Coordinating Referrals for Intervention and Family Support

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About North Carolina

2008 Data

- Population 9,227,016
- Live Births = 132,106
- Children Identified with Hearing Loss = 210

*2008 data NC State Center for Health Statistics – Selected Vital Statistics Volume 1
EHDI in North Carolina

• 1999 Legislative Mandate
  – Newborn Hearing Screening
    • All birthing facilities must screen for hearing loss
    • Physicians should insure screening for hearing loss by 30 days of age
  – Reporting Requirements
    • Screening results: birth to 6 months of age
    • Diagnostic/Amplification results: birth to 1 year of age

• Multiple intervention/support options
NC Services for Children Who Are Deaf or Hard of Hearing and Their Families

- BEGINNINGS
- Early Intervention Program for Children Who Are Deaf or Hard of Hearing
- Part C-Children’s Developmental Services Agencies
  - Child Health Audiology Consultants
  - Child Health Speech Consultants
- 115 Local Education Agencies
All of these services....who does what?....when?.....how?

Pediatric Audiologist
Two Goals at the Forefront

Move children and families from diagnosis to intervention as quickly as possible.

Develop a system for tracking children and families throughout their journey from screen → rescreen → diagnosis → intervention...and beyond
Collaboration

Eliminate/reduce duplication of effort

Reduce paperwork

Communicate regularly about children, families and services

Capitalization on the expertise of each agency
Question #1: How can we reduce paperwork and duplication?

- Pediatric audiologists have difficulty keeping up with the particular rules/regulations/changes of each intervention service
- Each service/agency has its own “referral package” - some lengthy and time-consuming
- Parents easily confused by similar, yet different, services available
- Each agency is best able to describe their own services to families
- Reducing the number of home visits to initiate services
Oh no!! Everyone wants something different!
Communication is Key

Quarterly face-to-face meetings

BEGINNINGS’ Bi-Weekly Logs

Hearing Link

ONE Referral Form for All!
Permission for Referral

Last Name       First Name       M.I.       Date of Birth

North Carolina has several agencies that assist children with diagnosed hearing loss and their families. Each individual agency can best explain the details of the services they offer and answer questions for you as you make informed choices about accepting or declining services for your child. You have the right to accept or decline any of the services at any time. The signed Permission for Referral must be on file in order for these agencies to contact your family.

The agencies you accept will contact you to tell you more about their services. Please indicate below if you accept or decline the referral to each agency:

Child’s Age - Birth to 3 years
☐ BEGINNINGS for Parents of Children Who are Deaf/Hard of Hearing
☐ Infant Toddler Program-Children’s Developmental Services Agency
☐ Early Intervention for Children Who are Deaf/Hard of Hearing
☐ ACCEPT or ☐ DECLINE

Child’s Age – 3 years through 21 years
☐ Beginnings for Parents of Children Who are Deaf/Hard of Hearing
☐ Department of Public Instruction (Public Schools)
☐ ACCEPT or ☐ DECLINE
I hereby authorize ____________________________ to release audiological evaluation results and contact (Audiologist/Audiology Facility) information to the North Carolina Division of Public Health for the purpose of completing referrals to the agencies accepted above. I further authorize ____________________________ to release audiological results upon (Audiologist/Audiology Facility) request to the agencies accepted above for the purpose of assisting the agency to understand my child’s hearing loss.

I understand the terms of this release, the need for the information, and that there are statutes and regulations protecting the confidentiality of the information. I acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further understand that I may revoke my consent by giving written notice to the agency with authority to release the information, except to the extent that action based on this consent has already been taken.

Witness

__________________________________________

Patient, Parent, or Legally Appointed Representative

__________________________________________

Date Signed

Language Spoken in Home: ____________________

Mother’s (Parent’s or Guardian’s) Printed Name

Phone: ____________________________

Address

Alternate Phone: ____________________________

City, State, Zip

FAX a copy of the completed form AND audiological report to:
Marcia Fort, AuD
North Carolina Division of Public Health
(919) 870-4881

Revised 10/09
Hearing Link Goals

Web-based, real-time reporting of results

Tracking children through screen-rescreen-diagnosis-service system

Move children and families into services as quickly as possible following diagnosis - simultaneous referrals to all services/agencies (including children over age 3)

Reduce/eliminate duplication of information

Include intervention providers
Hearing Link Data - Uses

- Reporting
- Up-to-date demographic information - shared between all service providers
- Pediatric audiologists can monitor status of child in EHDI process; enhance counseling if family could benefit from service, but not enrolled
  - Identify service gaps
“Hearing Link has brought North Carolina’s Early Intervention services for children who are deaf or hard of hearing into a more seamless system of referral....Parents have given prior consent for early intervention services when we receive the Hearing Link information. This allows our teachers to contact the families immediately and get started.”

Ruth Anne Everett, Director
Early Intervention Program for Children Who Are Deaf or Hard of Hearing
“The Hearing Link Referral system is a great way to keep the referring audiologist informed about the babies that need further testing. By knowing the date, time and location of the referral, we now have the information needed to track our babies more efficiently and to decrease the number of babies that are lost to follow-up.”

Shawn Vansteen
Audiologist/Newborn Hearing Screening Coordinator
Wake Med Hospital Raleigh
“This process seems to be working well. The CDSA staff are very grateful for the audiology information, reports, etc. It has been very helpful to be given this referral information through one “single portal”, in order to better ensure those children and families are linked with our program.”

Stephen Vater
Quality Improvement Unit
DHHS/DPH - Early Intervention (Part C) Branch
Question #2: How can we capitalize on the expertise of each professional?

- Family Support - BEGINNINGS Parent Educators

- Education - Early Intervention for Children Who Are Deaf or Hard of Hearing Teachers

- Service Coordination/Part C - Children’s Developmental Services Agency Service Coordinators

- Audiology Support - Regional Audiology Consultants
Professionals Working Together
Joint Home Visits

• Communicate back-and-forth
• Meet together with parents
• Transition planning
• Work as a team
Permission Form available @

www.ncnewbornhearing.org

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