

## Massachusetts Commission for the Blind Virtual Town Hall -- June 5, 2020

CARLA KATH: Thank you again for being here today for the second virtual Town Hall for Massachusetts Commission for the Blind. It is Friday, June the 5th, and we are very excited to have many participants from our community here today. If you have any questions, feel free to send me a question and we will get started. We will get started here shortly. Please mute your microphone. Commissioner D'Arcangelo will be our first presenter from MCB.

COMM. D'ARCANGELO: Okay, good morning to you all. Thank you for joining. Again, star-6 to mute, star-6 to unmute. Star-9 to raise your hand. It's great to be with you.

It's David D'Arcangelo, Commissioner of the Massachusetts Commission for the Blind. And this is our second virtual Town Hall. We had such a great response from our first one, people wanted to do it again. So we're here, we're your state government here to serve you. So we're doing it again. So, we hope you enjoy this.

We have a very robust lineup of MCB professionals and vendors and stakeholders throughout the blindness

community as well to give you the latest information and inform you of our program and services. Thank you all again for joining. We value you. I know it's challenging times, but we're positive here at MCB, and we're trying to improve things for people with blindness and visual impairments even through these challenging times. We've remained open for business the entire time, and now we're starting to talk about re-entry to our offices. We're adjusting to that. And we appreciate the resiliency of our consumers and staff.

We're ready to go forward here. Again, if you have any questions, raise your hand with star-9 or if you're using the Zoom video, you can do it that way virtually, raise your hand. And again, mute and unmute is star-6 or on your Zoom it's in the lower left hand corner. Okay. So with that we'll begin.

Welcome again. It's great to have everybody. So, a little bit of an overview of MCB.

As many of you know, we serve all 351 cities and towns at Massachusetts Commission for the Blind. We have six regions across all of the state that covers various parts of the state that serve almost 26,000 consumers.

Our consumers are people on the entire spectrum of blindness, everybody from high partial like me, and legally blind and visual impairments, all the way up to people who

have no sight at all. We service everybody and welcome everybody who wants to get our services.

We try to provide as quality services as we can, and really the goal is to enhance the lives of our consumers. We try to promote independence which leads to dignity and self-determination. We do that through a number of programs. You'll be hearing from some of the program directors this morning about this specific programs and services that we offer, but it's a wide array. And so if you're blind or visually impaired, we've got a program or service that can help you. We try to partner with our consumers, community organizations, healthcare providers, employers, and again most importantly our consumers, their families and the entire blindness community, because we're all in this together, and we try to take everybody on a case-by-case basis. All of our consumers are unique, we value that. We want to try to serve you the best we can. We want to hear from you. We can only be of assistance if we know about it. So please reach out to us.

Okay, with that, as you can see, we have a very robust agenda, which I'll read quickly for people who aren't able to see it.

We're going to start with a vocational rehabilitation update by our Deputy Commissioner John Oliveira.

We're then going to talk about our Randolph-Sheppard Vending Facilities Program with the head of that program, Jay Rufo.

Then going to be talking about Rehabilitation Training with Carolyn Ovesen.

And then we're going to go to Kathi White who is going to tell us about Social Rehabilitation and some techniques and some of the programs and services there.

We're then going to talk about the older independent blind program with the Director Karen Hatcher.

We're then going to go to Orientation and Mobility with Meg Robertson our expert on O&M orientation and mobility.

And then to Alexander Pooler. He and his team have been doing Assistive Technology services.

We're then going to be talking Employment Services with Joe Buizon.

Children's Services with Susan Lavin.

We're then going to have vendors and stakeholders from the blindness community, important partners of our other agencies that we work with, give updates in some of the latest developments.

And of course we've left time for question and answers at the end.

So, again, if you want to ask a question to get in the

queue, you press star-9. And if you're on the Zoom, you raise your hand virtually, and we're going to try to make sure we keep them as orderly as possible, because we do have quite a few people on the call here this morning.

So, again, it's great being with you. Thank you for joining.

At this point I'm going to turn it over to our Deputy Commissioner John Oliveira who is going to talk to you about Vocational Rehabilitation.

John.

DEP.COMM.OLIVEIRA: Good morning, everyone. Good morning, Commissioner.

It's a great day out there today, and unfortunately we're all inside working, but we'll have a chance to enjoy it over the weekend. And I want to speak about the Vocational Rehabilitation program for the Commission for the Blind. It's a federally funded program with a state match, and it serves students starting at the age of 14. And many states they don't start serving until the age of 16, but here in Massachusetts, since we're a little more progressive and want to give our students a head start and make sure they have a good foundation so they can get out and work or go on to education, we start serving them at 14.

We serve adults, obviously, and the whole goal is to

help them get the training they need so they can achieve, retain, regain employment. That's the big thing. To achieve the employment, and then you -- if you are losing sight later in life, we are going to help you retain it by the different technologies that we can bring in.

We serve approximately 950 consumers, what we call as an active open status. Now those consumers, that number changes as consumers become employed and leave the system and others come into the system seeking employment. So that number changes but it's an average. And it really works well with all of our counselors working together, and I'll give you some information about employment just a little bit later on in the presentation.

So on March 13, MCB left our offices and we moved to becoming a teleworkforce. We had to do it and we moved very quickly. Fortunately, since we provide services in the field, most of our counselors had laptops, because they go and see consumers in their home. So they were prepared to be a mobile worker. So the only part they had to do was work at home and they had their laptop already. So that transitioned very well. Because we have a mobile workforce already, basically because we visit you in your home, we are using a case management system that is available online, on the internet or up in the

Cloud as you might want to say. So all of data goes up in the Cloud and our counselors can access that on their laptop wherever they need to access it from. So all the forms that they need to take your applications and process your eligibility and process your plans and make referrals for you, which is very important, so you can get additional services are all available in the system and they have access to that while they're at your home speaking with you or in this case, to have access to that while they're talking with you on the telephone.

We have seen cases open and clients become eligible for services, we've seen clients receive job offers. And so the VR process has been working very well.

And because of our system that's integrated, we have been able to support all our consumers with great support services that we offer, too, so that we can move you along your way in the VR process.

And you'll be hearing from some of those professionals throughout the morning here in our presentation.

So, because of COVID-19, we've had to alter what we do in VR as far as even seeking job placement and looking for different employment opportunities, and we've seen new opportunities open up and we've seen other more traditional opportunities disappear for now, but

hopefully as the economy revives, it will move back and it will get those folks re-employed again.

So we will move on to our successes during this period.

We've -- our counselors have continued to work hard. We have successfully kicked off our internship program yesterday with some of our interns gaining a face-to-face or on-site internship placements. Others have been able to obtain virtual internship opportunities. Others are still looking. As we move into Phase II, I believe more opportunities will open up, and as we move further into the summer, we continue to work with our partners to see if we can create opportunities.

So, in the past probably eight weeks or so, we've seen several, several good placements. One of our consumers obtained a job in computer science. Another one obtained a job at a hospital. Another one obtained a job at a major healthcare company here in Boston.

Dunkin' Donuts, I have to offer that name out because today is free donut Friday. So any of you who live near Dunkin' Donuts, go visit them today and thank them for hiring one of our consumers over at corporate headquarters. And they already hired a consumer there the last couple of years. Dunkin' Brands has been a good strong partner of MCB. So go out today and get yourself



a coffee and a free donut.

I also was checking out the employment status of consumers here before our meeting this morning, and right now we are on schedule that on June 30th we will have 25 consumers that would have achieved 90 days or more of employment. And so that's a great achievement for us to get this number of consumers up and running and keep their jobs.

We do know that some consumers were impacted, may have had their hours reduced, may have even furloughed or put on temporary layoff because of what happened here, and hopefully those jobs will return when we start reopening. Our counselors have been working with some of those individuals that were told that jobs will not return, so we're trying to get them into a different position so that they can again start the employment search and return to the work of employment.

So we're going to hear a lot about our services today. And I'm going to move this over to our manager of Randolph-Sheppard vending facilities unit, Jay Rufo.

JAY RUFO: Thank you very much, Deputy Commissioner. It's a pleasure to be here with all of you today at our second Town Hall. Some of you may have heard about the Randolph-Sheppard vending program in the past. Some of you may not have. Sometimes you

feel we're the best kept secret in all of MCB. So to give you a little bit of an overview of what this Randolph-Sheppard program is all about if you're new to it, essentially what we do is we provide MCB consumers with the opportunity to own and operate their own small food service retail business. There's a lot of state and federal legislation that's been enacted over the years that allows MCB to provide food service to federal and state buildings throughout the Commonwealth. So what we do is we partner with these federal and state buildings. They allocate some space to us, and then we go ahead and build what's called a vending facility. So that's a small retail shop for the most part. We have 28 of these food service-type facilities throughout the Commonwealth, most of which are in the Boston area, and they fall into really two camps:

The first is a small coffee shop or snack bar. That's where people come in and, you know, who are part of the workforce, or individuals that are visiting some of these buildings, and they can get coffee, drinks, various snack goods, those kind of things.

And then we have a slightly bigger operation that we run, which is more full food service. And this is where patrons can come in and get hamburgers, hot dogs, onion rings and these type of things in addition to other types of

things that are provided by those smaller outfits.

Places where you can see some of our locations would include courthouses, state and federal office buildings, military bases and such. So what I like to get across in this particular section of what I usually talk about is, we build the facilities, but then we have a process where our licensed vendors who have trained with us are then brought into those respective facilities, and those facilities are really theirs to own and operate. It becomes their business. They control the business license. If they need employees, they hire the employees. The Mass. Commission for the Blind does not ask for any additional amount of money that they make through these retail outlets to come back to the Commission. What they earn is what they keep. So they're fully in charge of that particular business and they control all aspects of that business.

In order to qualify for the Randolph-Sheppard vending facilities program, you need to be a consumer of the Mass. Commission for the Blind.

You need to be enrolled in the vocational rehabilitation program.

You've got to be over 18 years of age, and a United States citizen. And we also ask that people have good adaptive computer skills and good mobility skills as well.

So individuals meet that criteria, then they can begin training with us at the Commission. Our training program is approximately 14 weeks in duration. For the first four weeks people are basically studying on their own for what's called their national food service handlers license of which there are two. So if they pass those two courses, then they'll train with us at our Boston office at the Commission for the Blind at 600 Washington Street for an additional two weeks, and we'll talk about all of the basics, the rules and regulations of the program and so forth.

After that particular point in time for the remaining eight weeks of training, individuals will train out in the field with vendors that are already operating their own locations. So they will be learning the ropes as they go day by day. And if everything goes well from that particular point in time, individuals become licensed Randolph-Sheppard vendors, and then they await a facility to run. That wait can last anywhere unfortunately from six months to three years, but the fortunate part is that a lot of our licensees who wind up training and passing our program, wind up working for vendors who are already in the field while they're waiting for the first vending facilities and assignments.

That's a little bit of an overview of the program itself all the way down through training. What I would like to

shift into real quickly is what a day in the life of a typical vendor is like.

Our vendors typically wake up very early in the morning between four and four-thirty. They're at the vending facilities by six o'clock in the morning. They're taking in orders from Coke and Pepsi and milk orders, bread orders, those kind of things. Putting those things away. They're getting the coffee ready. Those who have lottery products, turning on the machines, making those final preparations for the breakfast rush. And usually they're either at the counter and facilitating purchases, or if they're in a larger facility, they could be in the back cooking and advising their employees and staff on what's going on and what needs to be done.

So, that's that. And then they go through the afternoon rush. And from that point they shut down about three o'clock. They begin to restock, and they begin to get ready for the next day. And then they typically will, do a great deal of paperwork, go to the bank, count out the machines, in terms of how much money they've made for the day. They usually get home by about five o'clock. So it's long hours. They're on their feet all day. They do a really, really, really great job and they provide a very, very valued and needed service to those buildings in which they are in.

So, I'll tell you that's a normal day for a vendor. They have not had a normal day since March, since the COVID-19 pandemic caused the state to shut down.

As I had mentioned, we have about 28 facilities. And 25 of those 28 facilities were closed in March because the buildings were closed, and only three, due to some pretty unique circumstances, remained open.

As of last Monday, two more came online. So now we have a total of five that are open.

And I'm always asked the same question just by different people, the vendors are asking they're usually saying when should I reopen? And yes, building managers are asking, it's when can vendors reopen? And when patrons call me, it's when will vendors reopen? And the general answer to that question is: When there's sufficient building population in order to support their businesses, then they will come back.

So we figure that all 28 vendors will open at different times, depending on circumstances, and there could range anywhere from weeks to months in some cases unfortunately.

But our vendors are very professional business people. They want to get back to work as soon as possible, and they're certainly taking it in stride and learning everything that they need to learn to be able to do

that safely and efficiently when the time comes to do so.

I'd like to close just on a positive story because of the COVID-19 situation. Our most senior vendor, he's been a vendor for 48 years, if you can believe it. And he actually never closed during this pandemic that's currently going on. He works at a rather large post office in Boston, and those post office employees obviously were necessary and individuals that had to remain working. So he always had a good population of individuals. And I was talking to him yesterday, and you really get the sense that he's become the building hero in the last couple of months. People can always go in and get a cup of coffee. He says people are grateful for the services that he is offering in terms of being able to pick up soda products and water products in larger quantities, so that they can bring those home. It minimizes how many times they have to go to the grocery store. He's really got a great spirit. And it's that spirit from our most senior vendor to our newest vendor, you will find it in all of them -- they love what they do. They do a great job doing it, and they provide once again a really valued service throughout the community.

So that's a little bit about the Randolph-Sheppard program and where we stand. If you want to learn more about the program, if you're interested in perhaps even enrolling, the best way to do so is to contact your

vocational rehabilitation counselor. They can tell you a little bit more about this program, and then also put you in touch with me.

If you're not enrolled in the VR program and you want to learn more, you can always get ahold of me directly just by calling the MCB main number and asking for me, Jay Rufo.

So I want to thank you very much for your time and your attention to the Randolph-Sheppard program today. And now I would like to turn things over to our rehabilitation teaching supervisor in region 5, Carolyn Ovesen.

CARLA KATH: Thank you so much, Jay. This is Carla Kath jumping in quickly before Carolyn takes over for rehabilitation teaching and gives a great presentation. I wanted to ensure that everyone who needed communication access and could see our interpreters here. Their names are Kerri MacSwain and Caity Snyder. That's C-A-I-T-Y S-N-Y-D-E-R. And Kerri MacSwain. Her name is K-E-R-R-I. And it's M-A-C-S-W-A-I-N.

If you need further communication access, please feel free to send me a chat, Carla Kath. And my name is C-A-R-L-A K-A-T-H. Thank you all again for being here.

Without further adieu, Carolyn Ovesen from MCB will give us a presentation on rehabilitation teaching.



CAROLYN OVESEN: Thank you, Carla.

I wanted to do a quick overview. For those of you that don't know rehabilitation teaching or RT, is a support service that's offered by the Commission for the Blind and has an actual definition, and it is defined as the educational process that prepares a blind or impaired person of any age to perform daily living skills safely and independently in any environment.

So based upon on an individual's goals, our teachers provide individual assessments, they identify specialized adaptive equipment and then provide training to those legally blind individuals within the Commonwealth.

We work with children, adolescents and students, working individuals, those that are employed or those that want to become employed, as well as seniors in their homes, at their job sites, or other unique situations which may arise.

So with many other disciplines in our agency rehabilitation teachers are faced with challenges on how to deliver services due to COVID-19. Understandably everyday our consumers have questions for us. Many inquire when we'll be able to get back into their homes to work with them or what technologies our department and teachers are utilizing to perform work during this time. We're also asked how is our depth of equipment being

deployed during this time of social distancing and how best can we work with them given the current social distancing protocols.

The greatest challenge that our department has faced that the very nature of our job as rehabilitation teachers, is we provide home visits with our consumers and conduct in-person assessments and teaching. You can imagine the complications we have had to endure.

Due to the social distancing restrictions, we have had to temporarily change our service delivery model. Before COVID, we were able to conduct in-person home visits and assess a person's visual abilities, tactual skills and provide the necessary training to them all while doing this face-to-face.

Now we've had to switch our process to providing these assessments and training sessions to either having over the phone sessions or more for the more technically advanced consumers, we've been able to utilize FaceTime or Zoom to do so.

When we were providing in-person teaching with our consumers, we were much better able to assess and provide appropriate equipment to consumers at the time of visit. Now it's a multistep process. We have to contact the consumer, do an individual assessment over the phone or utilize Zoom, then go into our physical offices

one at a time to gather any equipment, then mail it. If possible, arrange for a delivery of equipment from one of our drivers or other staff members, and even when funding allows, order the individual's -- the items directly and order them from vendor and have them sent directly to the consumer's home.

From there our teachers then conduct teaching sessions over the phone and other media to instruct the consumers on the proper use of this equipment. It's a much more time intensive process than before and there are many more steps involved.

The biggest question we face is when will you be able to come see me again and help me in my home or at my job site? It is a difficult one to answer, and it involves the safety of our teachers as well as consumers alike. And unfortunately we don't have an exact date to that answer. We have to adhere to the social distancing protocols provided to us, but you can rest assured that as soon as we're given the green light to do so, we will be scheduling those visits within hours of being able to be doing that. We know how important it is for folks to be seen in those environments and assessed in their own homes to make sure their needs are met and they're being safe.

A frequent question we've gotten is regarding the talking books. Talking book program has begun to open

up, and they've been able to mail out some books to our folks most recently and are back in the offices receiving the books back and turning them out to consumers.

Another frequent question that's asked is about handheld magnifiers and people being able to read. When we do home visits, teachers are more readily able to observe and assess consumer's abilities to utilize any residual or remaining vision in order to provide the best piece of adaptive equipment and teaching strategy. Over the phone or using other media, it's more challenging. When trying to determine someone's visual ability for the correct magnification, it's much more easily done in person as we're able to try different magnifiers with consumers to determine the best fit. Over the phone or doing Zoom it's more challenging. So we can't have an individual try the equipment to see what the best fit is. But we're working on strategies to make that more -- better for the individuals.

Oftentimes we're asked about tactual markings to say how can I better use my equipment? So we're able to mail out bump dots to people to be able to have them use their equipment more effectively using tactile strategies. For example, individual vision loss may have difficulty now using a flat panel microwave. If an RT is able to provide bump dots to a client, a family member with some

instruction or they themselves with the instruction from an RT may be able to mark an appliance for the consumer to use to help heat up a cup of coffee, warm up a, dinner or cook a frozen dinner on their own.

One of the most asked questions we get also is about time pieces. Sometimes simply providing a low vision time piece to a consumer can assist in orienting to a person's routine and making sure medication is taken appropriately or appointments are kept. It may seem like a simple thing, but knowing that time is important to -- we're trying to do our best.

There are some general tips for rehab teaching that I can provide, and one of those things is actually talking about contrast. So contrast is this using different colors to be able to highlight what you may want to see. So something very simple like using black on white or white on black when writing, you can use a dark bold pen when writing on a white piece of paper, or using different colored plates when eating. For example, using a red plate with white spaghetti without sauce would be a contrast. If you use a red plate with spaghetti, you would have a difficult time seeing the spaghetti on the plate.

You could try using different lighting. So actually trying to use a gooseneck lamp to position it over the information that you're trying to read, or over the shoulder

of your better eye can help illuminate an area. Or if you're trying to watch TV, you can try to draw the shades so it's easier for people to see without the glare from the windows.

Using a multisensory approach to tasks, so everybody's used to using whatever residual vision they may have, but you may want to try to use your hearing or your touch or even smell when you're doing some cooking tasks orienting in your home. And also we talk about using markings. If you can't get bump dots, maybe you can use some electrical tape or use marks -- or we have ways of talking about people have difficulty with using the difference between shampoo and conditioner, so putting an elastic around one of those bottles will help as well. We can also teach different strategies for using for cooking and measuring. There are a lot of different ways that we're able to help people to be independent and be able to be safe in their own homes. And that's just an overview of what we do for rehabilitation teaching, and there are some different tips and tricks I can provide for you.

I want to turn it over to Kathi White, and she is our social rehab supervisor and our rehabilitation supervisor in region 6.

Kathi that's all you.

KATHI WHITE: Thank you, Carolyn. And good morning to everyone. Thank you for attending our virtual Town Hall. I'm Kathi White and I'm the social service supervisor for region 6 at MCB.

Region 6 comprises all the City of Boston, plus Brookline, Chelsea, Winthrop, and Revere. I supervise a staff of two social workers and two rehabilitation teachers.

The social working rehabilitation teaching staff provide comprehensive social rehabilitation services to adults of all ages.

Our mission is to assist legally blind consumers to live as independently as possible, at home, in the community, and perhaps in residences that provide assistance or long-term care.

Since Carolyn provided such a wonderful overview of rehabilitation teaching, I plan to address the services provided by MCB's social work case managers. Most often MCB social workers receive referrals directly from eye care providers when a consumer is newly registered with MCB. We also receive referrals from healthcare providers in the community, professionals who work with elders, friends, family members, and the individual himself or herself.

Each consumer who is interested in MCB services is contacted by a social worker. Certainly in these days of

COVID-19 our contact is through telephone. It may be through FaceTime. It may be through Zoom ordinarily, and when we get back to being able to make visits, the contact will be made through a home visit at your home.

When meeting a new consumer, a thorough assessment of the consumer's needs is completed and the individualized service plan is agreed on. All services are clearly outlined in the consumer's plan.

Services then as a consumer may need vary from consumer to consumer. No one's needs are the same as another's.

Social workers may provide adjustment to blindness counselling as well as arrange other services that promote independence. Some of these services that consumers may be interested in are the rehabilitation teaching for learning activities of daily living, orientation and mobility for safe travel, low vision services including referrals, the low vision evaluations and devices, homemaker services for those under the age of 60, and assistive technology.

All services provide a directive toward the goal that has been established by the consumer and his or her case manager.

All MCB services are free, however, there's some social services such as the purchase of low vision devices, payment for low vision evaluations, or provision of



assistive technology that require that a consumer meet financial eligibility guidelines.

To sum up, MCB is dedicated to providing high quality social services that enable a person who is legally blind to maintain or increase his or her level of independence and participate fully in the community as he or she sees fit.

I see that we've got some questions regarding social rehabilitation during the COVID-19 pandemic. Certainly the top question is when will we be making home visits? I think Carolyn answered that very nicely, that we will be making home visits as soon as it is safe to do so and with direction from Governor Baker as to when this can begin again.

Another question that I see frequently is: Can you help me to learn to use BARD for downloading talking bars?

We know the Perkins talking book library has been closed for quite sometime, and many folks who had not been accustomed to using BARD really wanted to learn how to do so. Our rehabilitation teachers have been working diligently with folks to learn how to use BARD to download books onto iPhones, Android phones, Victor readers. We certainly have been doing that, and we've been doing that remotely.

Another question is: Can you teach me to use

Zoom? Here we are, we're all on Zoom. Lots of people had not been using Zoom before. So we certainly have been able to teach people to use Zoom. We have teachers who have been doing this remotely and have been doing a wonderful job in getting people set up to be able to access the technology that they want to use independently.

I want to thank you again for attending this Town Hall and for spending sometime with me. And now I'd like to turn things over to Karen Hatcher.

KAREN HATCHER: Thank you, Kathi and Carolyn, you both did wonderful. The elder blind program is a federal program. It is funded through the RSA with a grant. The goal of the program is very similar. It is aligned with SR in that we want to keep our consumers at home and in their community living independently. And we do that by providing them with low vision aids. We have teaching, assistive technology training, orientation and mobility.

How do we work with the Carroll Center? The eligibility -- I'm sorry, I skipped over that one. Eligibility is people who are over the age of 55, legally blind, and a resident of the state of Massachusetts. We work with the Carroll Center. They are a primary partner of ours with specialized services for the elder blind program. They do

low vision assessments with a certified low vision specialist. We send consumers for diabetic management training, however, they are doing that remotely now. We are in pilot with some of our consumers and that's working well.

Essential skills is another area where consumers can go to the Carroll Center for two weeks. Unfortunately not now, but to learn intensive skills such as staying safe in the community, travel, kitchen skills, money management, medication management. So that's a very intensive program. We also seek to the Carroll Center for the AT training, assistive technology training. People can go for three hours. They can go for a day, two days, etc. So the Carroll Center has been, like I said, a primary partner of ours for many, many years.

On the peer support groups, these groups started 25 years ago at MCB, and we use two major vendors: The Mass. Association for the Blind and the Sight Well Services down on the Cape. The association manages 37 groups throughout the Commonwealth, and the Sight Well Services manages 12 on the Cape and the island. We are so grateful for all of the work they've been doing in COVID, because the support groups have been -- I'm sorry, on teleconference, so they're still meeting monthly. They're still sharing their challenges, their successes, and

they are emotionally supporting each other through this.

I sit on many of them on the phone, and really it is wonderful to see them continue on.

During COVID, like I said, the groups are meeting. Diabetic management has -- Carroll Center has started a new support group for people with diabetes and they have a nice group right now. In terms of the other thing that we're doing, we are checking in on our consumers. Everyone at the commission is checking in on the consumers to make sure that they're well, they're safe, and to see if they need anything, any services from the commission.

You know, we haven't really missed a beat with the elder blind, other than I know how much they want to be out and about again, and I just hope that we get to see them very soon.

We have a few people who are going to be updating on the Perkins and on the Carroll Center, the others will be that the home visits I believe was already answered.

We will be in communication with all of you, via the website, via phone calls, etc. The status of the Mass. Equipment distribution program, which is the large button phones, are still working partially. Everyone's working remotely, but they are still able to send out phones. And we are able to still do the applications for our consumers.

So with everything said, I'm going to hand it over to Meg Robertson, Director of the Orientation and Mobility Unit.

MEG ROBERTSON: Thank you, Karen. I appreciate it.

I'm Meg Robertson, Director of the Orientation and Mobility Department.

And as you know, orientation and mobility is the ability to move around your home and community safely, efficiently, and travelling wherever you want to go. As we know, this hasn't occurred during COVID-19. So COVID-19 has really impacted different mobility skills.

One of the new things that we're gonna have is for the O&M instructors, and I would consider for travellers out there, is having masks, having hand sanitizer, disposable gloves, disposable arm sleeves for guiding, and Ziploc bags to use when you get into -- when you have to dispose of those items.

We're also going to have to develop new personal procedures, sanitizing your hands when you are entering or exiting a new setting or touching items, such a door handles and elevator buttons. Many buildings now have automatic door openers. You may want to learn where they are located and you can open them with elbows to decrease the amount of touching involved.

You're going to have to clean your cane and dog harness when you come home, and washing your hands upon return. That's probably something you weren't doing ahead of time.

In getting assistance you don't want to assume that having a guide dog or cane will make people aware of your vision loss. Be aware that everybody's going to be wearing masks for the next probably six months, and wearing masks make it difficult to hear and also at that talk through a mask. So just to be aware of that, that's going to be an ongoing issue for a lot of people.

You may want to be using your standard guiding techniques. Again, wearing a mask helps cut down, if you cannot stay six feet away from it, guidance is that you wear a face mask so you can be within a six-foot distance. Having a six-foot distance and a mask gives you added protection, however, you can still use standard techniques.

For adaptive guiding techniques, you can have your guide use a voice guide and that they're in front of you or behind you. You may want to place your hand on the guide's back, keeping you behind them but having some kind of physical touching but using a glove or a paper towel that's a barrier between you and the physical touching of the guide.

You may want to use an extra cane between you and

the guide that would be giving you the six-foot distance. A shopping carriage when you're shopping, you're pushing the carriage and the guide is in the front.

The next big thing that's impact for COVID-19 is in the environments. A lot of places now that you can't just show up and sit in a waiting area, their expectation is that you have a car and that they don't recognize that people don't always have cars. And this is not just for you, this is for people who don't have transit. Check before you go to an area and find out if where this waiting area is or what they need to set up for you to come. You can't just show up anymore at places. You need to be sure that you know what the procedures and policies are within that area.

One-way store aisles and sidewalks. Shopping is no longer a leisurely event. You will have to go in with your list and go up in the order of the aisles and locate your items. Seating areas are restricted for example for pews for churches. You're going to have to be guided to an area where you're going to sit in.

As for one-way entrances and exits to get in and out of the stores. You will go in one way and you will exit another way.

Queues to get into the store. So there will be lines to get into the store. Again, six-foot distances between

them, and you may need some additional assistance. And you need to check with the stores on how that's going to be set up. And again, there's limited seating areas everywhere. They have removed benches. They have removed seating areas. So in areas that you're used to having a seating area, there may not be.

Another environment issue are the pedestrian environments. There's a lot more construction going on, and they don't always have the proper pedestrian barricades. I've been advocating to towns about that issue. Outdoor restaurant area seating has expanded or may be in a location that they did not have outdoor restaurant seating. There will be sidewalk access but just be aware there may be more obstacles that weren't there before. Some sidewalks have been expanded into the street. Traffic volumes are different, and a lot of new bicycle lanes have been set up and that may impact your street crossings.

You're going to need preparation for trips. You have to decide Is this a trip or errand I need? Is there another option? And we're all doing that, too. We're either buying things in bulk or doing one shopping trip a week or a month that we may have done every other day or whatnot. And again, having a list of items that you need. So the stores expect you to be in and out. They don't



expect you to have a leisurely visit to the store. The big thing is to call ahead and ask the business or store, what changes have been made for COVID-19? And you are expecting a guide or think you need assistance, please check with them and see if that's going to be provided. And you may have to direct them on how, what precautions you are using to keep the guide safe as well. And you may want to be wearing -- have extra masks with you to share.

The big thing with wearing masks is we're going to be wearing masks when we're outdoors or going into businesses for the next six months probably. So practice wearing your mask, get used to it. It takes a while to get adjusted. Your glasses may steam up if you're wearing sunglasses, and that means it's not tight enough. So you're going to have to get used to wearing a mask. Practice before going out. It may impact your facial vision. That should decrease more when you're using it more, but definitely practice and familiarize yourself with the indoor environments before going out.

One of the questions we're getting is about transportation. A lot of people are not travelling out and about, and that's going to be changing. The transportation schedules have been limited in most -- in MBTA and RTAs around the state. They're usually doing

Saturday schedules. This will ramp up once we move into the next phase, but we're not really sure how quick it will be.

Loading of busses. People are loading now from the back. However, people with disabilities and people that need to load from the front, are still able to do that.

Be aware that there are plastic barricades between you and the bus driver now. The bus driver will be wearing a mask and you'll be wearing a mask, so communication is definitely going to be a little more difficult.

Paratransit, different systems have different rules. A lot of paratransits are only doing essential trips. So not recreational trips or trips to your hairdresser or whatnot. If they're food or medical appointments, you need to check with your paratransit.

The RIDE is doing, is not doing shared at this point. That will change in the future as they ramp up, but right now they will only have one person on the RIDE and it will be dropping you directly at your destination.

For the subway, there's been no changes in the subway at this point. However, the only one change is the elevators only -- they're only allowing one passenger at a time. And along all transit systems, you are wearing masks, and all the employees are wearing masks.

The Charlie store is remaining closed. You can call the customer support number, and they will get back to you if you have a Charlie card question on your blind access card.

And cabs, Uber, and Lyfts, they have their own policies and procedures, and so you need to check with them and decide, find out what the policies and procedure is in regards to drop offs and pick ups.

Again, call the O&M department if you have any questions especially as we open up more and there is more options to get out there and get around.

So please do that.

We'll take questions at the end.

That's all for orientation mobility right now.

I'm very happy to introduce Alexander Pooler, the Assistive Technology Director.

ALEXANDER POOLER: Thanks a lot, Meg. Good afternoon. Welcome everyone here. For those new to the program and MCB, MCB assistive technology program, and we shorten it up to AT instead of saying assistive technology, provides adaptive devices to people who are blind and helps them in workplace, classroom, or consumer home. We look for technology-based solutions to help improve the mobility and independence of our consumers both in the community and in their workplace

institution or in their home.

And so we've got three questions that we are getting quite constantly these days over to the program.

One of them is how is MCB able to work with people in long-term care facilities? And the answer is we have to get really creative these days. The old normal is we would work extensively with our consumer on a one-on-one basis. And in addition to working with them on the technology, we also worked a lot in social interactions in relationships with those individuals. With the new normal, unfortunately that's not possible. Eventually we'll get back to that. For now things have changed and we need to adapt to that, but the need for our services for those consumers that has not changed.

What does that mean?

It means we get a little more creative about how we're working with our consumers in those facilities. We use a lot of the same tools for learning for any of our consumers. It could be a phone call. Maybe we do a digital meeting similar to the Zoom meeting we're all on right now, or we find some other technology that we're able to leverage to work with those consumers. It doesn't mean we're going to have the best solution for every one of our consumers. A lot of it is going to be limited by the technology on both sides, both what the consumer has and what we have,

and their ability to interact with the tools that we have at our disposal to work with them remotely. Just because we run into an issue, that doesn't mean that we're out of options. There is no one solution for all of our consumers, especially when practicing social distancing. So we've gotten very creative to the point of one consumer that we worked with, a recent success story, we actually worked with the family of the consumer on developing a skill set for them. We got the assistive technology to the family. They had to get it to the consumer at the long-term care facility. And they were able to pass on what we were teaching to them to a home health aide who did have access to that person in that facility. That's a great way for us to kind of approach this. It's thinking out of the box, thinking a little more differently. It doesn't necessarily mean we're going to have that same level of success every time, but we're trying to figure out ways to do that.

The next question we have is: Is MCB able to train on adaptive software remotely? The answer is yes, we are. We have a few tools that we're able to use on how to train remotely. JAWS tandem is a big one when it comes to JAWS training. We're using other technologies much like the same of any distance teaching, including Zoom meetings, Microsoft Teams and Team Viewer. We do

see some limitations with these technologies. They're not always accessible for both consumers and sometimes for our own AT staff. We're always looking for ways to improve and update what tools we have at our disposal. In fact, in the last month we started to look at two new tools we hope could improve our ability to work with our consumers and their AT needs when it comes to software, and that includes adaptive software especially. Not every tool is going to work for every person with AT technology. There's always limitations. We'll do our best to find the best possible solution to work with our consumers remotely.

And the last one is a reoccurring question you've heard several times already, and that is: What can MCB do for working with video conferencing and especially with accessibility?

And the answer is we have a teamed approach here at MCB that we can work with individuals on video conferencing and accessibility. We started our COVID response back in March. We didn't have a lot of phone calls particularly back then on video conferencing, but by the end of the month, everyone was passionately talking about how to use these in meetings. And that's just the norm for our consumer and the norm here at MCB as well.

That's a lot of information, really quick, brief. If you

have questions, feel free to reach out to me at MCB. And I'm going to pass it off now to Mr. Joe Buizon, Employment Services at MCB. Mr. Buizon, the floor is yours.

JOE BUIZON: Alexander, thank you. Good morning to all of you and appreciate you being here today. As Alex had mentioned, my name is Joe Buizon. I oversee our employment services unit at MCB.

And what is employment services? As a quick recap, we work hand-in-hand with the VR counselors, in addition to the entire MCB team, to supply a suite of services to individuals to get gainful employment. And with this I'm going to give a high level, half a dozen programs that we have within the unit.

So first and foremost, things that have changed as I mentioned them the last Town Hall, because of the COVID-19, we still and will continue to help people apply for unemployment if that's needed.

And that's No. 1.

No. 2, very proud to say about a premier program with the internship that Deputy Commissioner had mentioned, it's going on its 17th year. We broke ground and the first time ever we had our internship opening ceremony yesterday as well as soft skills training a week before virtually. And we also created something called peer-to-peer power, PPP, where all of the youth got

together, posted the celebration, and really just networked. So we're moving forward seizing the momentum. And even with the circumstances I feel confident the good amount of interns will be placed as the government continues to open up.

No. 3 is the mentoring, virtual mentoring. We had done that before the pandemic even hit. We got two recent referrals that are young people who are visually impaired, and we soon are going to place them with some -- or two individuals that are currently working still in the Commonwealth as close to their major as possible. And we're working with our non-profit organization to make that happen.

No. 4 is kind of our robust employment now initiative, right? Everything we do in this unit is employment now. We work with the local hospitals and our other non-profits to have a six-month internship program. In our last Town Hall these individuals were not staying idle because of the situation, they were still actively applying, getting ready, and I'm really pleased to say that four of them already received employment. One at the actual hospital, No. 2, at a place in the North Shore in IT. The others got hired within the health industry but in the surrounding towns of Boston and Somerville. So the last individual, he's not discouraged, he has a second interview with a local state



organization. So please cross your fingers and toes for him, and I will provide an update on his situation relatively soon.

That's the employment now initiative.

And No. 5 is our job fair. We are vastly approaching, the calendar continues to flip. We're going to pivot and go virtual for the first time. Please stay tuned. We're going to switch things in the sense that we're going to have two or three sessions via Zoom so that it's more easier to consume with a lot of this online learning. So please, you'll be hearing from us about how you can potentially participate and engage with us.

No. 6, last but not least, we continue to help people apply for positions. Online we'll do that either virtual or a three-way call. We're being as creative as possible. Naturally, with the circumstances we've been creative, if you will, with the diversity that we all have in terms of low vision and blindness, so in that aspect, that's nothing new.

And then last, but not least, what questions are we getting now? The top three is: How can we access the services of employment services with your VR counselor? If you have one, the single point of contact they're at the agency. If not, there are different ways to get to us, myself and Carol, Carol Cullins. You can e-mail, call us. You can reach out to us to social media. So there are

different ways to really get a hold of us to see if any of these programs that I quickly mentioned is appropriate for you now, or weeks and months or years to come, because we meet the consumers where they are.

And then the second question is: What jobs are available? What industries are truly hiring? So you mentioned -- you heard Deputy Oliveira say we run on Dunkin. It's completely situational. The four stages have been laid out. Once we know who you are, what your skill sets are and then who our friends in the community, then we can really connect you to them via e-mail and informational standpoint and the list goes on how we can continue to collaborate.

And last but not least a question that maybe we have partners on the call, which I'm sure we do, and hello to all of you. Or potential new organizations that will kind of work with us. How can you do that? We have a very, very robust social media now which we did not have in the past, and kudos to David D'Arcangelo our Commissioner and Carla for establishing that. So please reach out to us in LinkedIn, YouTube, all of those things. That's how you can work with us on that front. And I want to give a shout out to Harvard. Our last call we had Harvard reached out and said what can we do? I know we're an existing partner, and we have participants come and talk to

Harvard. What do they do? How can they potentially apply? And so we're excited there.

What I want to do now is turn it over to my colleague Susan Lavin, the Director of Programs who will tell you about children's services. So have a good day and have a wonderful weekend. Thanks so much.

SUSAN LAVIN: Thanks, Joe. Good afternoon everybody. Children services -- the children social workers are located in each geographical region. The six geographical regions throughout Massachusetts. We currently serve 1,220 students children ages 0-14.

The overall services we provide, the social workers provide case management, educational advocacy and parental support. They provide socialization and recreational opportunities that MCB funds. Information referral for a variety of services and benefits. Assistance and advocacy in accessing public benefits and in-home supports. Respite care and flexible family supports. Certifications of the talking book program, and assistance with home modification as funding permits.

So the three most common questions that our six children social workers are currently getting with COVID-19: The first one is about available education support and advocacy. That as you've heard from my colleagues earlier on the call is done differently, creatively,

a lot of Zoom IEPs. We do continue to advocate. We have an official from DESE that sits on our advisory counsel, so we have a nice in there.

Each -- those of you that have reached out to your child's social worker at MCB knows this. They are dedicated social workers that will go the extra mile, try to be creative to get whatever support or advocacy that your child needs.

MCB respite funds, we do have some funding available. That is based on a financial eligibility. So your children's social worker will work at -- that form out with you, to figure out if that's something we can provide.

And community financial resources for food, rent, and utilities. Mass.gov has a listing and the MCB has a listing. And the best place is to go to your child's MCB social worker, because they have some local resources that you may not find on Mass.gov or the MCB website.

If you don't know who your child's social worker is, give me a call or e-mail me at Susan.lavin@mass.gov. Or the main number and just say my name. I wish you all be well, and I'm going to throw it back to the Commissioner.

COMM. D'ARCANGELO: Shout outs to everybody! Great job to the teams that were presenting. I hope you are all very informed by that.

We are joined by a number of our partners that we

work close with and collaborate who I think we're going to give a few minutes to give some updates related to the current situation.

So, I'm not sure who would like to go first. I know we have people from the Carroll Center for the Blind, from some other organizations too.

GINA RUSSO: Hello. This is Gina Russo. I'm from the Perkins Library and I wanted to give an update on our library services.

We have begun to restore services gradually. We still have a limited number of people in the building. Most of our employees are working remotely, as we are working to test our remote access equipment and get everything going so that we can open fully, which we plan to do on Monday, June 8th.

We will start opening and answering the phone lines from nine a.m. to three, Monday through Friday. However, we will only be able to send out books on Mondays and Thursdays as we still have a stockpile of books that came in while we have been closed that we're trying to widdle down and get those processed. We do have strict guidelines for quarantining in-coming books and leaving them for several days. There will be delays still with that process as well. We are being diligent about following the guidelines and having PPE and things like

that for our employees. The campus of Perkins is still closed, so we can't provide curbside pickup or have any visitors to the library itself, but you're still welcome to call. And like I said on Monday, you will be able to reach our reader advisors and access services over the phone. We are sending out books. That first week we sent out 5500 books within two days. This week we sent out over 1300 books.

COMM. D'ARCANGELO: Wow!

GINA RUSSO: So a lot of stuff is going out and people are starting to receive their books. Our dots and decibels just went out. So, please call the library. As I said, our hours will be limited, nine to three, but we're happy to help. Just be patient as we work to restore our services.

COMM. D'ARCANGELO: Gina, thank you so much for that update. I know at MCB we field a lot of those questions, and I'm sure everybody on this Zoom here is pleased to learn you're opening back up. And that's great, and how many books you processed in such a quick period of time. Great job.

GINA RUSSO: Our shipping department is working nonstop. They are there and they want to be sure to get as many books out to people as possible. We're trying to send out extra books. If you call and ask for several

books we may send more than that. The post office has been overtaxed. Please be patient. Your books are coming. And we're still here also to support BARD and newslines and library without walls. And we're also doing Zoom activities, Monday, Wednesday and Fridays we're doing trivia. And Friday we're doing listening lab. And tonight we're doing a musical concert. And these are over Zoom, but you're able to join them by telephone. We have a toll free number setup, you don't need a computer or Zoom knowledge to enjoy. If you need more information, call the Perkins Library 617-972-7240 and we can help you with that.

COMM. D'ARCANGELO: Thank you for your work. To you and Kim Charlson and everybody else over there, thank you.

GINA: Thank you so much.

COMM. D'ARCANGELO: And now to Dina Rosenbaum for the Carroll Center for the Blind?

DINA: Thank you. Thank you, Commissioner, for inviting us to let the consumers know what we are doing.

We have been providing remote instruction in all areas of independent learning and technology and support for seniors and diabetes education as Karen Hatcher had mentioned. We have been continuing to do that for all ages, but we're also now planning to resume services

face-to-face to consumers. So we're hoping that starting on June 15th we'll be providing face-to-face services in the community for mobility services, face-to-face limited training at the Carroll Center for consumers, and diabetes education.

Low vision will also be returning to face-to-face services. And while our store has been open for web phone orders and curbside pickup, we are making plans for the store to open for appointments only during Phase II of the Governor's phased opening.

So I just want to encourage people that we're here. We're here to support you, provide you with training and resources that you need. We're thankful to the support that the Commission has provided us to continue to provide our services. We want to encourage you to call us or e-mail with inquiries about programs now or in the future.

COMM. D'ARCANGELO: Thank you so much. We appreciate you. Such a great collaboration. We want to continue to keep it strong, which I think we've been doing. And thank you for your flexibility and for the consumer's flexibility here recognizing the situation. We want to keep everybody safe. I know that's first and foremost in President Donnelly's mind and in yours Dina. Safety first but we can still provide the services.



Thank you for that.

COMM. D'ARCANGELO: Next, I think we're going to go to Sassy from MABVI. Are you there?

SASSY ATWATER: I am. Thank you for giving us an opportunity to talk. We are absolutely open. We have remained open the entire time that COVID has been going on. All of our services pivoted to remote services, and we started doing immediately our support groups went virtual. So they were conducted by phone. And that will continue to go on, even when senior centers reopen and our support groups meet back out into the community and go face-to-face over the coming couple of months, we will continue to have call-in information available for each group meeting. So if you need to continue to stay home and you are dealing with an immunocompromised person or something else is going on with you with a transportation access barrier, don't worry you can call in for support groups. We also have our peer support specialists and social workers available for mental health counselling and support. We have -- our OT is getting ready to go back out into the community to do face-to-face. They will be wearing full PPEs. So we're talking gowns, gloves, and masks for every home visit that they do to keep themselves safe and you safe when they're with you. Our O&M team is getting ready to

resume services, and we're working with various groups to make sure that that goes safely. And we also have our volunteer group ready to resume services within the next four to six weeks we hope. They are still providing remote social distance services. If you have trouble obtaining food. If you need help with picking up medication. Things like that, these are still available services. You can call our volunteer team and request assistance from a volunteer to do that. We have a program in place for those in need. We also are currently still running our access technology program. We have one to one training available remotely. And we also have group classes available remotely for support from other people who are going through the same lessons you are. And our instructors remain committed to doing different apps, different experiences. Each one each week we're covering different topics and those are also video archived. If you miss a class, you can catch it up later. So there are a variety of different ways we're reaching people. We're not limiting ourselves to one method here. There will be face-to-face and phone support going on at least through the end of 2020. If you need phone support and that's been working better for, we have that available. If you need in-person support that will be going on for the next month or two months as we open those services up.

We look forward to working with you.

If you need more information about us we are at MABVI.org or at 877-613-2777.

Thank you so much, Commissioner. And I wish everyone well. Please stay safe.

COMM. D'ARCANGELO: Thank you, Sassy. And thank you to all of our community collaborators and partners that we work so closely with for joining us today and for giving those updates.

COMM. D'ARCANGELO: Thank you, thank you for the great job. Thank you for everybody who participated today. Both our team putting the presentations together and you all for joining. Again, if we didn't get to your question, sorry we ran out of time. Please, contact us. Call us, e-mail us. Get in touch with us, we're there to serve you...Okay, folks, so we're going to continue to do these virtual Town Halls. We hope you're able to get value out of it. We're trying our best for you during these challenging times. Please contact us. I hope you have a great day.

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