**MCDHH Statewide Advisory Council Meeting**

**Zoom - Remote**

**September 19, 2024**

**5:30 – 7:30 pm**

**Meeting Minutes**

**SAC Members present:**

**Michelle Motto Dardeno (MMD)**

**Dottie Griffith (DG)**

**Michelle Dunn (MD)**

**Brock Cordeiro (BC)**

**SAC Members not in attendance:**

**Ellen Perkins (EP)**

**Jessica Rich (JR)**

**Zinma Camelio (ZC)**

**MCDHH Staff:**

**Commissioner Opeoluwa Sotonwa (OS)**

**Sharon Harrison (SH)**

**Sehin Mekuria (SM)**

**April Smith (AS)**

**Crista Lambert (CL)**

**Attendees from the community:**

**Renee Coutts (RC)**

**Lee Nettles (LN)**

**Sue Philip (SP)**

**Anthony Russo (AR)**

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| **Agenda Topic** | **Discussion** | **Action Item** |
| Welcome | Established Quorum  Communication Protocols  Introductions  Review of Agenda |  |
| Review of Minutes from June 27, 2024 | MMD inquired about the distribution of the June 27th meeting minutes. HD informed the Council that the minutes had not yet been received but would be shared with members once available.  Due to the absence of the June 27th minutes, MMD suggested postponing the review and approval until the next meeting in October. The Council agreed without objection. | **ACTION:** HD to send the 06/27 Meeting Minutes to the SAC members. |
| SAC Bylaw Reviews Update | OS thanked the SAC members for their work on the Bylaws amendment process. He reported that the General Counsel, Caitlin, has presented the Bylaws to the EOHHS for review. He explained that the Bylaws are part of state statute, specifically Chapter 195, and must be amended by the legislature before finalization.  OS outlined two options for filing the amendment with the legislature: as part of the supplementary budget or as an outside section. He committed to keeping the SAC updated on the progress.  MMD inquired about any potential issues raised during the external review. OS responded that while the legislature may propose changes, the process is generally procedural and should not encounter significant problems.  No further questions were raised from SAC members. |  |
| **Chairperson’s Report** | MMD began by acknowledging the quiet period over the summer and expressed gratitude to HD for her efforts to organize an in-person meeting. She noted that the original intention was to hold this meeting face-to-face to foster teamwork and brainstorming for the upcoming year’s agenda. However, only four members were available to meet in person, prompting a discussion about future meeting logistics.  MMD emphasized the importance of meeting as a group to lay a strong foundation for the year. She suggested that HD consider alternative arrangements, such as a later start time to accommodate members’ travel. Specifically, she proposed moving the meeting time to 6:30 or 7:00 PM, rather than the current 5:30 PM start time, to facilitate attendance. Additionally, she mentioned the possibility of holding meetings outside of the city, such as in Worcester, to ease travel challenges for members.  MMD opened the floor to members for their thoughts on meeting in person.  BC shared his support for in-person meetings, recalling his previous travels to Boston for meetings. However, he noted that his current work schedule made evening meetings challenging. He recommended considering a virtual option for future meetings and suggested that Saturday morning meetings might work better for many members.  DG agreed with BC, highlighting traffic concerns and the exhaustion that comes with weekday meetings. She proposed a weekend meeting, perhaps on a Sunday, in a central location like Dartmouth or Framingham, to make attendance more manageable for members.  MD expressed similar sentiments, indicating that weekends would be preferable for her as well. She acknowledged her flexibility for in-person meetings but reiterated her preference for weekends over weekdays.  OS interjected, acknowledging the benefits of weekend meetings for members but expressing concerns regarding staff overtime and budget implications. He emphasized the importance of balancing effective SAC operations with staff availability and suggested that scheduling weekend meetings would require careful planning to respect staff time and budget constraints.  MMD then suggested taking the discussion offline to consult with OS and HD about potential meeting options, emphasizing the need to balance community engagement and logistical considerations.  MMD shifted the discussion to member engagement, highlighting the importance of bringing community concerns to the SAC. She acknowledged the need to discuss the roles of Chair and Vice Chair.  OS emphasized the Vice Chair's role as a mentorship opportunity for future Chairs, encouraging members to consider stepping into these leadership roles. He clarified that while the bylaws allow for elections every two years, members could nominate anyone for either position, stressing the importance of building a strong SAC to effectively represent the community.  MMD opened the floor for discussion, inviting thoughts from SAC members, particularly newer members who may have questions about the nomination process.  MD inquired about the nomination process for Chair and Vice Chair, seeking clarification on whether the Vice Chair would automatically assume the Chair position or if the role was open to others.  OS reiterated that the Vice Chair steps in when the Chair is unavailable and that there is flexibility in leadership succession.  BC advocated for a mentorship approach, suggesting that the experience of a Vice Chair could help prepare members for the Chair role. He acknowledged the challenges associated with these leadership positions and expressed interest in training a potential successor to ensure a smooth transition.  DG contributed that, as a Deaf member of the SAC, her lived experience and familiarity with community issues could make her a suitable representative in legislative discussions, underscoring the value of having a Deaf face advocating for the community. | **ACTION:** MMD and OS will take the meeting logistics discussion offline to explore alternative meeting arrangements, such as adjusting the time to 6:30 or 7:00 PM, weekend meetings, or hybrid options. They will also consider locations outside of the city, like Worcester. |
| **Legislative Task Force Report -**Tracking Bills for 2023 - 2024 | BC provided an overview of the current status of the tracked legislation, noting that he had updated the spreadsheet of tracked bills since the last update in mid-June. He reported that a significant amount of activity had occurred due to the end of formal sessions and the fiscal year, resulting in many bills being sent to study or not reported out of their respective committees. Currently, **68 bills are being tracked**, with *seven added since the last report*. Of these, 15 bills had seen activity since June 16, with only one bill, regarding the improvement of quality and oversight of long-term care, being signed into law by the Governor during this session.  BC explained that the council is currently in informal sessions, during which only the most essential or noncontroversial bills typically pass. He indicated that any single legislator could object to a bill being heard in this session. The council will remain in this session until the end of the year, December 31, marking the conclusion of the 193rd General Court. He emphasized that bills not passed and signed into law by year-end will die and need to be re-filed in January with the commencement of the new legislative cycle.  BC encouraged members to be prepared to approach their legislators to re-file any important bills in January, sharing his own experience of securing sponsors for a personal bill he plans to re-file. He acknowledged that while there is still time for action before the year's end, the opportunity is dwindling, and the legislative process becomes more challenging.  MMD thanked BC for the update and suggested revisiting an approach the council had not used in several years: prioritizing the bills of importance to the SAC. She proposed that in a future meeting, the council could review and prioritize the bills to focus their advocacy efforts on a smaller number of key pieces of legislation.  BC agreed with MMD’s suggestion and referenced the method used by the American Cancer Society’s advocacy group, which focuses on prioritizing a limited number of bills for organized lobbying efforts. He explained that by narrowing their focus, the group could mobilize effectively during lobby days, providing a clear strategy and support for key legislation.  MMD proposed brainstorming a list of priority bills and then inviting their sponsors to discuss their legislation with the council, emphasizing the importance of community voices being heard in the legislative process.  BC concurred, highlighting the significance of community members testifying in support of bills and the necessity for the council to act as a liaison between various advocacy groups and legislators.  The discussion continued, with MMD recalling a previous practice of developing talking points for use during advocacy efforts. BC noted the potential for creating visibility and advocacy initiatives around Deaf and Hard of Hearing Awareness Month, suggesting collaboration with organizations such as DEAF, Inc. and HLAA chapters to strengthen their advocacy efforts.  MMD expressed gratitude for the productive brainstorming session and for BC's openness to leading this initiative. She then asked if anyone else had thoughts or contributions regarding the discussions.  With no further comments, she requested that Heather add this discussion as an action item for follow-up in the minutes. | **ACTION:** Follow up on the prioritization of bills for future meetings and discuss inviting bill sponsors to present to the council. |
| **Commissioner’s Report** | MCDHH Updates from Commissioner, PowerPoint attached. |  |
| **SAC Members** | **VRIs in Medical Settings** – *DG*  DG presented her concerns about the use of Video Remote Interpreting (VRI) in medical settings. She highlighted issues related to the unreliable Wi-Fi connectivity in medical offices, which causes VRI services to be ineffective. Specifically, she explained that she has had multiple appointments where the Wi-Fi was unstable, leading to her inability to fully comprehend medical information during critical procedures, such as surgeries.  DG emphasized the challenges of using one hand to sign while holding the VRI device, and the resulting negative impact on her emotional and physical well-being. She further noted that despite reaching out to hospital administrators, the issue remains unresolved, especially in facilities with high turnover. Often, staff are not properly trained in arranging interpreting services, and in some instances, appointments have been scheduled far from her preferred location, adding stress to the situation.  DG called for legislative action to address these recurring issues in medical settings, citing that communication access is a fundamental need for Deaf and hard-of-hearing patients.  **Discussion:**  OS acknowledged DG's concerns, noting that many community members share similar experiences. He suggested that the SAC consider legislative action focused on the **right to communication choice**, where Deaf patients are empowered to select between in-person interpreters or VRI based on their preference.  OS highlighted the importance of documenting communication preferences in patients' medical charts, ensuring that their needs are addressed in a timely manner. He also cautioned that the wording of any proposed legislation must be carefully crafted to avoid opposition, particularly from healthcare providers.  BC shared his experience working in a neurology department, where VRI is the default method of communication for Deaf and hard-of-hearing patients. BC explained that while some patients benefit from VRI, others, particularly individuals with specific needs such as being DeafBlind, require in-person interpreters. He emphasized the importance of ensuring that patient communication preferences are noted in medical records and respected by all staff. BC expressed his support for further education and legislative efforts to improve communication access in medical settings and advocated for better staff training on the use of interpreting services.  MD echoed DG's concerns and shared similar challenges from her work in the mental health field. She suggested legislative advocacy to create guidelines and requirements for the use of VRI and to ensure high-quality internet service where VRI is used. She also proposed that hospitals take the initiative to request training on serving deaf and hard of hearing patients. Michelle emphasized the need for policies that mandate ongoing training for hospital staff, particularly in light of high staff turnover.  MMD pointed out that while legislative advocacy could bring long-term change, it is a slow process and may not address the immediate needs expressed by community members. She suggested exploring the Commission’s relationships with hospital associations and the Department of Public Health to push for changes at the institutional level, which could yield more immediate results.  OS agreed that while legislative advocacy is important, immediate action should be taken through education and collaboration with hospital associations. He mentioned the importance of working with Secretary Walsh, who has a background in hospital administration, to bring this issue to the attention of hospital boards and medical societies. | **ACTION: Training for Medical Staff**: MCDHH - CSD will continue providing advocacy and education for medical providers on interpreting services and the importance of respecting patients’ communication preferences.  **Responsible Party:**   * Community Service Department (**CSD**) &   **ACTION:** OS will reach out to SEC Walsh to explore opportunities for MCDHH to collaborate with hospital associations and the Department of Public Health (DPH) to raise awareness of the communication access issues in medical settings. |
| **SAC Announcements, Next Meeting** | |  |  | | --- | --- | | ~~1~~ | ~~September 19, 2024~~ | | ~~2~~ | ~~October 17, 2024~~ | | 3 | November 14, 2024 | | 4 | December 19, 2024 | | 5 | January 16, 2025 | | 6 | February 20, 2025 | | 7 | March 20, 2025 | | 8 | April 17, 2025 | | 9 | May 15, 2025 | | 10 | June 12, 2025 | |  |