we are at the end of September. We haven't seen the 23-24 data from either agency yet. And Linda did a great job of that last July, and it was very helpful. The council is here to help and engage and help solve problems and discuss.

And without that engagement authentic collaboration, what is described in the guidelines, we can't collaborate. And so -- what is your plan to use your data maker the program you have at UVM and harmonize it with what Linda has? She's not a record available and all kinds of support from the institute and whatever it's called, the data reporting should be fairly straightforward.

And so, what are your plans? And are you using the minimum data set that the council, the subcommittee fully endorsed, and the council endorsed and recommended?

>> I'm going to let you guys' answer, first, and then I'm going to chime in.

>> OK. I can just speak to the fact that we as we said when we were presenting, we are definitely going to work together to look at the data that we will be collecting. And we do submit that data to the AOE. I believe there's a process that was shared in how to get that data and report. But I'm not quite sure on that. And I think, again, maybe Cassie can speak to that so you would be able to have the data that was reported from our program. Linda -- anything you want to add?

>> I was just going to ask quickly, can -- first question, are there data points that you both collect that are not a part of the tool?

>> That are not a part of the tool? Is that what you said, Spenser?

>> Is there information that you're collecting that you normally have collected, or you were collecting prior, this is a question first, prior to the development of the tool? We know that the tool was developed and endorsed by the council. And that has a standard set of data points. Are there other data

points that -- or other data fields that you're both collecting as part of your work with students that are not a part of that tool that you find is necessary in order to be able to serve the students? Or is required by the AOE? I'll leave it at that.

>> No, it's a great question. So definitely, there are many data points that we collect in order to be able to know what services are needed in order to be able to operate and run the program and to have all of the information that we need. Those data points, some of those cannot be shared because it is identifiable information. And as we talked about, as well, that we protect that privacy for some of that information to be shared.

So, there are a lot that Linda and I will work together to be able to look at and assess and have a bigger understanding of. But those won't necessarily be what's reported out back to the AOE if that answers your question, hopefully.

>> And then, I'm going to bring it back to the EHDI program, which I know we're not really discussing, but it's also helpful Sharon, when you mentioned epic, our database is at the Vermont Department of Health, it's an integrated database with immunizations, that collects a lot of information we have discussed in the past. And again, one of the challenges that we have is it has to be -- it has to be aggregate data by state. We can't break it down even to our counties. And this is for EHDI, just because of information easily being able to be figured out about where children are. Which is similar to what happens with students.

So, what is public knowledge is data that is related to the aggregate state data. And I do know that there are a lot of challenges, you know, with student data. But again, as Pam mentioned, the grant itself has certain data fields that we are supposed to collect. And we are working towards collecting, you know, collecting that data. And we'll be working with the AOE and with Cassie and Heather on those aspects.

>> I think Sherry is trying to ask a question, once again. Somehow, Spenser, the hand gesture is not really enabled. At least, I don't know --

>> She should just turn on her camera, people that want to talk.

>> OK. Go ahead, Sherry, and I have --

>> No, I think, what Sharon may be referring to is we see there are internal data collection systems, The challenge that we as the subcommittee is facing is that we're not able to see that data set. And part of the statute is around assessing the resource opportunities available to children of the state who are deaf, hard of hearing, and deafblind. And we as a

subcommittee who see that as our role, to identify what are the missing pieces? The links? And statewide. And I represent the Southeast side of the state, it's really challenging and so at this point in time, the subcommittee is feeling like whether it's AOE or the vendors, we really don't have the data that is -- we need to move forward in the work of the school age subcommittee. And really feeling like we need more support engagement at many levels in order to be able to move forward in our work.

>> I'm going to jump in now about this because I've been thinking about this for the last couple of weeks. And this is -- through no fault of anyone's. But I appreciate Sharon and Sherry's recognition of the statute that says our role as a council is to assess these services and collect the data. However, unfortunately, the legislature failed when they created the statute because all they did was put that language in there and told us that we need to assess this.

What they didn't do was require on the backend the AOE, the vendors, anyone else to provide this data to us when we ask for it. Nobody is under any obligation to provide this data to us. You can ask for it six ways till Sunday until the cows come home, but they're not obligated to provide it to us.

It is PHI data, it's PII data, and so, you know, I get that we have a role as a council, be but right now, we have very little power to demand or request data from anyone. And AOE has to process, is and AOE has provided me that process for getting a report. But the data from 2023 from CARES. I have to go through and file a public records request. They're not just going to give it to me because I asked for it. A lot of (inaudible) do that. I couldn't go to Sherry's school district and say, provide me the total number of kids in your school district that are deaf and hard of hearing. I can't go to any school district and do that.

So, I think we need to recognize what it is that we're asking for and yes, we have a statutory responsibility that was given to us through statutory language, but the legislature failed because on the backend, they didn't give us any power to require the people we're going to be seeking this data from to actually give it to us without, you know, for fear of penalty. Because right now, they're not obligated to. They can keep throwing up hoops and things. To that end, that is something that I want to also consider putting in the legislative report that says, OK, this is one way the council can have a little bit more teeth without becoming a de facto commission. It may happen or it's not going to happen in the next year or two, but a little bit more teeth to be able to do

the work we need, get the information that we need then have the legislature write something in the statute saying the AOE shall provide this data in a timely manner to the council and its subcommittees so they can continue to do their work.

Right now, that language is not in statute. So, that's just -- yeah, that is something I struggle to realize over the last month or so as these conversations have, you know, materialized.

>> Spenser, you can make that request. And the data that Linda shared last July; it was all aggregate data. And that's all the council's looking for. Very high level. And it's not PHI data, the way she presented it.

It was very appropriate. I know PHI very well as researcher and clinician, and what she shared was, July was all within those bounds. I don't know where the inauthentic collaboration comes from, from AOE and from the CARES team, and now, this year Linda isn't providing the data either. Why the resistance? When we all have a shared intent of improving services and improving educational outcomes?

And why are we talking about the statute? It isn't just the school aged children that we're supposed to be talking about. Linda brings up a good point. It's really cradle to grave is what we're supposed to be doing if you read the statute carefully. And so, if we're not going to collaborate among ourselves, what are we doing? You know, when Linda and Bill were first the cochairs back in 2015 or 2016, we all did a needs analysis and after a year, year and a half, the conclusion from all four subcommittees was, we need the data, and here we are 8 years later, and we haven't moved the needle on that need.

So, I can understand how we're all feeling very frustrated. But the -- the PHI, no one is asking for PHI data.

>> I appreciate that. And the thing I'd say 2015, 2016 was a different time, people were a little bit more free in sharing information, it's not the case so much now. Now, this is to say, yes, Linda openly shares the data from her program, she can share what she's allowed to from EHDI data within the means and bounds of stuff. But UVM, UVM Medical Center could both sit there and tell both Pam and Linda that they're not to share any data with anybody.

And that's just a matter of the facts. And you know, I understand we all want to be collaborative and working together. But I think it's, we are now -- we're in a different age now. And post pandemic, it's a different time and different age and acknowledging the fact that we are lagging and behind, but it's not just as a result of this, it's the as a result of the entire education system, it's the as a result of everything

post pandemic. Just because we ask for data, doesn't mean that people are going to give it to us.

And we can be nice about it and request, and they still don't have to give it to us. They work for their employers, that's their job, and they have to abide by their administrative policies, they have to abide by their executives' decisions that are made around these things. And so, my point being is if you get -- you're finding it's difficult to get the data you want, not only recourse, but recourse is writing into the legislative report that says you as legislature have tasked us with assessing the services. And to your point, Sharon, it's cradle to grave. I'm saying the same thing. I can go to Megan and say, provide me the data of all over 65 that are deaf and hard of hearing that filled out a survey. She's going to say the same thing to me. You have to go through a public records request. It's the way the government's operating now.

>> And this is Linda, Spenser, I want to add a couple of statements. I'm going to take responsibility. I didn't ask about sharing the data I did last year as our final report. And in hindsight, I should have. So that's on me. I do want to say that Pam and I and CARES and ESP are really working hard to make this successful this year. And we will share what we can, but there are things that we can no longer share.

The EHDI data is a little bit different because there's federal legislation and there are administrative rules in the State of Vermont. And so, I can share the aggregate data. It's also part of our, you know, CDC public record if you go on the CDC. So, Spenser brings up a good point. We are allowed to share what we're allowed. And I think that we're going to be so much better going forward with us working together.

And I see the positive in that right now. And Pam and I and Darren and Aileen are collaborating. We're trying to figure things out so that students are receiving services, it's equitable. Yes, we have a resource issue, especially with TODs and educational interpreters. But we're working hard to get those services in place. And so, what I ask is please, support us in this new collaboration going forward. That's what we need from the council.

>> Thank you, Linda.

>> Hi, can I say something? I don't know how to raise the hand. I would find it -- one of the things I've been interested in is scanning the legislative report that is the council's mandate to do. And in a timely fashion where everybody can collaborate on it, which means getting a draft now. And so that's the angle I'm coming at this conversation from.

I would find it helpful as someone who wants to

participate in bringing this report together to see, if possible, a list of what data the subcommittee would find useful to be reported and a crosswalk and what data and response to that, you know, by the two entities that are providing services that we're talking about now.

Yes, we can provide this. No, and why. And then, additionally, what we can provide, and then a response back from Sherry and Susan and everybody else on that subcommittee who is, you know, not speaking up today. But if both parties could respond to each other. Here's what I need. Yes and no, here's what I can offer, why it does and doesn't work for us. That would really help me wrap head around this in a more tangible fashion. Is that something that folks could imagine doing?

>> That's a fair ask. And I'd like to bring that out to 30,000-foot level on the legislative report. We, over the years, since the inception of the council have always said there's a need for data. And a data collection. But it just goes without, you know, without anything being done at the legislative level. So, to your point, Rebecca. Hone in on what is it that we're actually seeking? If there's data we know exists, that the council is allowed to have, what is that data? And what where does it live? And where does it reside? And then, say this data and somehow write it into the legislative report, this data will be provided to the council and/or its subcommittees to do the work. And if that means, you know, and I don't think AOE's going to be thrilled I'm saying this. But it's just the only way to do it is that the AOE shall provide the council with the necessary information without having to go through public records request.

AOE should provide XYZ data points as allowed, as allowed under law under protections. Sharing to confidentiality standards and all of that. But that's the point I've been trying to make. We keep saying we need data, but I think we need to really start to hone in on the report that says this is the data we need, this is where it comes from, and we need you to tell them they have to provide it to us.

>> So, Rebecca, thanks for your question. And I think one of the great things about the school age subcommittee, we've operated with tremendous transparency and accountability, so all of our meetings are publicly posted. The actual captioning file is publicly listed. And so, we spent most of this year, and a little bit of last year, talking about data, we've melted with Cheryl Johnson in email and in person. I had meetings with her over the summer. And the minimum set that the school aged committee that agreed on as a starting point was who are we serving? Basic numbers. And then, because there's a statewide initiative around DEI, we recommended collecting information

about race and ethnicity and the type of plan.

It's not PHI. And there's also questions about what types of services were being delivered. And that was really more to identify the lapses and begin to marshal some support around identifying our workforce issues. And there was a third point and I'm spacing on it now, but so Linda and Pam already have the information and the questions that the school age committee has put forth. Maybe they could respond to those. And they also have a very detailed excel work sheet that has the detailed data fields and the coding available.

And many of the data domains that are there are listed in the data file maker program that she's talking about in the grant application. So, we're making progress, we're getting some headway there, which I'm excited about.

I think Rebecca, your suggestion is really well, and I would put it to Pam and Linda to respond.

>> So, Sharon, I'm going to say that, yes, we do have the information from the subcommittee. And we will be, that is part of the process of Pam and I working together, ESP and CARES working together. It is going to take time because there are a lot of questions that do have to be answered and I understand the PHI, we also have to address FERPA. There's a lot of work that's going to go into this, and I'm going to go back to something we have said early on, which is right now, we are putting an enormous amount of time into trying to provide students and teams with services. And that is our top priority at this moment. It doesn't mean we won't be visiting the data collection information.

But right now, our resources really need to be putting in the time with students. And I can say that I know providers in the state are traveling a long distance in order to be able to provide services to students who need them. So that's a top priority.

I also do want to mention that it isn't just the two vendors here. It's also additional like the Bennington area has their own services, CBU also has a teacher of the deaf and hard of hearing. It's a bigger topic, bigger question, too.

>> I agree it's a bigger question. The school age subcommittee recognized that. Let's start with the vendors supported by the AOE. I appreciate you'll move it forward.

>> I think I have one other question, Spenser. And mine is around audiological services, that's a challenge, as well, given the workforce shortage. So, and I know there's been a bit of a brouhaha around the audiologists and who is doing the evaluations and so forth. So, in the grants, the way the grant

is operationalized this year, are schools going to be made aware that audiological services are the school's responsibility under the IDEA? Or is the CARES consultation team going to assume those audiological services? Are they going to be provided by a licensed audiologist?

>> Sharon, and just for further clarification, what audiological services are you talking about specifically?

>> The ones that would be provided in a technical assistance consultation model.

>> So, our consultants do not provide any direct service audiological services. Meaning, we do not do things that the clinical audiologist for the students would typically do. Like programming those hearing aids or we -- we do not select and fit that equipment. We support the validation around the usage of that equipment.

We support the teams around the training and the accommodations around that equipment. But we do not provide that direct service.

>> And so, for clarification, the classroom acoustics, are all being done by personnel who are licensed audiologists?

>> We're an interdisciplinary team who come together and work together, and on our team, we do have a licensed audiologist, as well, and that type of technical assistance and support that you're talking and accommodations you can put in place for access and in the environmental setting is provided by our team through consultation and TA.

>> And just to clarify on that, not -- this is a question for both of you. This is a bigger conversation around audiological licensing and stuff. Clinical? audiologist at UVM Medical Center. That audiologist is not -- they can take it upon themselves to be involved in the delivery team. The ESP 504 team, but that is not a standard and usual thing. It's usually somebody, a de facto clinical qualified educational audiologist that's a part of that team.

My audiologist does pediatric audiology, but she is not, you know, she's not participating in these team consultations for the child delivering the special services.

>> Pam, do you want to go?

>> Linda, do you have a comment? This has been a big issue these last couple of years.

>> That's another reason we're collaborating and working together so our educational audiologists can support students. In both programs, if needed. Pam did say that there is, they have an audiologist on their team. Yes, typically, the clinical audiologists do not attend any of the IEP 504 or educational

service plan meetings. ' But that doesn't mean they can't, and I don't know, Pam, if their audiologists sometimes attend. But typically, it is more of the educational audiologists.

But I also do want to say that there's communication between educational audiologists and clinical audiologists. Because their focus is different. So, we need to continue that collaboration. But we are here to support CARES if they need our support and Pam and I have talked about that.

>> Definitely. And we support the clinical audiologists. Like I mentioned before, most almost all of our referrals come from clinical audiologists, while they're not an active member sitting at an educational team meeting, they are the first point of contact that we receive from because they're the identifying clinician that has diagnosed that hearing loss. So, we get that referral from them. And then, that is who the students go back to for their any of their checkups. Their regular equipment needs. For hearing aids or devices.

And so, we definitely actively are a liaison with the clinical audiologists and support their recommendations and what they also provide in their reports. We bring back to the team and educate them just around what the clinical audiologist is also provided.

>> Thank you, both. And I guess the other question I have is, how can we promote and facilitate engagement at the AOE? And I'm assuming that most people know that there's going to be a personnel change at the AOE. So where does that leave the council? And the grantees?

>> I'm going to ask AOE if they want to chime in. Be aware of the fact there's a new secretary in place and it takes time for directives and policy to trickle down. But -- you know, I think that's a question has to be taken up with the AOE. And I'm assuming Pam and Linda you are going to have regularly scheduled meetings with Cassie and/or whoever's involved on the special education district services, right.

To that end, I think, I've asked, you know, Linda and Pam to be prepared to come back in March to do a 6-month update and provide status update much like this. I'm optimistic that, you know, the fact that the two groups are now collaborating in a manner that's conducive and forward thinking, which is really what matters at this point. The past is the past. I know it's not been a great couple of years. But we have to push forward in trying to get these student services.

And like I said, it's not just this. It's the entire education system. And we're going to be in for worlds of hurt in the next couple of years with education funding cuts, it's coming. And so, the real reality is how are we going to be able

to maintain those services for students going forward in what likely is going to be a very difficult couple of years coming forward. Tracy, you have your hand up.

>> Yeah, I just wanted to add a little bit. Because I am an educational audiologist and I'm working across Vermont. The Vermont speech language and hearing association put out guidance, info graphic and more guidance about that service as a related service as part of an IEP, which is really helpful. And I can put that link in the chat. And I think it's also important to understand that as a related service, it can be confusing what's a hospital responsibility and what's a school responsibility.

So, I reached out to Cassie, and she provided some guidance from Ernie Wheeler. And Cassie, I don't know if you want to share that guidance. I'm happy to share that guidance, as well. If we want to bring that up at another meeting and I can talk more about what those services look like. I think it's really important and a couple people have shared the importance of parents asking who is sitting at the table as a provider and what their child might need and that's something that Ernie suggested, as well.

>> So, I don't have it readily available that guidance, happy to share his response to these questions, it would take me a minute.

>> I'm wondering if that can be part of the conversation if the AOE comes in to give a presentation about, you know, how determinations are made and what the process is and we can piggyback that conversation on the to the end of that about, you know, roles and responsibilities.

>> Yeah, that sounds good, Spenser.

>> OK. Good. We are now a little bit overdue. Will, you have your hand up, I'm guessing it's to tell me I'm over time.

>> Yes, I was just planning on saying, time check. So, at this point, I just want to make sure we catch up on the chat, as well. Because there has been some stuff in there. So, take a look at that. I know that Rebecca Chalmers had mentioned in the chat and put a couple of resources, information specifically about the HLAA presentation. So, scroll back through. And there's a lot of other comments there, specifically talking about data collection, data sets, Cassie had also put in the chat some information for us to take a look at regarding different links about how to request information from the Agency of Education. So, everything is right there, please take a moment to back through the chat when you can.

>> OK. So why don't we take a break now for ten minutes.

We'll come back at 11:10. And we'll move into the next presentation and a director update. I want to allow time to have a conversation about the legislative (inaudible) people want to (inaudible) that up.

See you all at 11:10.

All right. We're back. 11:11. We will move on to the next presentation. Ask so, I'm going to try to quickly briefly summarize this, which is Laura has been working with Dr. Khan, who is a guest presenter today. And I'm going to let them roll into it. But I do find it interesting and exciting, and I think it actually could be valuable and beneficial for the council in the long run.

Laura, do you want to tee it up or just have Dr. Khan start presenting?

>> This is Laura, I'm flexible. However, we want to let it go. I don't mind Dr. Khan just taking the floor and getting things started. Is Dr. Khan still with us?

>> She's on the list. I don't know if she's --

>> Hey, Dr. Khan, we'd love to have you come up. Come to the table. Camera on, please. And mic on.

>> I'm disabled by your side.

>> OK, so host, please -- maybe can you actually make her cohost? And allow her to share her video? That would be great.

There we go.

>> OK. So, I need to share this, correct? My slides?

>> Correct.

>> Yeah. Let me give you --

>> All right. Hello, everybody. Thank you very much for having me today. And I'm presenting on behalf of the University of Vermont Learner College of Medicine. I'm working with Laura Siegel this semester on a very exciting project.

So just to start, our projects are basically a required course for our medical students. And each year, these medical students work on a project in collaboration with community members. Dr. Carney for public health, and she's of course director and Dr. Delaney is the associate course director. This semester as a faculty mentor, I'm actually working with two distinct public health project groups. So, a quick look back at the past. This actually started 20 years ago in collaboration with United Way of northwest Vermont and 20 years onwards, our experience is extremely positive. We had several student projects that have been completed and this year,

several student leaders, actually, take their projects and present it at various meetings.

Now, a little bit about our projects. Our projects are community initiated. So, the community actually provides us with the question that they want to see answer for. And in addition to that, sometimes, it is also that the community wants us to work on a public health initiative, public health project or something related to the social health issues of the community. And again, our final product from this project is a nice poster, which is presented at our annual medical poster session and the community celebration, which is basically attended by us from the university as well as the various community members who work with us. Towards the end of my presentation, I'll be showing you some of the examples of the products that have been completed before.

So, this is basically our course objective and there's ten of them and I'm not going to go through each one of them, that will take a while.

Excuse me. The main course objective is to combine the community experiences with our public health research. That is basically what we're looking to. We work with community leaders who work with us as the community mentor and then, we have the faculty mentor and then, we also have our course director and our associate director for the course.

So, we have been extremely successful for the past 20 years, and one of the main reasons is, we have worked with the community partners very well. (Lost audio)

Very, whoops.

>> You froze for a second.

>> Oh, OK. Sure.

>> So, if you want to start right here. Community humility.

>> OK. Sure. Can you hear me? Yes? OK. All right. So, our public health projects have been very successful and one of the main reasons is we have had great community partners and this semester, we are all very excited to work with the Department of Disability, Aging and Independent living and we look forward to a mutually beneficial relationship.

Now, these are some of our public health project themes for this semester. And as you can see, there are two separate groups Wednesday and Friday. Ask what that means is each week on Wednesdays a group of medical students, they work together and start working on their project with their specific community mentor and faculty mentor. And then, on Fridays, we have a separate medical students who also work on their projects in collaboration with their community mentor and faculty mentor.

So far as with Laura Siegel, our group meets on

Fridays and we're making sure that the project is done, and according to the objectives and we are also working together with our course director Dr. Carney as well as Dr. Delaney.

What is exactly our project? Well, our project is communication accessibility issues in health care. So, in a way, this is something we're going to start from objective one and we're going to proceed and exactly how far we are going to go is not something we are totally predict right now. But the students first and foremost will perform an in-depth analysis of existing communication practices.

And the health care setting for individuals who are deaf, hard of hearing, or deafblind. So that's the most important and the first objective is to assess where the situation is right now. And the second objective will be to explore the assistive technology that can enhance accessibility to engage individuals who are deaf, hard of hearing, or deafblind.

The third one will be to explore and develop training programs for health care individuals so they can be more cognizant of the issues and challenges that are faced by the deaf and the hard of hearing and the deafblind community, and that is very important for us to come up with specific information that can be used to train health care professionals in the future.

And then, the last two the policy advocacy and the implementation. This might go beyond a lot of the -- a lot of the constraints within our program in terms of this may involve collaborating with regulatory bodies and establish and enforce standards. And of course, that will have to go beyond the university to achieve those things. And finally, objective 5 will be to plan and contact outreach programs to educate individuals in the broader community about the communication needs.

So again, these are our overall objectives, and we strive to complete this in a semester. Because our presentation is going to happen from January of next year, January 2025, which is, again, the poster presentation, which is kind of the end product for our semester long work. As I mentioned at the beginning, this is an example of a poster that was previously completed by a group of students. And this is a nicely done poster where they have discussed how they perform this project or work and understanding the experience of patients with intellectual and developmental disabilities in health care settings.

This was a past project that was completed. This is another example of another past project where professional educators' perception of school active shooter drills, which is

also, again, it has been completed and presented previously.

This is actually the one I think is probably most related to the project we are currently working on because it is a good question how rural Vermonters who specifically are living independently. If they're deaf or hard of hearing or deafblind how they might be able to use the telehealth services to meet their needs in terms of health care access.

So, this is kind of the one I would consider most related in terms of our current work. And again, this is the last example I'm going to show in terms of examining Vermonters' attitude towards sugary beverages tax. These are nice examples of what has been done in the past by student groups and again, we start with the specific objective sets, but again, we are always working towards where we have a goal to work together with our community members and see what is feasible at the end.

So, our most important obligatory goal is the students must complete a project, and the project must be able to finish within the time frame, and it must be presented as a poster at the Robert Learner College of Medicine annual poster session and community celebration.

Now, that is the must meet goal. After that, we can have additional goals and currently, I'm working with the previous public health project group that I worked with previously. I'm helping them develop a manuscript to publish the poster they worked on previously. And again, we remain open to working with everybody and how this can proceed depends on, of course, our community partner and as well as the students and myself. And our course director and associate director.

I have provided you with my email address, if you have any questions, you can always contact me. And with that, I would like to complete my presentation. I want to thank you for your time and attention on behalf of the Learner College of Medicine and the division of public health, it was my honor to give this presentation today. And I'd like to thank Laura Siegel for inviting me. I'm really enjoying working with her and I'm looking forward to a great successful collaborative relationship.

>> Go ahead and stop sharing the presentation.

>> Sure.

>> OK. So, Laura, how about I bring you on so you guys are in this together. Can you just kind of from your perspective explain how you're overseeing this public health project from your end?

>> Yeah, so this is Laura. Our overall goal, at least one of them, is to really work with the community and make sure that we have the information that we need. Do we need to do it via

survey? Is there something you want to host like a focus group or forum? Any panel to come together and interview folks? So, I don't know what the plan is for the students, exactly, what they're looking at. But as soon as they're ready with their specific modalities to collect informs and data from the community, I will certainly help spread the word to all of you so their project can be successful with our input.

>> And I'd like to actually add to that. Yes, Laura, the students actually are considering doing a survey, but they can do a focus group or interviews. It's really up to them what method they use to collect the data. But this group has decided to do a survey. Surveying various health care professionals including physicians. And basically, the data analysis will also be conducted by the students and, again, at the end, there will be an interactive poster presentation. So, thank you.

>> All right.

>> So, just to quickly clarify, this is going to be primarily focused on communication access within the health care setting, delivery, health care delivery setting? Primary care physician's office, hospital, and --

>> Yes.

>> OK.

>> Great, and this is Laura, just to clarify, as well, so Dr. Khan, will the students also be surveying patients? Like our population? Who are deaf, hard of hearing, deafblind, in addition to the providers?

>> Well, that is actually something we are still discussing. And it's under consideration. We've been going kind of back and forth with the conducting a focus group or maybe interview. If we can find the interpreter or if we can be able to accommodate the patients. But yes, that is something that's definitely we are considering.

It all depends how much is feasible within this one semester. And the students are also second year medical students this time. Last time when I mentored, they were first-year medical students. It's different in terms of their time constraint. But definitely, that is on the table, and we are discussing it.

>> OK. Great.

>> What is the poster session? One semester, so when is the poster session for this project?

>> The poster session is -- we are going to see exactly which group of individuals, in terms of the health care setting, as well as the patients, or the care givers who we serve, and the data that is collected will be presented in terms of results

from this project.

It will be in the poster session where other groups that are also working on posters that are also in collaboration with other community partners will be presented at the same time.

And it's very nice, we invite all of our community partners to join us. We have food and the posters are available for everybody's viewing at that time. And there's a lot of connection. We discuss each other's posters, kind of also look forward to doing more projects, our follow-up projects with our community partners.

So, the previous project that I worked on with DBHA, right now, I'm working with another new group of students as a follow-up project. It's not just like we can do everything we're planning to do in one semester. There's a lot of time, there's need to follow-up projects in the subsequent semesters.

>> Actually, at the end of the semester or at the end of the school year?

>> Actually, it's the end of the semester, but the poster session to the best of my knowledge will be held in January. So, they have a little bit of time after the semester is over to wrap up everything and then, of course, the poster has to be printed and all that.

But it's in January 2025.

>> OK. Thank you. Anybody have questions for Dr. Khan? Kate?

>> You've got a black screen. Maybe something's covering your camera. There we go. All right. This is Kate Parrish. Yeah, I just wanted to mention looking at, you know, different providers like audiologists, speech language pathologists, not just medical providers like doctors and nurses, have you thought about those providers, as well?

>> Definitely, that is under consideration and how we are going to exactly proceed, it is still definitely, the research methods and the plans and who we are going to interview or survey, we are still discussing that. We only had two team meetings so far, but audiologists and speech language pathologists definitely, I will convey to my, to the student group and let them know. We are kind of looking at health care professions in general. So that is definitely within that group. Audiologists and speech language pathologists.

>> All right. Thank you.

>> Yeah, and this is Laura, I should also mention the survey, obviously, is going to be in written English. But it seems that the platform that they're using can also add ASL videos for each of the questions so it can be translated so it's

fully accessible. So, make sure the students are doing that, too.

>> Yes, I'll definitely convey the message. I'm including the ASL videos to their survey questions. Yes, I will definitely include that.

>> Thank you.

>> If people have follow-up questions, they can connect with Laura over the presentation. And I'll share -- the presentation to Laura. Am I allowed to share the presentation with the council?

>> I'm not sure because of slides are from the course director, Dr. Kearney, can I get permission from them if that's OK?

>> OK. Please, let us know. Even if there are some slides that can be shared.

>> Yeah, yeah, definitely. If the slides can be shared, I'll get the permission from Dr. Kearney and let you know. I'll let Laura Siegel know.

>> OK. Thank you. So, in that light, I'll segue a little bit to Laura to give a little bit of a quick update on work she's doing. And Laura, if you could update emergency communication access, talk a little bit about this communication access group for emergency management. You're on mute.

>> Sorry about that. You're right about that. So, yes, so, Dr. Khan was the first update I had. So, everything she just presented. But I'm also working with two other groups that I wanted to update you on. The first is the Vermont Certified Public Managers Program.

And so, they have a two-year cycle or two-year cohort where they work with folks. And so, I just met for the first time with my cohort last Monday, and so, they sort of have a similar idea as Dr. Khan presented. But their plan is a little bit broader to cover kind of statewide services, you know, so it could be a range of things from transportation to housing to assistive technology access, to really a sort of variety of things.

And they're sort of just starting their work. So that part of the program is a one-year project with the potential that at the end of the project, you might be carried on, maybe by the next cohort, you know, depending on -- and I can show the link about the program so you can get a sense of who was involved in that program.

But it's typically, it's for state employees. They apply to this leadership program to improve their leadership skills and to get training and leadership and supervision. So, that's kind of the first, the second thing. And I don't know

where they're at right now in their process and uh how that's exactly working out.

You know, the -- we're working out the kinks sort of with that. We're starting that project. And then, the second -- the third one was the S310 bill. Which is related to emergency communication, the accessibility subcommittee had written that up, included that in legislation and proposed that last year.

And so, the result of that is now this other group other group, we meet every two weeks on Friday. And I'm the proxy for Spenser and Will so they don't have to go. I attend those meetings and give feedback on ideas as far as how they can improve emergency communications. And so, the goal now is that we have 6 months to kind of come up with a rough draft of a list of recommendations that need to be addressed. Not just for ASL, interpreters and captioning, but also for spoken languages and how we can provide access to emergency information in a variety of formats and languages.

So, there's no budget associated with that work. And a lot of the recommendations, really, because of that, are kind of hypothetical. If we got \$10,000, then we could do this, that, and the other. If we got \$20,000, we would be able to do these other things. So that's kind of where we're at now. Does that make sense?

So right now, we haven't even started roughing out that draft of ideas. So, the next meeting comes up in the next two weeks and we'll be actually starting the work of putting together some ideas pen to paper.

>> And just to be clear, Laura, that communication access working group for emergency management, that's the focus is communication across all populations with different modes of communication. So foreign language minorities, refugees, other types of disabilities.

>> Yes, that is true. And the folks who are involved with that group, folks from Vermont emergency management, different media folks, like VPR and WCAX, Vermont Broadcasters Association, some of the folks from the office of racial equity, the Vermont Department of Health.

And there's one other. Oh, Vermont Language Justice Project is the other sort of stakeholder in that group. We're working to come up with some ideas as to what we -- and so far, it's been a really good process and a good conversation. So, I think we're making some strides in the right direction.

>> Yeah, and I can speak, I attended one meeting and I know Will attended one meeting. And it's a diverse group with a lot of insight and I would like to highlight the fact that this

is out of another subcommittee's work, more or less, in part of due to Deb's work on communication access around emergency management last fall, and of which Laura was a part of that subcommittee and put that, you know, basically summary white paper into the legislative report, which Senator Hardy and the government operations committee really latched on to, and I know Laura testified and I believe Deb may have, I'm not sure.

But the outcome of that was this bill around improving communication access. Unbeknownst to me and Will, we were named to that committee, and nobody ever told us until we got an invite to this group. So, we -- basically, have asked Laura to kind of be the delegate and keep us updated on the work that's been going on because we didn't want it to be too many people. The proverbial too many cooks in the kitchen and, you know, because of her role in the state government and having interacted with agencies and groups already to be able to be a part of that.

I'm curious to see how that report gets finalized and in time, although, I know that they have talked about possibly asking for an extension to be able to engage with the communities and they're trying hard to get the work done for that report due back to the government operations.

And I think when that's complete, we'll obviously their share that with the full council. But I thought it was a good, another good highlight to, you know, to show that the legislative report does, you know, have an impact, at least for some people in the legislature.

Did anybody else have questions for Laura before we -- to the legislative report?

>> Thanks, everybody.

>> Thank you. I'll be in touch. Bye, now.

>> Thank you. OK. So, only 8 minutes over. So, that being said, speaking of the legislative report, we obviously -- heard everyone's comments last spring or last winter and so, obviously, we want to improve the process around the development of the legislative report and have it completed in a more timely manner and ability for the council to review and (inaudible) around for submitting it to a legislature.

So that being said, because we're only on our bimonthly thing, that means we would want to have a draft, preliminary draft of the report in November to share with the council so people can review. And I can, you know, I could commit to that, Will and I will commit to having a draft. But the bigger question becomes what is, what is, you know, what we need from the council is what are the topics? Centered around the legislative report after this meeting for everyone. And then basically, keep as recommendations, new recommendations that we

want to make. Case in point, the conversation about data requiring, asking the legislature to give the council more teeth when asking for data from certain state agencies, vendors, whatnot, that you know, it is actually written into statute that these agencies will provide, shall provide council with the information that they request without having to go through, you know, public records requests or having to jump through administrative hurdles.

That's just one thought I had, you know, as I said, I've been thinking about how to kind of improve all of the work that everyone's doing over the last couple of months. But other recommendations, and I think, Rebecca, if you haven't jumped off, you know, what's the next steps? And I think maybe if you wouldn't mind maybe providing an update on the developed rights and our conversations about it. Last session in the senate education committees, but it did not move out of committee. So, I'm wondering if, Rebecca, you've continued to have conversations with senators and representatives over the summer. And what the next steps are for that and how we include something, how we include that conversation in the legislative report, as well.

Will, go ahead and chime in, and maybe Rebecca can provide an update.

>> Yeah, was just thinking about the process for the legislative report. And I think it might make sense for us to send, you know, our own report -- like everyone send your own report to Spenser and myself. So, Rebecca, if of you you've got an update on the Bill of Rights, send that to us, and Deb, if you've got an update on your work. So, we can collect everyone's individual reports and sort of consolidate that into a draft.

And then, make sure that, you know, there's standardized language and connective comments and all of that. So maybe just as an approach to getting the draft done is what I was thinking.

>> This is Rebecca. Spenser, you asked about the Bill of Rights. And yeah. It kind of sort of died on the table in the committee room is what, you know, I'd heard. So, I think what we could do is sort of look at the ongoing bills and think about where it could be as an amendment, that was sort of the advice we got. See if we could add it to some other ongoing bill.

So that was one idea. Another idea that was mentioned is that the group that was working on that said that some of the folks have talked about, other folks have, you know, 504, IEP, and just thinking about where the gaps are in that process that there are still sort of loopholes and cracks that kids fall into.

And thinking about if we could bring the Bill of

Rights to VTAD so we'd have more people to be able to do the work. And do a little research on, you know, how the ADA and the AP and the 504 and how all of that plays into this and what do we have? What do we not have? And where are the gaps? And how this might address some of those gaps. And I think we're still having some of those conversations about how we can just make sure that we're addressing all of the gaps for deaf and hard of hearing children in Vermont. But I don't know where the bill itself, how we will advance that.

We're still kind of having those conversations, again, about the best strategy on how to move that forward.

>> Thank you for that update. I imagine the question becomes whether or not the senator wants to reintroduce the bill. I think you're in a better position this time around because it's the start of a new biennium, so if she introduces the bill, again, you've got two full sessions to figure out a pathway, hopefully, or to at least advise and revise and improve or rewrite, you know, multiple iterations of a bill. You get to a point where everyone's satisfied that it could be inserted as an amendment somewhere.

And I just -- I was not here for that meeting because I was not in the state. But I believe back in May, we had Dr. Freeman, I believe, was his name and he was presenting to the council about, you know, advocating and providing his assistance to the council, members of the council who are testifying in front of the legislature. So that's also something to keep in mind.

I want to open this up. I mean, unlocking people's thoughts, suggestions, something we feel like I know we've covered on the data points and things like that.

>> Hi, Spenser, this is Sharon. The other issue to bring up is maybe Cassie can speak to this if she's still on, maybe in our November meeting, Cassie, you could talk about the disability checklist that you are developing. And explain to the council how those might be used and developed.

Obviously, you're interested in the one for DHH. And also, with Heather leaving the AOE as the Vermont director of special ed, what is the timeline for her departure and the timeline for a search to find her replacement?

>> I'm happy to update the school age subcommittee in November or whenever. I could probably share the checklist at the meeting next week, if we find we're going to have time. We're going to be meeting to go over those, as well.

And then, in terms of Heather's departure, her last day is September 30th. And I'm not able to speak to what the plans are. But I will inquire with those above me.

>> OK. Yeah, any information would be helpful because obviously one of our stakeholders with the council is the AOE and it's critical that we keep some communication going. And sharing the disability checklist on Tuesday would be just fine. Thank you so much. And if you can send it ahead of time, that would be great.

>> Not able to send it ahead of time, but happy to share a copy of it when we meet.

>> Any other thoughts? At least around the legislative report? Possible topics that we want to make recommendations? We seem to be having somewhat good success with getting things addressed in each of the reports over the last couple of years.

So --

>> I'm not sure what you mean by topics. What do you mean? Topics for the legislative report? Are you talking about topics included in the legislative report?

>> Well, we have major bodies of things we advocate for. One was the director, one was last year we also included the tool, making it mandatory for the legislature doesn't grab on to that concept. But like we have major bodies of things that we advocate for. Last year, Deb, you know, Deb and Laura's work on communication access around emergency management. Because it became clear that, you know, emergency management was a complete failure, during emergency events was severely lacking and continues to severely lack. And that's moving forward now.

So, like, what is an area now, you know --

>> Well, certainly, the school age subcommittee will have a report to be included. So, there's a lot of activity there. So... and moving that work forward. I'll... see if I can think of anything else.

>> Anybody else have any other thoughts? So, Will, I don't know if you're still on, but I guess if we're going to do the process that Will suggested, what we will do is send out the legislative report that was submitted last year for everyone's review, we will ask people to at least respond to us with an email letting us know they plan to give us an update to be included in the legislative report. It does not have to be immediately. But Will and I will set a timeline, deadline for that, my guess is likely towards the end of October. So that we can correlate and compile to put into, or to put these updates into a draft, a new draft of the legislative report that we can, then, at least have a rough draft to share with the council by our November meeting. At which point, we can review, update, discuss, and then refine so we can share a final copy prior to the holidays.

So, we're not scrambling at the last minute. We can

draft up, Will and I will draft up a timeline of that with dates, we'll send around to the council. And I really just, you know, plead with folks to provide those updates. Because I've asked for them in the past and people haven't always given me them. So, Will and I are basically scrambling to just try to fill open space on there.

Based on conversations we've heard over the past year. And some meetings. Yeah. This is the time we open up for public comment. I don't know if we have members of the public attending today. Laura, go ahead.

>> Yeah, this is Laura. I just added into the chat, I'll just bring your attention to that. It's not this coming weekend, but the following weekend is the Alzheimer's walk. And I've arranged for them to have captioning and interpreters for their event.

So, come ahead, there'll be access provided. And I will be there.

>> Other -- speaking of that, actually, Rebecca or somebody, if somebody could post the information or a link to the Lawson's event, I believe it's this weekend or next weekend or did you already do that?

>> I already put a link in there. That's in there. That's in the chat.

>> Val?

>> I did just want to add around VCIL, so the update I did for VCIL, Amber Schaffer will be stepping down from our board for VCIL, so we're hoping that we can find another deaf person to take that spot to be on the VCIL board. I wanted to announce that vacancy. I think she'll be done end of this month, is that right, Will? Honestly, I'm not sure, I can't remember. But I can find out tomorrow.

>> OK. Great. Thanks, Will, for finding that out. But anyway, that's coming, we're hoping to find someone else familiar with the deaf community and deaf centric issues to have the representation on the board.

Because as an employee, I can't be on the board, it's a conflict, it needs to be someone who doesn't already work for VCIL. I'm putting that opportunity out there if folks are interested.

>> Notice on the VCIL website about the vacancy and looking for people to submit their names.

>> I think they depend mostly on word of mouth and suggestions from the community. We just found out this last week. So, I figured we had this meeting today and, you know, Bill Hudson is an idea that came to mind because you're retired

now, as you said. We're just, I think I just depend on word of mouth to get ideas for names who might be interested.

>> (Inaudible) councils. Linda. OK.

>> This is Bill, ha, ha. Nice try. You need new blood. That's what you need is new blood.

>> Linda?

>> Spenser, I wanted to quickly add since I didn't do any updates for EHDI this time. The Vermont early hearing detection and intervention program received a 5-year grant that started on April 1st. It is looking at still our 1, 3, 6. But also looking at language assessments for birth to 3, children who are deaf, hard of hearing, deafblind enrolled in early intervention. And also, looking at screening for 1, 2, and 3-year-olds. We are going to collaborate with our partners, but also, looking at reopening the hearing outreach clinic to have clinics statewide to meet to help meet that requirement of screenings at 1, 2, and 3. And we also provided a presentation last week to care coordinators in medical homes around the language assessments and also the early hearing detection and intervention program in general. So just wanted to do those quick updates.

>> Anybody have questions about that? Rebecca?

>> I was hoping to get some feedback from Linda or Pam about whether they could share, whether they could respond to the data asks the subcommittee were putting out. I didn't really get a clear answer whether Linda or Pam thought they could do that.

>> --

>> I didn't want an answer from Spenser, I wanted an answer from the actual data holders, Linda and Pam.

>> Pam, I'll let you go first.

>> So, that's fine. We can share just as Spenser did respond, what we're able to. But it may not be all the questions that the subcommittee is requesting.

>> So, what I was asking was, could you just say why you can or can't give certain data that they're asking? Because it would help us understand, you know, that context of no, we can't do it this year, we can next year, or we need to get (inaudible) answer for this, some of that context, that's more what I'm asking.

>> OK.

>> Yes, we can give this, no, we can't, and why.

>> OK. So, historically, when we were asked for some of that data, it was identifiable data. And what we had talked about before. So, we can't share data that can be traced back to identifying factors for students or families that might expose from privacy.

So that really is the reason that there's some things. And then there are also some things under our organization under UVM that we are not permitted to share. So, it's -- there are a couple of factors. Is that helpful?

>> So, you can put that in writing for us? So -- I'm going to forget, you know. And I don't know which rationales apply to which pieces of data. It'll help us know if you could put that in writings. This data we can't give for this reason.

And that's what I was hoping you'd be willing to --

>> Sure, and the data that's requested and if something's sent and then, I think, Linda you can add to this, as well, we can certainly take a look at that and how that relates to the services and what we're providing in the state and what we're able to share.

>> Yes. And I think that's one of the things that Pam and I mentioned in the talk was that we would be looking at data and looking at what we can share. And again, yes, there are legal reasons so we do have to go through the appropriate process of what we can share and what we can't share. And it can't be identifiable in any way.

>> I know. Are going to be able to say specifically this data the subcommittee would find useful is something we can't share for this reason. Is that something that you can -- write out?

>> I think that's fine. Pam and Linda, can you commit to, you know, summarizing if a data point is asked from the subcommittee if you're not able to provide that through those specific reasons, just summarize why that's the case so that the subcommittee was made aware. And can respond, you know, by email or in writing which data points can be shared and which can't. And why. And when you say identifiable and I know some people said it earlier, well, no PHI is being shared, no PII is shared. That's not the case here because we're dealing with a very small subset of a population.

So, if someone sits there and says, I want the numbers for Washington County, overall, well, I want the numbers for a school district, school district A and school district B, they can't provide that because there could only be one student in that district and that's identifiable. It's the same applies for health care across the board.

And so --

>> Yeah, I get the big picture. I would just really be hoping to hear definitely there could be a description of why for that particular data. Because then it'll help us learn. Most of us aren't in this often enough to understand to be able to really help move this forward. I just so appreciate that you're

willing to do that. Thank you.

>> That's fine. And as I said, Linda and Pam, I think could commit to sharing why they can't share the data, correct?

>> I think Cassie has her hand up and I'll comment after.

>> Cassie, you want to chime in first?

>> Thanks, I was just going to add that I asked our data team to do the same internally, go column by column and let the council know what areas we collect and which we do not. And our data team has mentioned this in past email chains that a lot of the data will be aggregated for the same reasons we're talking about. Sometimes, it's a small population size and there are ways it becomes identifiable.

>> OK. And Linda?

>> Thanks, Cassie, that was what I was going to add. Because I think some of the data we don't -- isn't collected. And that's the other piece. And then the data is so small that it is easily identifiable. So, we have to, you know, we have to be cautious. We used to break it down even into type and degree of, you know, with hard of hearing and deaf and deafblind, but we can't even, and most times, we can't do that anymore because it's such a small population.

>> All right. We are upon the witching hour. It's 12:02. We're just over. Thank you, everybody for your presentations, for your questions, your thoughtfulness, much appreciated.

Back on track with the meetings. And Will and I will send around the legislative report today to the council and then, Will and I will follow up with a timeline for next steps. For drafting legislative report. And I will follow up with Cassie to talk about a presentation in November around the process for, you know, disability services and how that's done, typically.

>> Spenser, could you please put in the request for the AOE report and send it to the council?

>> I will. Yes, I'll do that.

>> Thank you so much, appreciate it.

>> And just for clarity, what I'll focus on in November is just special education criterions, the eligibility within Vermont. Which is applicable to all disability categories and I'm happy to lace in what I can that's specific to deaf hard of hearing as well.

>> Yes. OK. Why don't you and I connect offline to talk more about what's going to go into that.

>> Absolutely. Sounds good, Spenser.

>> OK. Thank you, everybody. Have a good afternoon.