Systems Jigsaw: Providing Deaf/Hard of Hearing Specific Services Within Unique State Systems

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Early Intervention Providers

- Policy/best practice documents emphasize importance of early intervention (EI) providers with specialized knowledge and skills.
  

- Research suggests that providers with specialized skills improve outcomes.
  
  Calderon, 2000; Kennedy et al., 2005; Moeller, et al., 2007; Nittrouer & Burton, 2003; Yoshinaga-Itano, 2003)
Multiple State Agencies Often Share Responsibility for EHDI
Core Values

- Family-Centered Services Support:
  - Fully informed family decisions
  - Family determined outcomes
  - Service provision through information, support, modeling/coaching
  - Communication opportunities/matches
- EI providers with knowledge and skills in service provision to infants/toddlers d/hh
- Natural environment / routines
- Ongoing assessment
State Structure - Indiana

First Steps, Part C
Division of Family and Children

Division of Exceptional Children
Department of Education

Outreach Services for d/hh children

EHDI Program
Indiana Department of Health

Indiana School for the Deaf
Governor Appointed Board
- **Point of Entry**
  Children 1st
  Department of Community Health

- **Part C**
  Department of Community Health

  Contract for Orientation Visit

- **Georgia PINES**
  Department of Education
State Structure - Michigan

Medical Home

Parents Notified

Local Health Department-CSHCS
(Sometimes assists with follow-up)

Hospital Screen

Follow-up Re-Screen: Audiologic Evaluation
Local or regional clinic

Newborn not screened

MDCH
EHDI Data Base
(All sources report data to MDCH)

Intervention
Early On, Local Intermediate School District, Hands and Voices/Guide by Your Side, ENT, Hearing Aid Evaluation
State Structure – Texas

Memorandum of Agreement for Early Intervention Services

Department Assistive/Rehabilitative Services, Early Childhood Intervention - Part C Lead

Department of State Health Services UNHS

Local Education Agency, Regional Program, State School for Deaf – d/hh specific EI services
Program Implementation - IN

- Referrals to First Steps and/or private providers/and or Outreach
- Parent Advisors (PAs), have Deaf Education or related background, and SKI HI Certification
- IFSP coordinated by First Steps Service Coordinators and PAs are listed in the plan and may attend the meetings
- SKI HI Curriculum, supplemental materials, biannual training includes guest speakers
- Outreach provides Deaf Role Models as requested
- National Early Childhood Assessment Project (NECAP), Eligibility Determination Team, Language Development Scale (LDS)
Program Implementation - MI

• Referral Process: Initial- Medical Home and parents notified- possible local Health Dept; Re-screen; Intervention
• Knowledge/skills/certification of D/HH EI provider: Certified teachers of the D/HH, possible Early On generalist, OT, PT, TCVI
• Individual Family Service Plan (IFSP) – Coordinated by local Intermediate School District or Early On local agency.
• Curriculum: SKI-HI Curriculum, other resources, bi-annual Academy
• Measurement of child outcomes- Michigan Outcomes Summary
Program Implementation - GA

- Referrals made to Children 1st District UNHSI Coord. Referral shared with Part C and Georgia PINES(73,264),(586,379) Families receive Orientation Visit from PINES
- Georgia PINES staff, certified Teachers of D/HH, audiologists or SLPs experienced with d/hh
- IFSP coordinated by Babies Can’t Wait, PINES on IFSP as Family Training and can participate in IFSP Individual Program Plan in addition to IFSP
- SKI-HI Curriculum, Listening for Littles, D. Sindrey, Just for Fun, HOPE Publishing, and others
- IFSP assessments by Part C, language/listening by PINES
Program Implementation - TX

- All referrals to Part C Agency; Part C refers to local education agency (LEA).
- Teacher of D/HH certification required for LEA early intervention provider.
- Teacher of the D/HH part of EI team and IFSP development
- SKI-HI Curriculum (supplemental materials)
- IFSP assessments – Part C/LEA shared; NECAP pilot project
Final Thoughts

- Strengths
- Challenges