

EXECUTIVE BOARD

COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

January 28, 2009

MINUTES

In attendance were:

EXECUTIVE BOARD

Co-chairmen

Alan R. Morse, JD, PhD

Charles Richardson

Members

John Bartimole

Christina Curry,

Maria Garcia

Karen Gourgey, EdD

Cantor, Dr. Mindy Jacobsen

Julie Phillipson

Tom Robertson

David Stayer, LCSW

COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

Brian Daniels, Associate Commissioner

Peter Crowley , Assistant Commissioner

Joseph Nye, Liaison to the Board

Absent were:

Carena Collura

Tara Cortes, RN, PhD

Luis Mendez, Esq.

The meeting was called to order at 9:00 and it was determined that, due to the inclement weather, this would be a short one.

The first order of business was the reading of the resolution in favor of certification. It reads as follows:

RESOLUTION SUPPORTING CERTIFICATION OF REHABILITATION AND
ORIENTATION & MOBILITY TEACHERS

WHEREAS, with provision of appropriate rehabilitation Teaching (“RT”)and Orientation and Mobility (“O&M”), New Yorkers who are legally blind, can maximize personal independence, and;

WHEREAS, important goals in providing RT and O&M instruction include MAXIMIZING INDEPENDENCE, personal self confidence and personal safety; and

WHEREAS, over the past seventy-five years methodologies , techniques and approaches to RT and O&M have been developed; and

WHEREAS, the knowledge, skills and abilities required to safely and effectively impart techniques and information and to assess and adapt environments to maximize independence, personal safety and self-confidence require specialized training; and

WHEREAS, a system of certification would assure that individuals providing RT or O&M to legally blind New Yorkers have demonstrated the knowledge, skills and abilities to do so; NOW BE IT:

RESOLVED, that this Executive Board does hereby signify its support for the development and implementation, By the New York State Department of Education, of a process for certifying individuals seeking to provide RT or O&M to legally blind new Yorkers that assures that such persons possess the requisite knowledge, skills and abilities to do so; and,

RESOLVED; that any individual currently providing RT or O&M continue to be allowed to do so, subject to such continuing education requirements as the State may deem appropriate; and

RESOLVED, that in developing certification, and continuing education requirements for current and future practitioners, due consideration be given to recognizing and crediting any relevant course of study and relevant past experience; and

Resolved that nothing contained herein shall be construed as precluding other duly licensed or certified individuals from providing services or rendering treatment to New Yorkers who are blind, within the scope of their license.

REVISED WORK PLAN

The governor's office is anxious to receive our report as soon as possible and has assigned a writer to work with John and Luis to create the first draft. When that is complete, the writer from the Governor's office will turn it into language that he believes the public will understand easily, and by approximately March 17, we will have the chance to review it. We hope to be able to re-work, if necessary, and finalize the report at our March 25th meeting.

Reports will be submitted by:

EDUCATION: Maria, with assistance from Carena, if necessary, and Tom to assist in the paring down process

TECHNOLOGY: Karen, with assistance from Mindy, if necessary

RANDOLPH-SHEPERD: Charlie

VOC REHAB: Tom, with assistance from Julie, if necessary

TRANSPORTATION: Julie (not in original plan, but deemed necessary by the Board)

SOCIAL SERVICES: David and Christina

OLDER SERVICES: Mindy

COMPLETED DRAFT: Alan and Tara

John asked that the committees submit final drafts and said that the only thing the members will not see by March 17th is the executive summary which will be written after everything else is complete. Alan suggested that we mark our copies with the changes we would like to bring up so that we can go over the report

thoroughly. The Board is hopeful that next year's report will be easier because of the work of this year.

HOUSEKEEPING

The Board is concerned for the members who must lose a day's pay to come to these meetings. David observed that, after some six years of using personal leave time while serving on the STATE REHABILITATION COUNCIL, (SRC), a letter was written that enabled him to take the necessary time as administrative leave. The Executive Board asks if this would be possible for our members as well. Joe Nye explained that members could request letters from the COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED(CBVH) affirming our attendance, but, voicing the sense of those who raised the issue, Maria hoped that a deeper statement from the office of the Governor, informing the employer of the importance of these meetings, the value placed upon the member, and requesting that the employer reimburse the employee for the day, might be available to those working for one of the branches of the government – County, City, or State. Marc Leinung asked David for a copy of the letter written for him, for reference, and said that he would try to assist the members. Alan asked if Marc knew of any precedence for granting this type of request and Marc didn't, but said that he would check into it. Charlie asked if there was any reason that, up to a limit, child care couldn't be reimbursed and Marc responded that, at a time when the State is trying to cut expenses, it might not be prudent to request one that is not usually granted. He also voiced the concern that so many parents participate in boards and committees like ours that granting such a request could present a fiscal expense that could easily become uncontrollable. Brian told the Board that, because of the amount of traveling he does, he is intimately familiar with the OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS) policy which covers only transportation, hotel and meals. Charlie pointed to the fact that parents on this Board represent their blind children and felt that that is what makes the difference. The Board decided to try to get the administrative leave issue ironed out and to, possibly, revisit the issue of parents of blind children at a later date, when the budget is experiencing less crisis. In answer to a question posed by Charlie, Brian said that the Executive Board is sustained by OCFS dollars and is, therefore, subject to the rules and policies of the OCFS. Charlie, voicing the sense of many members, understands that the board was formed to address the needs of the entire blind community, not just the part covered by the CBVH, and that we are reporting to the Governor and the Legislature.

The minutes of the December second Executive Board meeting were then approved as submitted.

Mindy told the Board that the NFBNY site would be archiving the recordings of these meetings and asked whether or not anyone would like, either a link, or a copy of the recordings for their web sites. Karen said that She would be interested in a link. Mindy said that this was not a static offer and that it could be taken advantage of at any time.

Alan asked if anyone had any comments about the report we will be submitting. Karen, then, said that the Technology committee would like to get a sense of the ATC'S and their procedures. She thought that there might have been a misunderstanding regarding the policy that disallows addition or removal of software while a case was opened. The truth is that only that which is unrelated to a client's profession is prohibited from being added. Charlie suggested that committees having a difficult time getting their minds around an issue bring Brian's knowledge into their equations because his insight had been so helpful to the tech committee.

Julie said that some of her conclusions were not what she had intended so John and Karen will help her to correct them.

THE BLANK SLATE

The concept is that we are in a state with no services. How do we build them? A discussion ensued that embodied the following ideas.

Detection of blindness or visual impairment would be covered in medical school so that doctors' Diagnosis would take place as soon as blindness could be detected, either during pregnancy, or while mother and baby were still in the hospital. Also, issues of sensitivity to the trauma of parents of, and blind and visually impaired people themselves,

at the time of diagnosis would be studied in med school. Doctors with the ability to diagnose blindness or visual impairment would be expected to know something about the services available to their patients and to make appropriate recommendations.

A “womb to tomb” agency would be developed where services could be contracted out, but the counselors would know enough about age appropriate expectations to evaluate any service for which they requested payment. In this agency, later dubbed the “magic agency”, parents would be clients too – learning how to advocate for their children, and about the needs, capabilities, and general expectations of blind and visually impaired children. A team would be formed as soon as it was clear that blindness or visual impairment issues needed to be taught that would include medical professionals, and agency counselors. Parents would be networked with other parents of blind or visually impaired children and, when deemed ready, successful blind teens and adults who could act as mentors..

The question of funding for these services came up. Should the current allocations be our guide? Should we be discussing the Silos in current use? Should our discussion center around vocational rehabilitation (voc rehab) since such a high percentage of the dollars used to serve our population come from them? Tom suggested that we keep an eye on the federal funds being allocated to the states this year because they should be substantial and, by implication, that a fair share of that needs to be spent on blind and visually impaired students. It was determined that an ideal set of services would be the starting point and that the lack of available funding would be the antithesis that would bring a more workable solution into focus. While we’re not likely to get a perfect system, the paradigm will help us to get a little closer to it.

Part of the difficulty is that, at present, it is not clear where funding for anything other than that which CBVH covers might be sought. There are many areas where professionals disagree e.g. when early intervention should begin. Ophthalmologists, optometrists and family physicians differ with reference to the kind and degree of vision screening that should be done. Interestingly, the hearing community was able to, rather quickly, coalesce around a basic set of core standards, but within the vision community, it has been impossible to get the stake holders to agree.

Should there be silos or should all moneys to various state agencies come from one large pot? Should the agency itself handle all medical and other problems or should there be a counselor, acting as case manager, assigning clients to other state agencies, while remaining aware of all outcomes? The Board began to lean toward a system that could keep track of a client anywhere he/she might travel within the state, and if registered, the client would receive services from whatever agency was appropriate, without him/her needing to be aware of where that service originated. So, for example, if someone needed ophthalmologic assistance, the funds would come from the department of health but a system would be in place that would enable the counselor or anyone else working with the case to be aware of the needs of that individual and the funding for those needs be extracted from the appropriate sources with complete transparency to the client..

The agency would have a section geared toward the needs of low vision clients (20/70 – 20/200) that would deal with rehabilitation while usable vision still exists.

The Board believes that, at the point of vision loss, there should be a system that alerts the magic agency, but wondered about the question of privacy. It was determined that an initial letter might be sent to the individual, informing him/her of available services, but further contact would need to come from him/her.

There was some concern expressed that the “magic agency” not become a monolith. and everyone seemed to be in agreement that private agencies would be doing the work. In the current system CBVH pays a private agency \$0.45 on the dollar, and we all understood that when we discuss this again, some thought would need to be given to other funding avenues through which they might be paid. In summation, Alan said that, since we would need to work on the report at the March meeting, it might be a good idea for us to think through the blank slate concept further and email each other our thoughts and questions until we can get back to the discussion. The concept might assist us with next year’s report by defining more clearly the barriers to service and finding ways to circumvent impediments to them, , discussing what is required for consumers to better access those services, and beginning to develop recommendations that would make the funding for service transparent.

LEGISLATION

The Executive Board would like to be able to make some recommendations to the legislature before it gets too late to do so.

It was determined, unanimously, that the Pedestrian Safety Act would be recommended with a two year time frame for manufacturers to implement the sound emission standard.

We will wait to further discuss the bill regarding the RANDOLPH/SHEPPARD vendors until it has a Senate sponsor.

We will circulate the information regarding NEWSLINE FOR THE BLIND early in March, and vote on it through email.

With reference to the Patients' Bill Of Rights, Assembly member, Linda Rosenthal would be willing to submit it, but needs to know what exactly we want in it and how much it would cost. Although the idea was originally to limit this bill to hospitals, Alan suggested that nursing homes might need to be considered as well. It was generally agreed that the concept of a Patients' Bill Of Rights is valid and ought to be included in our recommendations to the legislature but draft language will have to be adopted. The Assembly Member's office will help with that but needs a clear list of that which should go into it. A discussion of the difficulties surrounding the implementation of a patients' bill of rights followed. It was generally agreed that, although the ADA requires informed choice and blind or visually impaired patients have full access to what they are signing, it is simply not the day to day practice in the field. The law and the reality are not the same.

PUBLIC COMMENT

Carl Jacobsen, President of the NATIONAL FEDERATION OF THE BLIND OF NEW YORK STATE noted that giving birth to this report is more difficult than was

originally thought. He observed that we have had a fifteen month pregnancy. Nevertheless, he complemented the Board on its perseverance and commended our willingness to begin the discussion of the blank slate. In closing, he commented on the hypocrisy of state government when it comes to their treatment of citizen members of boards established by the Government. He noted that persons employed outside of the government are required to charge, either their personal leave, or their vacation time while government employees can attend and call it a day's work. In addition, the denial of reimbursement of legitimate child care expenses seems to indicate insensitivity to needs of parents. Boards are established, allegedly seeking the input of parents, while disregarding the very thing that made them parents, their children.

The meeting was adjourned at 12:30 PM, at which time the Board began its executive session which is not recorded.

Respectfully Submitted

Mindy Jacobsen

Secretary