

STATE OF COLORADO

Bill Owens, Governor
Douglas H. Benevento, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

VI. Recommended Guidelines for Referral to Early Intervention

When a hearing loss is diagnosed, the audiologist makes a referral to the Regional Colorado Hearing Resource (CO-Hear) Coordinator (Appendix 4). According to Part C of the Individuals with Disabilities Education Act, the referral must be made within two working days of the diagnosis [Sec 303.321(d)(2)(ii)]. Physicians, parents, or staff in other agencies may also make this referral.

The CO-Hear Coordinator contacts the local Part C point of entry to refer the newly identified child. A service coordinator will be assigned. These two individuals work in close collaboration to ensure expertise is provided relevant to the child's disability. All local agencies (e.g., Early Childhood Connections, Community-Centered Board, Child Find, public health, physicians) are notified of the service coordination being provided.

The Regional CO-Hear Coordinator, as part of the local Part C system, contacts the family and provides consultation and information about the following:

- Communication options.
- Use and importance of amplification.
- Community, state, and national resources specific to hearing loss.
- Parent-to-parent support, including Colorado Families for Hands & Voices (Families for Hands & Voices has a contract with the state and will guide parents to other parent groups).
- *The Colorado Resource Guide for Families of Children Who are Deaf/Hard of Hearing* (available from Colorado Families for Hands & Voices, www.handsandvoices.org).
- Service and program options, that is, community-based early intervention programs delivering family-centered services specifically for children who are deaf or hard of hearing.
- The importance of a “medical home” and the role of the medical home for the family.

- Consent for information sharing.
- Part C entitlements: service coordination, multi-disciplinary assessment, Individual Family Service Plan (IFSP), procedural safeguards, and the provision of services in natural environments.
- Funding sources: A variety of funding sources exist to pay for direct services. The CO-Hear Coordinator helps families access these funds. The service coordinator, if this is a different person, also assists with this process. There are definitive criteria for financial assistance. Many families access more than one funding source. Some funding sources have financial eligibility criteria associated with them. Some sources are available statewide and others are available through the county in which the family resides. There are prescribed procedures to access funds. Specific criteria and procedures to access funds are listed in Appendix 5.

The CO-Hear Coordinator provides information to the Newborn Hearing Screening Program's Clinical Health Information Records of Patients (CHIRP) database. This database keeps track of the screening referrals, the diagnosis, and the intervention activity for children born in Colorado who are deaf or hard of hearing, for use by the Health Care Program for Children with Special Needs (HCP) of the Colorado Department of Public Health and Environment (CDPHE). The CO-Hear Coordinators maintain their records on this database and receive reports of their caseloads from this application.

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VII. Recommended Guidelines for Early Intervention Services

Competencies and Skills of Early Interventionists

When early intervention is recommended to address needs specific to hearing loss, services must be provided by a qualified interventionist.¹ Early intervention services are to be provided by professionals who have acquired the requisite knowledge and skills² and have demonstrated proficiency in providing services, direct or consultative, to children who are deaf and hard of hearing. The professional must be able to communicate directly with the child in a manner consistent with the child's developmental level and communication mode.

- **Rationale**

- Children who are deaf or hard of hearing and families of these children have unique needs specific to the hearing loss. These unique needs reflect the challenges children with hearing loss encounter related to their lack of full access to communication. In order to meet the needs of these children and their families, interventionists require expertise in specific areas. This training is often acquired through both pre-service and in-service training programs.

- **Characteristics**

- Colorado's statewide network of Regional Colorado Hearing Resource (CO-Hear) Coordinators are specifically trained to assist families in the aspects of early childhood development that are unique to hearing loss. They participate in service coordination activities.
- Early intervention services provide parents with training and education that will allow them to provide an enriched communication environment at home.
- Colorado's standards for early intervention service providers³ identify the competencies for an early interventionist. These competencies are:
 - Communication and collaborative partnerships.

- Working with families.
- Developmental assessment and interpretation.
- Developing and implementing the Individual Family Service Plan (IFSP) as part of the team.
- Management of the sensory device.
- Maximizing auditory potential.
- Facilitating communication development.
- Facilitating cognitive development.

Appropriate Multidisciplinary Assessment

Language, listening, speech, and all other developmental areas are evaluated by a multidisciplinary team that includes specialists knowledgeable about hearing loss and its implications. Parents are active participants in this multidisciplinary assessment process.

- **Rationale**
 - The presence of hearing loss can alter performance on assessment procedures that are developed for children with normal hearing. Use of assessments developed for hearing children is recommended only when a person familiar with hearing loss can appropriately modify the procedures and interpretation of the assessments based on their knowledge of hearing loss. In order to acquire valid information about a child's skills, information should be acquired from a variety of sources, over time, and include skills demonstrated in the child's customary environment.
- **Characteristics**
 - Assessments are appropriate for infants and toddlers with hearing loss.
 - Specialists conducting the assessments are able to provide the necessary accommodations for the hearing loss.
 - Parent participation includes parent observation, parent interview, and opportunities for parent-child interaction.
 - Assessment results are understood by parents.

Developing the Individual Family Service Plan (IFSP)

A specialist knowledgeable in hearing loss and its implications is a member of the IFSP team. The IFSP team should assure the child's language skills, performance in all developmental areas, all communication features and modes, and all intervention options are discussed without bias with the family.

- **Rationale**

- Communication modes, which provide access to language learning, need to be selected based on objective information about the child's skills, the parents' preferences, and informed choice.

- **Characteristics**

- Specialists are able to interpret assessment results relative to the implications of hearing loss on speech, language, and communication.
- Assessment information is discussed with families in a sensitive manner that reflects the abilities of the child compared to typically developing peers.
- Assessment information that reflects the abilities of the child compared to other deaf and hard of hearing peers is discussed with families.
- Information is presented from a variety of perspectives.

Selecting a Communication Mode

The family, with input from the IFSP team, selects the preferred features of communication and a communication mode for use with the child that is based on parent choice and the features of the child's emerging communication.

- **Rationale**

- Children learn language most efficiently when it is presented in the mode that is being used by that child. In order to learn language, a child must receive consistent exposure to language in that mode. Family commitment to the features/modes is essential to assure consistent exposure and the child's uninterrupted development of communication.

- **Characteristics**

- Features of communication (e.g., listening, vocalizing, gestures, spoken language, English signs, speechreading, American Sign Language, conceptual signs, fingerspelling, visual phonics/cued speech, augmentative communication, and picture communication) are discussed

- Identify communication features and modes the parents use with their child.
- Identify and discuss the variety of intervention options in the child’s community
- Appropriate technology is available to support the communication mode selected for the child.

Communication with Peers

Opportunities to promote and enhance language and social development through direct communication with peers, including peers who are deaf and hard of hearing, are identified. Opportunities are also identified for the child to socialize with peers who use the language and communication mode chosen by the family based on the needs of their child and upon the families’ routines and activities.

- **Rationale**
 - Young children learn social-emotional skills, cognitive skills, and language through communication with their peers. Continuous exposure through a consistent mode provides requisite exposure to language. Children need a first language in order to develop cognitive skills, communication, and literacy.
- **Characteristics**
 - Typical peers communicate with the deaf or hard of hearing child without needing an interpreter.
 - Adults encourage children of all ages to communicate with one another and facilitate child-to-child communication among all children.⁴

Adult Role Models

The need for opportunities for parents to have direct communication with adults who are deaf and hard of hearing is identified. Opportunities to interact with adults who represent the language and communication mode chosen by the family based on the needs of their child are identified.

- **Rationale**
 - The “connection” that happens between an adult role model and a parent or child can be a profound experience for families and children as they learn about and live with hearing loss. By meeting a role model, parents begin to understand that their child can have a positive future. This natural connection between parents and adults who are deaf or hard of hearing provides parents with information that helps them develop reasonable expectations for their child. For the child, a positive, supportive, individualized relationship with adults promotes optimal development.

- **Characteristics**

- The role model respects and honors the family's values while providing information about his or her own experiences as a person who is deaf or hard of hearing.
- The role model provides additional resources to families by identifying supports in the community.
- The role model demonstrates the communication mode that he or she uses.

Natural Environments

Early intervention services support the development of a language-rich environment in all daily routines and activities that support active and consistent communication in the mode used by the child.

- **Rationale**

- The provision of early intervention in the context of the child and family's everyday routines and activities ensures that early intervention is used to enhance the child's development, support the family's capacity to enhance their child's development, and facilitate the child's participation in home and community settings where children without disabilities participate.^{5,6} When there is a determination that services and supports cannot be provided in the child's and family's natural environment, documentation must be provided on the IFSP. When a child with hearing loss cannot access communication, the ability of that child to learn language is compromised. Intentional support and education must be provided to those caregivers who interact with the child in the context of everyday routines and activities.^{7,8}

- **Characteristics**

- Assure equal access to communication through a visual, auditory, and/or combined communication system specific to that child and his or her family.
- Support families and all consistent caregivers in the child's life in developing meaningful communication utilizing visual, auditory, and/or combined communication mode so that the child may become a full participating member of the family.
- Minimize a family's isolation by providing and supporting a network with other parents of children who are deaf or hard of hearing.