

Citizens Advisory Committee Meeting
July 26, 2021
MINUTES DRAFT

Attendees:

Suzanne Erb/Networks for Training & Development, Kathy Fogel/BVRS, Alexander Shay/BBVS, Lynn Heitz/ASB, Shari Brightful/BVRS, Andrew Pennington/CAP

WELCOME:

Suzanne Erb opened the meeting starting by thanking all for joining the call, apologized for all technical difficulty and moved forward with introductions of all on call.

PRESENTATION

We are Accessible Pharmacy Services for the Blind. Our corporate headquarters is based in Bucks County. We are a home delivery pharmacy specializing in the blind and low vision community. We are the only provider of its kind, and we are the largest blind owned healthcare company in the country.

A few years ago I was running a healthcare marketing firm, and we were developing strategies around accessibilities. So I really began to immerse myself into the accessibility world to learn as much as I could. I decided to create an advisory committee of people with different disabilities who would give me guidance into the consumer experience of different individuals with different disabilities. I connected up with a friend of mine who I knew from little league. His name was Alex. I didn't know too much about him except that he was blind, nice guy, we both were ball players and we lived in the same neighborhood. Alex and I met up for a cup of coffee and I explained to him what I was looking to do. Little did I know Alex was diagnosed with a retinal condition in his late teens called retinitis pigmentosa. He was going to college and by the time he graduated college, he had lost all his eyesight. He reinvented himself and went back to school and ultimately earned a Ph.D. in Marketing from Drexel University with a specific focus on retail accessibility. He wrote his doctoral dissertation on the accessibility of the top hundred retailers in America to the blind community. How accessible they were at their location, on the telephone and on their website. So I immediately recognized hey this guy could be on my committee, and I could learn from him about the blind experience, but little did I know that Alex is arguably one of the foremost experts in retail accessibility in the country. So in asking him what are you doing with your research, he said he isn't doing too much with it. He's a marketing professor at West Chester University. He teaches undergrad marketing courses. So he says he has all this great research, but it's really just sitting there and I don't have the time or resources to do anything with it. So together we thought why don't we start knocking on the doors of some of these businesses and try to share the research with them and try and do some consulting. We identified the pharmacy vertical as the most problematic, especially for the blind community, and overall the least accessible. So we contacted all the major pharmacy chains and

unfortunately, over the course of 3 months, no one wanted to speak with us or learn about what we had to say. This was like in early 2019. So we thought, what about if we launched our own business really focusing on the accessibility needs of different patient populations. So we developed a business plan and it was a great business plan. We got in the car and airplane and we traveled and met with thought leaders in this state to identify what was and wasn't being done in this state and are there other companies out there who are really pursuing accessible medication management and diabetes management. We learned that there are a lot of companies doing part of it and trying to embrace accessibility, but there was nobody really offering an aid to these solutions. So we ultimately needed a pharmacist partner. We needed someone who understood the pharmacy, because we were just business people. We ended up connecting with Dr. Jason Barrott who became our 3rd business partner. Dr. Barrott is a really interesting guy from Philadelphia who went to University of Sciences. Dr. Barrott knows the retail pharmacy of Bucks County, but he also has a closed door distribution company that specializes in medication management for people with cognitive and intellectual disabilities at different living facilities. So when met with Dr. Barrott, he already had a deep understanding about and embraced the concept of personalized medication. Everyone comes to their medication needs with different abilities, with different cognitive levels, with different levels of caregiver support, different family members, different understanding of technology. So everyone's medication needs to be treated individually, and so for us it was perfect. We got along with Dr. Barrott, we checked him out, he is a trusted person in the community, he has been around a long time, he is close to us, and he really embraced what we were looking to do. So we all got together and decided to launch our business in April 2020. Not knowing what was going to happen with the pandemic, we thought it was just a flu, but nevertheless we jumped in headfirst and launched a Accessible Pharmacy Services for the Blind. We started filing for licenses in various states, and we are currently licensed in 31 states within the country. Our goal is to figure out how to identify and support our patient, so that they can live more independently, live healthier lifestyles and reduce the anxiety of stress that comes with, specifically for the blind and low vision community, managing your medication when you can't read a label, managing your diabetes when you can't see the blood on your glucometer when you are monitoring your glucose. These are all challenges and we want to put together solutions that can help the management of these challenges.

I want to move into my power point now! Essentially, we view our business as embracing 3 spheres, accessible labeling, accessible concierge support and accessible packaging. This is a work in progress. When we reached out to some of these big pharmacy chains, they would say to us things like "Oh we have a DEI committee. We got accessibility covered" or "We have a vice president of accessibility and they have their own team. We don't need any outside consulting. We've got it accessibility covered!" Accessibility is all we do and we are only scratching the surface of what we can do, but it is a work in progress.

So what I am going to share with you are some things that we are doing today, and I will give you a glimpse into some of the things we have and that we are looking to slowly rollout towards the end of this year and beginning of next year.

What does it mean when we say Accessible Concierge Support? What do we provide? We provide prescription medication, over the counter medication, eye drops, insulin and diabetic

supplies, vitamins, nutritional supplements, and we also provide guide dog and companion pet medication and for a while we were doing a lot with home COVID testing. Sort of died down a bit, but we do do home COVID testing, specifically for people who having a difficult time leaving the home and gaining access to COVID testing. As for healthcare professionals, we provide training whether it be training healthcare professionals to support patients at a practice or patients in a home, when it comes to issues of diabetes management, medication management and so on and so forth.

When we say Accessible Packaging & Labeling, what do we mean? All the services that we provide to our patients are free of charge. We make our money by getting reimbursed from insurance companies. The support, the packaging and the labeling are all free services and what we encourage our patients to do is try different things, until they can identify what combination of packaging, labeling and support is the best for them.

We offer presorted disposable pill organizers. These are different sizes and shapes depending on peoples medication regiment. They can be pre-sorted with vitamins and over the counter medicine and prescription meds. In reality it removes the anxiety of having to sort and organize medication. It removes the errors of sorting incorrectly and it eliminates time of having to get all your pills and then having to sort them. So we have pre-sorted disposable pill organizers. We also have pre-sorted daily pill packets. We actually own the exact same machine that Pill Pack has, so for those of you who are familiar with pill pack, it's a little like 3" X 3" baggie that has all of your daily meds or meds for a certain time of the day packed in them, and we ship them in a disposable dispenser box. We also have different types of easy open packaging for patients with different dexterity challenges. This is actually an area where we are looking to grow and expand upon.

When it comes to labeling, we are able to adhere different labeling to all of our packaging, whether it be simple bottles or different types of organizers, so we are able to add either Grade 1 Braille or Fully Contracted Braille. We can package labels with large font for individuals that have low vision. We have talking labels, as well. There is an app/technology that we use that has been around for a while called script talk. It's a great company. They have developed technology using an RFID Pad. RFID stands for Radio Frequency Identification. It's been around for a while, but it's basically a sticker with a microchip embedded in it, and we are able to upload information about the medication to the microchip. So someone who is blind or has low vision or even someone that cognitively struggles reading the prescription information, all they need to do is scan it with an app or a little device that we can send patients that resembles a clock radio, and you simply put the package on top of it and it reads all the prescription out loud for the individual. We have different label reading apps, we have our own app that uses optical character recognition which is basically you just take a photograph of the label and it converts all the text on the label to a readable message that gets read out loud via a smartphone. We are able to do this in both Spanish & English, and we are looking to expand our languages in 2022, as well.

Accessible Concierge Support – So at the end of the day what makes our support accessible? It's about coming into the gate and embracing. We want to meet the patient where the patient wants to be met. We don't force the patient to go to our website. You all are more than welcome to

come visit us in Bucks County, but you never have to come to visit us in Bucks County. It's all about what's the easiest way for us to interact with a patient. We find that the best way is telephone which is just simple old school. We have a lot of patients who live in rural communities who don't even have internet and are older patients. They only have a landline and so it starts with a conversation. We are not a one size fits all organization. We need to understand from the patient what's their level of vision, what is their support group net like, what's their comfort with technology, how they currently handle their medication, what are the challenges of their medication. We ask about their insurance companies, we ask to actually speak with their doctors and reach out to them. After we get all this information we take a day or two interacting with the doctors and the insurance companies learning more about the patients. We review their entire medication record. Then we call the patient back and share what we have learned and if they want to move forward, they can move forward with us.

Other ways we interact with the patients include, we are the pharmacy partners for Be My Eyes. Be My Eyes is incredible for those of you who don't know about this. It just won the Apple Award for Best Technology of the Year. I forget the exact title, I think I am paraphrasing. It was developed by a blind man in Denmark and it's very similar to facetime on the Iphone, however it's one way. It's a one-way video conferencing application that exists on the phone and it connects two parties. Blind users and sighted volunteers. The blind user if they were in a situation where they would benefit from having a sighted person help them, basically open the app and push a button and it connects them to an on-demand random volunteer who is willing to help that individual. There is currently 310,000 blind users in the U.S. and there are 4 million volunteers. I will give you an example which I am a volunteer also, I signed up and was connected once. A woman contacted me while she was at a vending machine I believe wanted help getting potato chips at the time. She asked could you help me identify the potato chips, so she held her phone up to the vending machine and we identified the potato chips and helped her navigate her hand over to the keypad where we typed in the digit and she slid her dollar into the slot and got her chips. It was a 30 second interaction and it was awesome. They also have a part of the app called Specialized Help. Specialized Help connects blind users to organizations and consumer product companies and technology companies that can help them in a situation. Here is an example. There are a bunch of blind organizations that are a part of it, there's some technology groups, so a blind individual can be connected to Apple, Microsoft & Google and linked in and its actually now set up in Verizon, and there is (3) consumer companies, Proctor & Gamble, so a blind individual who needs help with doing laundry can connect up with the Tide detergent people. Proctor & Gamble is the largest manufacturer of home pregnancy tests. So a blind, low vision or anyone who wants some support and doesn't want to go to just a random volunteer can actually speak in a secure and private way with a specialist at Proctor & Gamble. They have like 40 other consumer products available.

Varilla Pasta just joined last week and here's the punchline, the punchline is we are the pharmacy department. A blind or low vision individual or any individual who needs help to connect through Be My Eyes, and we are able to help that individual with pill identification, understanding a label. Most of the calls that we get through Be My Eyes are people saying , they want to take a temporary remedy. They want to take Tylenol. I am taking the (5) other prescription medications, do you know if this is a conflict? I am going to hold up the bottle so that one of the pharmacists can identify what's going on.

So it's a longer explanation than everyone probably needed, but for those of you who aren't familiar with Be My Eyes now you have better insight. They are amazing.

We do have a screen reader friendly website. We do connect with the email and text, specifically with our deaf/blind patients. We find it easier to connect up with them that way.

As I mentioned we function as an advocate facilitator on behalf of our patients, so we'll interact with the insurance companies, we'll interact with the physicians and healthcare professionals and even caregivers. We provide active refill management, so if a patient needs a prescription to be renewed, we'll stay on top of it with the doctors and reach back out to the patient if in fact an appointment needs to be scheduled.

So those are the things we do now and some things that we are working on right now. As I mentioned accessibility is a work in progress.

We're expanding our education programs. We run a series of educational webinars. We are doing one on August 11, 2021. It's a "Back to School" program. We are running it with the Perkins School. The person who runs the college Transition program and "Be My Eyes". The goal is to educate blind students, blind parents, parents of blind students, caregivers how to learn some basic simple strategies for making that transition from leaving the house to going back to school.

We will be running a program in October focusing on "Breast Cancer Awareness" for blind women who are breast cancer survivors or just trying to self-diagnose and can't rely on some of the charts that exist out there.

We just recently started running some diabetes education programs, focusing on blind diabetics. We kicked off some programs with the University of Pennsylvania Diabetes Education Program. We're really fortunate that the Executive Director there is an incredibly supportive of us. Her mother is also blind, so she approaches it from a very unique prospective, knowing our patient population. We are looking to expand this in December by running like a mini conference focusing on all the different components of diabetes for blind and low vision diabetics and risks.

We're looking to expand our efforts with dual sensory loss for people who are deaf and blind or are blind and going deaf or deaf and have eyesight challenges. We are developing programs with the Helen Keller Foundation and we are looking to greatly expand the support that we can provide to patients in that category.

Most of our acceptability growth comes from our patients. We routinely interact with our patients offline, just to learn about what they like about us, what they think we could be doing to improve our service, and what other things are they looking for as a patient.

Our guide dog and pet medication programs came to us because patients were asking us if we could do this. So we can package pet medication in the same accessible packaging and labeling,

so that there is no or reduce the likelihood of confusion for people who are blind and administering medication themselves.

Our braille programs have expanded, because more and more of our patients are asking us to expand our braille which we recently contracted a new braille printer to facilitate this.

What is meant by Liquid Unit doses we have a great deal of patients who are blind parents and the struggle of having to administer medication to their kids, while the parent themselves are blind causes a great deal of challenges, thus we actually have the ability to package kids liquid medication in individual dose liquid packages. We are going through a qualification process right now of identifying the cost of the machines that can do it, the operational cost that goes into it and if it is a cost that we can absorb or will the insurance companies reimburse us if we have to charge patients for this, and the biggest challenge we actually have is identifying what medication categories work in this case. Once you take liquid out of a bottle and repackage it, it modifies expiration dates. It's not a big deal if we are repackaging Children's Liquid Tylenol, but is a big deal if we are packaging insulin. Once you take insulin out of the original package only has a 1 week shelf life.

So we are really trying to understand what our offering is, but we are pretty excited about it. It's a massive challenge and we are trying to figure that out.

As we mentioned earlier, for those of you joining late, we did kick off our first summer internship program with Mohammad who is joining us, and it's awesome. We are looking to expand our program with Visions out of New York and also find some interns here in Pennsylvania, as well.

We are also developing a "Reminders" system with the state of Rhode Island to try and figure out how we can supplement existing patient strategies, to help them to remember to take their medication and try to document it in a way that we can look at aggregate groups and trends and compliance, as well as individuals. Also add a layer of interventional on top of that. So if we identify that an individual is not compliant, obviously we can't be with every patient to put a pill in their mouth, but there are some things that we can do to increase the likelihood that they remember to take their medication and as we mentioned document it and in the event that there is a problem, create a process for intervention, whether it be with a caregiver, a family member, healthcare provider or the state.

So those are some of the things we do, and as I mentioned, we are a work in progress. Thank you to all on the call that I recognize and have been active with us with feedback, helping us identify employees, opportunities and giving us opportunities to speak with groups as well.

The floor was then opened for questions.

Sandra asked a question regarding insurance. She asked do you accept all major subscription plans and the reason I am asking is because here at work we use CVS/Caremark and we can't go outside of this for our prescriptions, so if I needed to use your service, would you be able to contact my insurance or how does that work?

ANSWER: We accept all insurances. There are certain insurance policies that are more complicated than others. More often than not, it's not a problem. The first level of problems is usually the co-pays increase a little bit. What I would recommend is for you to pick up the phone and call our pharmacy. We have inhouse care coordinators who will get your insurance information and an idea about your medication and then allow about 24 hours and they will do the research for you and get right back to you and let you know if in fact we are a good fit.

Also our website is down this morning and should be back up by lunchtime today which I apologize for, but our website is accessiblepharmacy.com, it is a screen reader friendly website. Our phone number is 215-799-9900. In addition if anyone has an iPhone and you use SIRI, you can just say "SIRI call Accessible Pharmacy" and SIRI will say "You mean Accessible Pharmacy in Fairless Hills, PA" and that's us.

Ms. Erb/CAC Chair thanked presenter for a very eye opening and informative presentation. I had no idea about all of this.

Andy ended with if you come up with any questions offline, feel free to email me directly at andy@accessiblepharmacy.com.

Shari Brightful chimed in to thank Andy for this great presentation. She felt the information is extremely useful, and that she truly appreciates the presentation this morning.

Ms. Erb thanked Andy as well, stating that she feels that people with lots of different disabilities can benefit from your program. People who may have reading disabilities, people who may have cognitive disabilities, people with all kinds of disabilities I think can benefit. People who are citizens.

Alexander Shay chimed in as well to state how great and useful this presentation was your materials are very relevant to our folks.

BVRS REPORT (Shari Brightful/DA, BVRS Philadelphia)

Shari introduced herself and Kathy Fogel who both will provide the update for BVRS.

Staffing Updates:

We were given permission to post a Request to Fill for a VR Counselor. Our office has (7) vacancies for VR Counselors, but we did get to do a posting. We are extremely excited and very anxious to get started interviewing for (2) of those vacancies. The posting went up on what's called NeoGov on July 15, 2021 and will come down on July 30, 2021, so I am not sure if anyone on the call knows any individuals who are interested in working for Philadelphia BVRS but we definitely would like you to direct them to NeoGov, because there's still some time to go in there and apply. The vacancies are for a VRC or VRC Intern and again it comes down on July 30, 2021 and it is on NeoGov. I would be more than happy to speak with anyone who may want more information at a later time.

Effective July 19, 2021, all staff returned to work in-person, so inside of our local office at 801 Market Street, on July 19, 2021. We are not approved/permitted to bring customers into our office at this time. We have been informed that during Phase II which will be after August 31, 2021 that that is when or possibly prior to that as to what in-person services might look like as far as having customers come to our office. We will be awaiting feedback and updates from our Executive Director Shannon Austin.

So for now we are still doing appointments over the phone with our customers and doing all communication with our customers either over the phone or by mail or email.

Goals:

Our goal this year was to serve and help place 424 individuals into competitive integrated employment. We finished out the year at 53% of our goal.

I am extremely honored and proud of my staff that despite the barriers that we went into this year with the pandemic, that they still forged ahead and did the very best they could with meeting our customers where they are, understanding what there needs are and still trying to move the needle forward towards employment. No the goal achieved was not what we had hoped to achieve, but everyone who knows me on this call, knows that I don't give up very easily, so we'll go into the New Year with renewed energy, some more thoughts and ideas from our stake holders on how we can achieve and support our customers in connecting them with employment.

Our office has been focusing a lot, together, on coming into compliance. Our office is one of the offices that struggled with moving our cases in a timely manner. With our agency, we always want to see forward movement. People lose motivation, when things aren't moving forward in a timely manner. Our office is pretty low, as far as having staff, but we definitely have the commitment, drive and energy. We worked really hard over the past (6) months on trying to make sure that we were within the guidelines of moving our cases in a more timely manner.

I am very proud to highlight that our staff, during the past few months, has increased numbers and compliance is at 95% for moving cases from a person who has applied for services to one that has been determined eligible or not eligible. It has been a long journey, but we stepped up to the plate and we continue to try to not just meet our compliance goal, but to beat it. We continue to work on this and I think the biggest part is our agency is supporting us in trying to get more of our documents to be electronic. Having to mail papers and wait for papers to come back and with the extra strain on our postal system has definitely slowed down our compliance. I think that we are moving into an age of increased use of technology. I know papers will still be needed, but I think we will be in a safe place and coming into compliance.

Fiscal:

Our office over the past (2) years has been very conscientious about making sure that we have enough funds to provide services for our customers in need, but also timely. We have worked really hard on this part and to make sure that we are authorizing services timely. We are stepping up our game with more one on one service to our provider and vendor community. A lot of us expect them to understand the OVR lingo, the CWDS screen and how do you bill and invoice, as well as how do you pull a report. However, although we know, on our end, what the

process is, we need to work that much harder to make sure that our vendors and providers understand OVR process in order to get paid.

As an office we work together on educating our providers on using our CWDS system to bill. We have educated them on how to fill out a report, so that they don't get bounced back and forth for changes or edit. We are also working really closely with our providers on getting the bills in timely, so we have tried to focus on after you provide a service, we want you to provide the bill and report within the next (30) days, thus we can make sure that you get paid timely and we also want to close out our books.

Our goal is to aim at a 0 balance which has not always happened in this office, but we don't want money kind of being left on the table. We want to make sure that all of the authorizations that we put through that hopefully were able to be utilized or if the service couldn't happen that maybe it got cancelled and that money went to the next person who could use it right away.

We are finishing out our fiscal year right now, and our Fiscal Assistant who handles a lot of the billing has been calling providers non-stop for the past two or three weeks, trying to get invoices in so that we can get people paid timely.

Shari paused, before moving forward, to ask if there were any questions on staffing, goals or fiscal for Philadelphia BVRs.

Ali Smale stated that she understands that people are anxious to return to in-person meetings. Would it be possible to always offer remote meeting participation? I am quite a drive away from your office which limits my ability to participate in-person thanks.

Shari responded to Ali with sure. I think that for our office we want everyone to be in meetings where it is most comfortable for them. Like a hybrid, I would rather offer this option and have everyone still be able to attend, then to have a meeting and only have 1 or a few people present. We definitely want to meet you all where you are comfortable and if we can offer a hybrid option where those of you who would like to come in-person can and those of you who would like to do what we are doing now with a call in option can. Obviously, I am not the last person who can make that decision, but I think that Ms. Erb may be interested in entertaining this as well.

Ms. Erb/Chair stated that we do want people to be able to join us in whatever place makes it easier for them to join and we are always looking for new ways to engage people. She is definitely in favor of insuring that people are being able to join either in-person or on remotely and people should not feel stigmatized by joining either way. This is really much more easier for those of us on the phone than it used to be. We very often would have difficulty hearing people and sometimes that didn't work, but utilizing Teams, zooms or anything else, we can truly do this in a much more efficient manner. So thank you all for being flexible.

Andrew Pennington chimed in with going back to the application process and that potentially slowing down the ability to fulfill that within the time period allotted, regarding the policy at OVR, I have heard talk that district offices were going to staff assisted on-line application, pre-

application or referral process, is this something that is going to be later announced or is it something still in the works?

Shari responded with so just to clear up some things, for our office our difficulty wasn't people applying and having to send out papers for applications, our barrier was eligibility determination where a lot of our customers had to sign a lot of forms and had to have a "wet" signature like ink. What we found is that with the pandemic, the mail slowed down severely and then things were getting lost in the mail and rerouted to other places outside of Philadelphia. In our office the biggest issue was trying to find a way to get forms signed that we didn't have to mail out. We wanted to email stuff to people and then found out that a lot of people are not as computer savvy as we thought with email, attaching documents or electronically signing things, so that's where the barriers were for our office. As far as the agency and moving towards staff assisted application process, I do believe you are correct and Shannon will be releasing an announcement regarding that soon, because we have heard some information about that.

Andrew then said so the biggest hurdle is a combination of things, the individual certain assessments or is it, well I am trying to understand. I appreciate the clarity, I am just trying to understand where the issue is determining eligibility, is it just the post office? I know we have also had a tough time with the Post Office as well. Have you looked into anything like that?

Shari responded with when I say forms we have certain forms that people can sign electronically and its fine and then legally from a legal standpoint there are certain documents like forms that we have to mail to the customer like maybe a Customer Rights & Responsibilities form where they can't sign electronically, but rather we have to mail it to them or email it to them, they print it out, sign it "wet" ink and mail it back to us where it can't just be sent back to us via email. So we found that the postal service has been an issue where we would be mailing the form 3 or 4 times and the customer would say well we never received it and they want to know can they signed it electronically, but electronic signature wasn't/isn't an option. So in our office, if you have to move a case within (60) days and you have to determine eligibility and you need this 1 piece of paper that has to be signed to determine eligibility this is severely slowing up the process. It's not because the customer doesn't want it, it's not because we are not moving fast enough, it's because I have to snail mail you something and sometimes things don't come, when they are supposed to come.

Transition Unit Update:

Kathy provided this update and started with she wanted to let everyone know that we have (2) Early Reach Coordinators, Nea Hargrove & Jill Grossberg and (1) Business Services Representative, Tamani Love-Mollett who are providing workshops to students this summer virtually through ESY extended school year. It's for (6) weeks, (2) to (3) days/week, Mon., Tues., Wed., (1) to (2) sessions a day, and the sessions are about 30 to 45 minutes with a max student count of (10)/classroom. It can start with an OVR 101 presentation to let the students know about OVR and then could lead to topics such as self-advocacy, homer post-secondary education, what's out there when I graduate, and job exploration. There's about (2) more weeks left. It was a quick (6) weeks that started the beginning of July and will end in August which then the kids go back to school in August.

We did start the new Transition Unit with the supervisor Sharon Silverman and (3) VRCs Jamie Luthy, Shelley Silverman and Ian Wright and the (2) ERCs and (1) Business Services Representative.

Their cases were transitioned to them in April and they are learning the students and using a new resource account where all the IEP invites will be coming in one location, so we have ample time to see the IEP and hopefully get it scheduled and attend whether in-person or virtually. Right now the schools are going back in-person, but this gives us an opportunity to if we can't make it to the school, we will continue to do IEPs virtually. We are really excited about this.

Shari mentioned the (2) VRC positions that are posted, thus we are hoping to increase our transition unit. Initially we wanted (5) counselors in there, but without enough staff, we are working with (3) counselors, but hopefully with (2) more hires we can add to our transition unit.

Kathy then asked are there any questions about what she has shared.

Andrew asked how many high-schools within the Philadelphia School District is our office providing transition services?

Kathy responded with at least 100. Between the (2) counselors and ERCs and Business Services. There is more, for Cyber & Charter, but based on your question for Philadelphia School District at least 100.

Shari picked back up with BVRS continues to work with LaQuenta whom we meet with monthly to talk about transition and what's working, what we need to improve upon and then preparing her staff and our staff for the New Year. Like Kathy said regarding the IEPs making sure we are there in-person or virtually and to make sure we complete a school profile, so that we can also offer PETS group services if the school is in need of them.

We, as far as the Order of Selection, we continue to make contact with the customers for our office who have been removed from the waitlist and we have approximately 203 customers that were removed from the waitlist that we are scheduling appointments and collecting paperwork in order to develop and IPE with them. That has been a focus for our office, as well, now that people are off the waitlist. We want to get them in and get those plans developed, so we get them into services.

As far as outreach, we were recently made aware that our Executive Director, Shannon Austin, as well as Jeremiah Underhill will be visiting Philadelphia. Myself and Alex was contacted by William Del Toro/Transition Consultants who have asked us to participate in this endeavor. Alex and I were told that the primary goal is for them to come to Philadelphia and be able to hear some of the barriers that people have accessing services from Philly. We want to hear more from people who are not served or underserved, figure out what those barriers are, and have a solution focused discussion on how we can put forth some energy towards addressing those barriers. We definitely don't want to be anyone's best kept secret, if we can be out there and connecting with individuals who need our services which we want to make every effort to do so.

We will be hearing more about the agenda from William and Julia and look forward to finding out how we can best support them and we will definitely be reaching out to members of the CAC if there is a possibility for you all to support or be involved in this recommendation.

Ms. Erb chimed in to say I, definitely, would like to be involved in that meeting. Shari responded with she will, definitely, pass this request on for approval. There is a meeting with William and Julia tomorrow thus will inform them at that time of your request.

Any other questions for Shari was put on the floor by Ms. Erb. There were none.

BBVS REPORT (Alexander Shay/Acting DA, BVRs Philadelphia)

Alex started with a follow-up to what Shari stated about Shannon with asking Lynn Heitz did William reach out to you?

Lynn responded with No.

Alex had recommended that Lynn be contacted for this meeting and William stated he would reach out to Lynn.

Shari chimed in to say that she could try and give him a call regarding Lynn and her participation.

Staffing:

BBVS is tough. We don't have a Social Work Program at all. We don't have staff. Our last Social Worker resigned, along with the Social Work Supervisor before the Return to Work last week. However, we have been returning to the office full-time, since July 19, 2021.

I have had a discussion with Central Office on what to do about the Supervisor position and how these cases will be worked. Technically, yes, there is a program, but we don't have staff in our office to work it.

The DA position is a priority that still, from what I understand, HR is understaffed, as well, but there is a priority to fill the DA position.

We do have, while I am not sure on the date, I believe it's the end of August, we do have a new Social Worker starting. That's good, but we will have to figure out how to train her. We have some ideas.

Return to Office:

Shari addressed the Return to Office and the fact that we are not open to the public right now. There is a tabled discussion of at least some level of part-time telework for staff, but that needs to be worked out by Central Office. That's going TBD at a later date. So right now we are full-time in the office and our field staff are visiting customers homes. There is no longer any restrictions on O&M or VRT. This is were since April instructors were restricted to 30 min. sessions with customers and that has now been lifted. Before they would meet with them for 30

min., but they had to be school or work approved. It wasn't for everyone across the board, because we wanted to make sure people were safe, both our staff and customers.

Inspiritec Program:

As far as the Inspiritec program, all OVR offices have been responsible for sending referrals to a customer service representative to help out the unemployment compensation system. We have had (15) referrals and there were (6) placements.

Goals:

Our little goal was (11) referrals which we exceeded that with (15). Our goals as Shari was saying, it's been a tough year, even though we've had a goal reduction, but we unfortunately fell short, but our counselors did a heck of a job. We had a goal of (69) and we had a placement of (52). The IL/SS program, even though there is nobody here to take credit, they pretty much doubled their successful closures, per independent living blind seniors and children and a very small SS-A program. We've served (73) unique students of the pre-employment transition services age, you know, if you're a caller from 14 to 21 years of age that are in school or post-secondary program.

We have been asked amongst all the other offices as well, including Shari's to increase PRE-ETS spending, so we've had discussions with staff and looking at different providers which is very convenient in a spreadsheet done by Central Office. A lot of them are kind of Supportive Employment providers and also have the approvals and agreements in Central Office to do individualized PRE-ETS services. We feel we have more success going that route versus group, because we find that our students are PRE-ETS spread out in several schools in the district and not clustered together. There are not many in each school, so it might be a good use of time to kind of focus on if the family to of course, do individual services. The only kind of group related things we've done is the Strive On program which basically is the Summer Academy reincarnated. It was virtual and went very well. Reports went out a few weeks ago. We are still accepting applications for the fall program which one component which is Spring is focused on work and then the fall one is focused on college. The deadline is very soon August 2, 2021. We haven't had any students locally enroll yet, but I know our counselors are trying to work with them. The IDEAL program has been going on since July 12, 2021 and runs through August 6, 2021. It's a shortened program this year of (3) weeks. It is in-person. They have only 5 max that they are doing per teacher. There is actually only (4) enrolled and we have (3). (1) other dropped out and the other student is from Harrisburg.

Alex will be visiting the IDEAL program, because our Bureau Director wants to come down to a meet and greet with the CBVI Staff and to see the IDEAL program after which we will be heading back to the office, so he can meet our staff in-person. He has met our staff virtually, but he was hired last year during telework, so this has been kind of unnerving not having your first opportunity to see people in person.

The TVI program at Overbrook, I believe has been cancelled this year. They are trying to figure out some kind of financial literacy program that Central Office's Karen Walsh-Emma has been in contact with Overbrook to try and figure that out.

Fiscal:

Fiscal like Shari mentioned, we are trying to wrap up our fiscal closing, making sure our invoices are paid, we have a couple left.

Order of Selection:

This has been dismissed effective July 1, 2021. We still have 45 on our waiting list and we are working towards reducing that number. These are plans, because the applications were taken and then they were sitting and waiting.

There is also a paperless initiative moving. I think we have job in our office, but this was definitely for sure, all fiscal files need to be moved to an electronic format and so instructions and so there are instructions and guidance for this which makes sense. Transition away from a hardcase file.

Shari and Andrew discussed the Referral Process, I am glad you mentioned that, that was a little plug for me. Typically we've taken from our DO our clerical which we have (2), have taken referrals over the phone or we can receive it from a provider if they fill out the referral form. With this process, which there will be more guidance to come out for, from what I understand, we are expected to do a little bit more as much as the customer would like to where we could try to take the application right then and there if time permits, but if not we have the means to do what we are kind of doing which is assign the case to a counselor.

It's been kind of tough for our counselors as well, with the mail system and trying to get signatures, because there was a process early last year, kind of a little after when we were sent home in March or April. I am not sure of the date. Legal went through all documents and checked off which documents you can accept an electronic signature which we were doing through PDF or verbal consent process. I understand in the future they are working on procuring Docusign which seems to be pretty secure. Also they checked off which documents must have a "wet" signature here. That would and has caused an obvious hold up in moving cases along.

Ms. Erb asked Alex regarding "wet" signatures and blind folks. I am curious that when things went to legal, and you probably don't know the answer to this, but did they consult with any blind attorneys to determine whether or not there could be some way for people with signature barriers? You know for those of us that are blind, if we have to sign something and I have always thought it was ironic that people always say it's for your security, but it's not really its for people who are not computer literate like Lynn or me or Sandy. If someone else has to help sign something, then the blind individual needs to trust the person whom they are having sign things and um sometimes that's not always possible.

Alex responded with he understands and maybe this is why they are looking at the Docusign. Again I don't know how accessible it is, but there may be a possibility of catering to your concerns with this package.

Ms. Erb highly advised that in decision making matter like this that involve the blind, to have a blind attorney on their advisory committee for consultation.

Lynn asked what Central Office is giving you, as far as guidance, regarding the ILOB program, knowing that you do not have any social workers?

Alex responded with because this is a public meeting, I can't share all just yet, but there are plans with what to with the supervisor, but obviously when things come out I will share it, but don't want to get ahead of myself. It looks like it would be good with HR, because there's some red tape, but that's obviously something that is very critical. So right now we are taking referrals and they are being assigned to me. They need a body to be assigned to, whereas before they were assigned to Sheryl. They are aware of this, but I am thinking I need someone to work that position that can oversee these cases. Maybe work the cases, cause I know Sheryl did it which may be a union issue, but she was willing to do it. Then there's who can work the cases themselves. So I did try to think through this and these ideas seem to be honored, but I just want to wait, until we get the go ahead, because its more than whatever the field does, but this is just embarrassing. We have lost social workers over the years and it's such a challenge to get these positions filled.

Lynn stated that she would flip that position back to a VR Supervisor, because when they first came out with the Social Work Supervisor, the whole idea was to promote from within, but there are no social work supervisors within the Commonwealth that jumped up to be promoted to supervisor.

Alex responded that you are reading my mind here, and I fully agree.

Lynn then stated that she applauds the going paperless, but this whole concept of moving a document to electronic format, is that format accessible to screen reader, and if it isn't why not and why isn't someone jumping up and down about it?

Alex responded with I understand your concern and line of questioning.

Shari indicated that we have a lot of guidance documents, and if there is a change in how we are to do things or even if it's a policy change, we should realize that some people don't operate on a level where feedback is not gathered. We just had a presentation today about the accessible pharmacy, and one of the things that Kathy and I mentioned is that the design and information that you received today was universal. There are many people, as far as the union, making sure that if there's a workgroup or things being developed, we are not, well they say OVR and then automatically people think BVRS, but we are OVR which is BVRS & BBVS and Office of ODHH, so I think that it is important to point out that there are a team of people who are on these workgroups, but then depending on what the item is you also have half the board and while I may not be on the board or at all the meetings, I think that the individuals that sit up there and represent and hold us accountable, they ask a lot of questions, do a lot of research, they want to hear how this is going to be accessible and meet the needs for everybody. So I know the question was posed to Alex, but I think its really important to point out that there are various people, various end users who are giving feedback on these workgroups and people that are using these items in CWDS and if we have the opportunity to also put it out to customers before things are completed or changed that I would hope that that is what they are doing. We are

helping individuals with disabilities with gaining independence and one of the most valuable things we can do is make sure that we make the work that we do accessible for our staff. That we are comfortable as staff to do our job independently, if we can. I don't think for me I would want to refer my child with a disability to an agency who is not supporting their own staff and making sure that they can be independent accessing their own work. There are many, many Lynns, Suzannes and many others on this call that I have heard speak very passionately about what is needed and like me, they don't back down very easily, and I know Alex you are one of those individuals.

Alex and Suzanne thanked Shari for sharing that and Alex went on to say that he is sure there was some BBVS representation at these workgroups. I don't know if this topic specifically came up, I don't know, but I do know it's not rolled out yet.

Ms. Erb asked when we have meetings and minutes like this, aren't minutes being uploaded to the PRC?

Shari answered with when we first started, she believes that we used to get an email monthly saying to send in our monthly meeting minutes, so that they can be uploaded. I haven't heard anyone request the minutes from us in over a year. So I haven't had anyone request the minutes and I am not sure if that's still someone's assignment, but I do know when you and I first started out way back, we were asked monthly for our minutes for uploading.

Ms. Erb thanked Shari and stated that one of the reasons she asked was that our minutes would be read by someone further up, so that it doesn't just stay in Philadelphia, but if they are not being asked for then that's really sad. I think that this is something that maybe, Lynn, Andrew and I need to have a smaller meeting to discuss to see if we can do something about this with Central Office, because it's certainly not Shari and Alex's fault. I think they are really good advocates for us and I am sure we all appreciate their efforts. However, we need to address the Harrisburg level on this.

Lynn came in with she totally agrees, and Alex will remember that when they came out with CWDS 2.0 or 2.1 or whatever it was, I could no longer do case reviews. This was because when they updated the system there were portions of it that were not accessible with a screen reader. When Doug came out with this whole thing for supportive employment, none of that is accessible for a blind person, because called up and I said can you help me through this and he replied don't even try. It's nice to use the screen reader software, but they didn't want to do it. When they started the process of applying for the pre-application process, the Keystone login screen wasn't, and I don't know if it is now, but wasn't accessible either for the blind.

Ms Erb stated that it is so much easier to build accessibility in from the ground than it is to get our feedback at the end, when they are about to roll it out.

Lynn stated that she found a piece of legislation that states that all Commonwealth websites need to be accessible, so that's why the Department of Health put out the website for COVID and put this nice little map on it that you had to click on to find out where you needed to go to get tested and where to get your vaccine.

Shay stated that now that Doug is gone, he is considering reaching out to Becky and seeing if or what she knows about the paperless, since she works with Karen's team and Central Office.

UPDATES/ANNOUNCEMENTS

Ms. Erb asked for any other questions, comments, announcements of anything going on in your agencies or just anything you would like to let the whole group know about before we adjourn.

Lynn stated she started a workshop at ASB called Family, Friends & Professionals and it's for family, friends and professionals who work with or are friends of people who are blind or visually impaired. It walks through what psychologically happens when someone loses their vision and why and how people feel the way they do while going through this. The stages of grief in vision loss, as well, so anyone who knows anyone that has family members that are being enablers or really upset, you know they can email me. We are not doing it this Wednesday, but we will be next Wednesday, August 4th from 7 to 8p.m., and people can email me at lheitz@ASB.org if they want to participate and I will send out the necessary information to them.

Ms. Erb reminded all about Philaonthejob.org. We have been gathering a lot of information out there. We have a new video that has just been released. There is lots of information on there. There's some benefits, little snapshots, podcasts, about SSI and SSDI, Medicare, Medicaid and there will be plenty more. They are approximately 15 to 20 minutes. Just giving you the skinny on everything we are going to be doing one on Able Accounts, with PA Assistive Technology Foundation and there will be so much more.

Ms. Erb asked Ali Smale for a couple of words. Ali is also serving on the Steering Committee for Employment along with Shari. Ali had no remarks.

Steven will see Shari with all attendees on this call.

Question was asked does anyone have any resources. I have been seeing a lot of families with blind and visual impairment, along with multiple other disabilities and what these families are finding out is that they need learning equipment, learning tools like lightbox, but they are not able to export these items and I know a lot of them tried BBVS with no luck. Does anyone have any resources or anywhere these families can get some financial assistance?

Ms. Erb responded with "Yes" I would definitely recommend to have these people speak with two places, Pennsylvania Assistive Technology Foundation which has 0 interest loans for people from all the way up to 7,000. So if they need things like that I would recommend talking to them. People with bad credit can still get loans. The website/url is www.pattf.us. They will help them. Another source of help would be the Virginia Delsorto Grant that comes from Temple. Techowl will serve as a resource for up to \$200.00 grant.

Joan Nelson(Visions for Equality) stated that they will be starting their Let's Talk About It session back up again probably in September. However, we still have our chair yoga and zumba

that develop on Tuesdays and Wednesdays. You can go to digitalquality.org to find out more about what we are doing, offering and what's going on with us.

Joan will provide link via email for registering for yoga to Steven.

Shay stated he had an update on accessibility. I think it was more than a year ago that there were certain select offices from OVR that were part of this paperless pilot, and I believe one of the offices involved was the Erie BBVS office.

Shari stated the next meeting would be in October and wanted to know if the 25th was a good date for the next meeting. Ms. Erb responded to pencil this date in for the next meeting tentatively.

Lynn made a motion to adjourn meeting.