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EHDI ANNUAL MEETING

INTERNATIONAL A

THE PENNSYLVANIA EARLY INTERVENTION COMMUNICATION PLAN

MONDAY, MARCH 4, 2019

11:15 A.M. CST

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>> DEBORAH NOEL: Good morning, everyone. We are going to go ahead and get started.

Welcome and thank you for choosing to learn more about Pennsylvania's Early Intervention Communication Plan. We are excited to share the process with you. What we've learned along the way. It is probably important for you to know with Pennsylvania that our early intervention system is a birth to 5 system. So we are with Department of Human Services and also the Department of Education. And this Pennsylvania Communication Plan is a birth to school age. So it is either incorporated into the plan document or it is appear pended or attached to the document for our birth to school age children that are deaf and hard of hearing.

I'm Deb Noel and I work for the Bureau of Early Intervention Services and Family Supports. And this is Kevin Youngblood, who is also working with the Bureau of Early Intervention Services and Family Supports. And then at the very end is Anne Gaspich, who wears many, many hats. She is our Guide By Your Side Director in Pennsylvania. She also is an Early Intervention Technical Assistance consultant for the Bureau. She is also a parent of four and Kevin is a parent of three.

So between the three of us, we are real excited to share that information with you.

>> DEBORAH NOEL: So as, when I introduced Anne as the Guide By Your Side Director, we do have Guide By Your Side in Pennsylvania. We also have a designated service coordination system. I know some states where the providers of service act as the service coordinator. We have a designated service coordinator system that work with children and families through the early intervention process.

With our local programs, we strongly encourage that local programs designate a service coordinator for low incidence. We think that is very important.

So as hopefully you all know, communication and language are so important for all of us as human beings. So for a child that is deaf, hard of hearing or deaf-blind, it is urgent that as they enroll in early intervention that we put the communication and language at the forefront of the system or of the process, I should say.

Few parents anticipate a child with a hearing difference. I think yesterday we heard 90 percent of infants that are born with a hearing loss, their parents are hearing. I think that's what the percentage was yesterday, which is pretty significant. This world of deafness and hearing loss is new to families. There's a lot to learn. So we felt that the Communication Plan is so key in capturing and educating families along the way.

Like I said, that's how we view the Communication Plan in early intervention. It is a tool to help support that team through the process. In Pennsylvania we have a combined IFSP/IEP, Individual Family Service Plan, Individual Education Plan. While it is a good document to capture really important information for that child and family, it is universal for all children. It doesn't have the specific needs that a child that is deaf or hard of hearing may need.

>> ANNE GASPICH: So we had a Communication Plan for school aged families. So as soon as your child entered the public school system at age 5 or 6, as a parent you were expected to contribute to this very intense Communication Plan. And first of all, it was the first time we were hearing the word "communication Plan." We were in a meeting. It is supposed to be the first thing that you do in your school age IEP meeting is to develop a Communication Plan.

So as a system, what we realized, we have a school age specialized board that provides insight specifically to deafness and hearing loss to the Department of Education statewide. So what they realized and conveyed down to the folks in early intervention, which is again birth to 5, is that families are coming into these meetings and being asked to contribute to something that they just don't have any experience with.

So that was our justification for even exploring a Communication Plan in early intervention was not only to be something that is a responsibility of the service coordinators and providers to be part of, but as a tool to acclimate and educate the families on being meaning full participants to the school age Communication Plan.

>> KEVIN YOUNGBLOOD: Hello. So I will say we did post the handout online. Some of the slides are hard to see because of the size. So if you can have access to that, you will be able to have a better understanding of what we are talking about, where we're going with it.

Why Communication Plan? We want to promote and guide the discussion as Deb had alluded to. A lot of the families may not be familiar with the term, so a lot of the parents will want to start from the end, which is the glossary, and familiarize themselves with the terms and just have a better understanding of what the professional is talking about before they even get into it. It is kind of an ongoing process. It is not something they are going to grasp right away.

Also we want to be able to present unbiased information and let the family decide. That is something that came out of -- not necessarily out of the keynote this morning but we heard it so many times. Put the option out there and let the family make the choice as to what is best for them and it can grow over time as well.

>> ANNE GASPICH: In Pennsylvania we will have families and encourage them in early intervention to explore more than one communication opportunity. So they are not limited to only one methodology or school of thought. They can try two things at the same time or neck try one thing and move on. But we want that unbiased information in the beginning even if they don't remember that they have been told about it. They can go back and you can remind them: Oh, go back to ... we are going to lead you guys to the document that we share with them. Go back to, oh, there are other things we can do if this isn't working out.

>> KEVIN YOUNGBLOOD: Correct. And what this document can show, it can demonstrate growth from the time the child is in early intervention going into school age and even beyond with their own Communication Plan for school age.

It also helps ensure that the team is on the same page so everyone understands the terms, everyone understands the outcomes and goals that they are looking to achieve.

>> ANNE GASPICH: Within our Pennsylvania Early Intervention System we use a term, sort of a catch-all, special instructor hearing in our system. So that could be someone who is a listening and spoken language specialist. It could be a classically trained capital D, Teacher of the Deaf, or it could be a hearing therapist. Lots of different people are in that sort of catch-all terminology.

One of the things the Communication Plan helps us do is ensuring that the provider is skilled in the option or options that the family is interested in exploring.

In that way, we know what the family is interested in because they have had these conversations and we can make sure that maybe they have been assigned the best listening and spoken language teacher in the region and they are being told: You have a wonderful provider! But if they are interested in sign language, then that wouldn't be a wonderful provider for their family. We want to make sure we have clarity on that.

>> KEVIN YOUNGBLOOD: This next slide, I think, illustrates our Communication Plan to a T. Families should be -- back up a second.

It is from the Joint Committee for Infant Hearing one of the 2007 editions. Families should be made aware of all communication options and hearing technologies presented in that unbiased manner, informed family choice and desired outcomes guide the decision making process. So I think we need to take a step back and look at the Communication Plan itself. It kind of just illustrates that kind of going forward.

>> DEBORAH NOEL: Developing, as Kevin and Anne both said, in developing our Communication Plan for early intervention, we really looked at the Joint Committee for Infant Hearing guidance and we provided guidance and checklist documents for families as well as service coordinators so that everyone can be grounded on what the joint committee was recommending.

>> ANNE GASPICH: We are listening in that conversation, listening for is the parent expressing their concerns based on their child's development? But they could be so new to this that they don't even have concerns yet. So then it's more of an education on building a toolbox and we do that through utilizing the glossary that is built into our communication plan. And we allow the parents to take their time. So we don't have this unrealistic expectation that in our first visit with the family we are going to have a Communication Plan.

We understand that these are conversations that are happening and exposure that we are giving the family. So we don't have a hard deadline on how quickly this has to be written and in their record. But there have to be steps taken to show that they are working towards a full Communication Plan. They may come up with basic things like the baby is trying to communicate their needs. And then we actually allow the team to decide whether it will be a standalone document or whether it will be embedded into the IFSP itself. As we go along we are going to point out to you where each section of the Communication Plan would be expected to be found within the IFSP/IEP.

>> KEVIN YOUNGBLOOD: Some of the things I thought about when putting this together, if I was a parent and say I had no idea what a cochlear implant was, I could look at this document. It would give me somewhat of an understanding. I will go and research myself. Maybe we want to learn ASL. Is that an option? How can we explore that?

It helps get the door open and the ball rolling to get that discussion facilitated and have the parents kind of lean towards what their preferred choice would be.

>> DEBORAH NOEL: I wanted to add as Anne mentioned, there is no hard and fast deadlines to have the Communication Plan done. Unlike the IFSP or IEP or other documents in the early intervention process which do have those strict timelines that we are very familiar with in early intervention. There is not a strict timeline with the Communication Plan.

Nor is there a strict author of the Communication Plan. It is truly a team effort. It could be the parents who could be capturing information on the Communication Plan. It could be the service coordinator. It could be the teacher of the Deaf or the special instructor-hearing. It could be a wide variety of people. But it helps everybody who is on that team have an understanding of what the family's choice and options and thinking may be around the supports needed for their family and their infant.

>> ANNE GASPICH: So this document comes out of a whole lot of collaboration. Even implementing it with a family is not one person's responsibility, but a collaborative effort.

We are going to count on the family to be able to know their baby best. And then we are going to count on the fact that the family has been referred to the Guide By Your Side program upon the Department of Health having awareness of a diagnostic evaluation being completed with a finding of a hearing difference.

So upon that report to Department of Health in Pennsylvania, the family is automatically referred to the Guide By Your Side program and presented with the ability to have a parent guide and also a deaf/hard of hearing guide work with that family immediately.

So what they will have happen is they will get a large mailing from us with a care coordination plan binder in it. And a lot of information that can be overwhelming. So our ticket in the door on the phone is to mention that you might have gotten a large package in the mail from us. Our second ticket, that's through the phone. But to get in the doorway is to say: You know that binder you got? We would love to help you organize your stack of paper that you've already acclimated regarding your child, and help you get that all organized. We provide them with tabs and everything, and slip-in pockets.

So that's our foot in the doorway. Then within that, we provide Hands & Voices materials on cochlear implants, hearing aids, and communication opportunities from completely visual to completely auditory across that whole spectrum of possibilities.

We use those documents through our Guide By Your Side team. Then through the early interventionist team we use what is called getting started in our state. And this actually has a visual aid in the beginning of it, a chart that shows the communication opportunities again from auditory all the way to visual and everything in between.

So we have a parent guide, a deaf guide who are responsible for making sure that even if the family tells you they know what they want and you can just stop right where you're at, we know that's a mistake. Why? Because if we go into a house and they tell us: We've decided on the McGillicuddy Opportunity, they may not even know that a cochlear implant is something that exists for deaf children. So if we don't go over the fact that to be successful with that method they would need to know about a cochlear implant. Then we failed the family. We have had families where when we first started our program about eight years ago, we went in and they told us we don't need any information from you. We just want to talk to you, you know, about our experience. Really, they needed emotional support.

We've got our minds made up. Well, they were pretty angry about eight months later when they realized we hadn't told them about the right thing for their child that they viewed was the right thing for their child. To be honest, we learned from our mistakes and we got better.

>> KEVIN YOUNGBLOOD: We have three main sections of this version of the Communication Plan. The first one covers the language and communication needs. Basically if you can make out that small print, it ranges from ASL, sign language other than ASL, spoken English, spoken language other than English.

What we are looking to do here is establish what that current language is. Perhaps it could be more than one. Just be specific. Then the information contained here would go under the child's present performance and summary of family information in IFSP document. Kind of provides contextual info to be addressed through the development of the goals and outcomes and the various teaching strategies.

>> ANNE GASPICH: On this slide, part 2 of this communications options, we want to acknowledge what is happening right now. And the most important thing we realized is that families don't understand the first two terms in this list. They don't understand the difference between receptive and expressive language. So we really need everyone to know that you have to go back to basics.

This is not just filling out a document, but it is exposure and acclimating to the things that are important to know as a parent of a child who has a hearing difference.

Then we want to talk to them about how does your baby understand your communication? How does your baby communicate to you? Like I said, in the beginning this might be so simple: Baby smiles. Baby coos, baby cries.

And it is okay to be that basic.

But maybe the family might indicate to you that they have a deaf or hard of hearing relative. So they might know how to finger spell or they may have used some baby signs with their hearing child.

So we would want that to all be kind of accumulated here. We would expect that there are notes in the margins, that it doesn't fit on the sheet. But it is a place where when that discussion arises we're going to keep track of that. That could be a strength of the family to be used in communication moving forward.

>> KEVIN YOUNGBLOOD: When we were putting this together, something else we thought of, some options from this list may make a family think of a child with deaf-blindness. It is okay if the family doesn't know yet. It is okay to put it out there, not necessarily to tell them that but may get them thinking in the meantime.

>> ANNE GASPICH: What we find in our state is that we are really good at identifying the hearing loss and not so good at getting that diagnosis of the vision concern. So we know that that is slower to diagnose partly because of vision developing over time. But we do seek out and our early intervention team statewide has sort of been trained with this Communication Plan training to be alert to the signs of combined vision and hearing loss, and kind of giving them that knowledge that one plus one does not equal two with deaf-blindness.

They are inquiring of the family what is going on with vision as they are kind of jarred to remember that by these terms that they know go with deaf-blindness.

>> KEVIN YOUNGBLOOD: So here we start to, we look at what communication options have been used in the family and were they effective with the family. I don't know if Anne has any examples that you want to discuss there?

>> ANNE GASPICH: So I guess we can look at -- some of the children we worked with and specifically we have one case where it was the beauty of the system all working together. This family was convinced that their baby was going to be a cochlear implant recipient. They thought that from day one. And they were just on the path to cochlear implants and kind of like well, even though they didn't have a firm answer that their child was a candidate.

They were just sold that this was the route they were going to go. And kind of were putting off their teacher who was their special instructor-hearing, canceling appointments. No one home when the teacher got there. And they were just counting on this pathway. Clearly, there was no communication growth happening with this baby. So then we got to the point where we saw that there was no communication happening and they were finally told that their child was not a candidate for a cochlear implant. And then we had to go back to square one with the family. But where they had thought they were on one path, they were then led to think perhaps their child had some type of cognitive disabilities.

But by age 2 the family was open to full immersion in American Sign Language. And as a system we were able to quickly bring in an American Sign Language instructor in addition to a teacher of the visually impaired. As we were going along, we are learning more and more. Now we learning that with the ASL instruction, it was becoming clear that there were visual field limitations.

We just were making changes in this child's communication strategies until we were really moving along.

Now, take that child who the discussion is out there that there may be possibly some cognitive impairment. Then go to where that child is approaching 3 and signing to mom that no, that's the wrong outfit. I want the one that has these colors on it.

So being able to change this communication plan on a regular basis to acknowledge the child is growing and changing, the family level of knowledge is growing an changing, and we want to keep going back to this document.

We sort of are considering this as living and breathing and we need to come back to it.

>> KEVIN YOUNGBLOOD: Another example of that was the communication with peers. If we have an infant, there is no peers around them. Once they start to get involved with children of their age, how are they communicating? What is effective? We want to update that and keep it a fluid document to show what is working with the child.

>> ANNE GASPICH: Another thing, this helps the providers to remember that we need to be cognizant of the fact that we need to help this family come up with other peers. So it is tough as a mom when someone tells you that you should introduce your family and your baby to deaf and hard of hearing people when they are like three months old. You're thinking: Well, my baby is hard of hearing. Why do I need to meet other deaf peers? You just don't understand the importance of that.

So this is another sort of poke to the providers to keep in mind that is important with our deaf and hard of hearing children. The way we often find success in explaining that is saying you might not understand this now, but at some point it is going to be important for your child to look at another person and say: Oh, there are other people like me!

Then for pardons, we don't start this out super young, but we come to a point where we say if you can't comfortably talk to a deaf and hard of hearing adult, you have to look at what that might say to your child. We will try to help you get comfortable with that. We are going forward in the communication plan, but these are all intended to be reminders so that things don't get overlooked and not included in the official IFSP/IEP.

>> KEVIN YOUNGBLOOD: The final part of that section calls out, is there visual impairment as well? Things to consider. Again, the vision exam would be crucial so that the family that hasn't yet done that, that would be an area to encourage them to do so.

>> ANNE GASPICH: A lot of times we'll find that though families have heard things maybe one time, maybe two times, it may take more than that. So especially asking the family, as the service coordinator that would be probably the person whose role it is to say: Have you been told by anyone to have your baby's vision tested? Or an eye exam? The family will be like: Oh, yeah! That ENT did mention that to us, but we totally forgot about that.

So sometimes that can help us even if the child is nearsighted, if they've chosen a visual language we want to make sure that we give them the optimal visual acuity.

>> DEBORAH NOEL: Again this print is really, really small and hopefully you guys will be able to see and pull up the Communication Plan.

Section 2 talks about the opportunities for direct communication. We are looking at direct communication with the family in the child's language and communication options, direct communication with peers and other children who are deaf/hard of hearing, and adult role models like Anne just talked about.

>> ANNE GASPICH: So our goal is to -- this is really a growth kind of document. So you have to look at it and think: This doesn't sound right for a newborn. But again we are looking at this as an opportunity to think about things and to grow into being able to create that school age plan. We want to make sure that these kids have that opportunity to not have mom be interpreting or have a go-between in all of their relationships.

We want them to build strong relationships with other children, their families, and even their early interventionist in the language that they are using.

>> KEVIN YOUNGBLOOD: So the final section covers the progress, assistive tech devices and services. So basically what we will be looking at here will be what supports are needed for the child to participate and make progress? So if you can --

>> ANNE GASPICH: Down that list there are a whole lot of things that are more school age, because we use this the whole way through preschool years. Typically you are probably not going to see some of these things in birth to 3, but you really might at 3 and up. So we list those.

Also we are listing here, have assistive devices been considered? And we know that there's now newer names for an FM system. A lot of children get a remote microphone with the device they choose. Basically we are saying: Have we talked about technology with this family and made sure that they are exposed to all of it? I think that the critical question sort of follows number 2.

So number 2 is really the most important thing on this document. It is asking the team to describe how the language and communication supports meet the child's needs. So we are looking for this to be a "yes" answer. Yes, the child's needs are being met. If the team comes up and gets to that and are realizing, no -- if we have, for example, the child we referenced who wasn't making progress in communication, and then we would have gotten a "no" there. We would have known that we need to go back to square one and look at the opportunities again and see if the parent would be willing to make a change and try something different, so that we would be seeing that progress.

>> KEVIN YOUNGBLOOD: Then the very end of the document would be the glossary, which we didn't put up here because of the length. Again it is probably the best place to start so everybody can be familiar with the terms and options they may not have known previously.

>> ANNE GASPICH: When we wrote the glossary, these are really technical terms. So when we did the readability, we were scoring the Lex aisle level of this document. It is off the charts, but we did bring it down to more parent-friendly language when possible. But some of this language, as parents, I'm going to give you a confession that I didn't remember when my son was born how I really heard. So if I'm at that level and I was a college graduate, I should have known how hearing happens in the human body. But that was some biology class so long ago, I had long forgotten about it.

If I don't even understand that sound travels through air waves, comes in the outer ear, down the canal, hits the ear drum, starts that vibrating. I mean, if I don't understand that, I doubt I'll possibly know what ASL interpretation is, I'm certainly not going to know what fingerspelling is. I wouldn't have even known the term listening and spoken language. They are basic things that I didn't need to know as a CPA, but as a mother I quickly needed to learn them. And our trainer -- so when we train on this document we try to use Pennsylvania experts. We felt that they've actually used that document. We are not going to bring in some outside expert. We want someone who has actually opened this up. When she trained, you can watch her shortened version. We have a job aid on our Pennsylvania website. But she actually told us that the first thing she does is go to the back of it. She actually makes an effort to define the terms in parent-friendly words that are the most important for that particular family to know.

You all know if you've met one deaf child, you've only met one deaf child. That really can be tailored to the family. We know if it's a unilateral mild loss, it isn't imperative to quickly explain cochlear implants to that family. So that would be something you just leave off the list, but go down and prioritize. Maybe even making checkmarks over the course of several weeks of visits of what you covered with the family and the progress you're making in educating them to be the best advocates for their child.

>> KEVIN YOUNGBLOOD: Before we move to the last couple slides related to Hands & Voices and resources, anyone have any questions about the meat of the Communication Plan? The terminology we used? Go ahead.

>> AUDIENCE: I am wondering how often you assess the child's language to know whether the communication methodology that the family chose is effective and working.

>> DEBORAH NOEL: In Pennsylvania, for birth to 3 we require the initial IFSP and then, of course, the six-month review of the IFSP. In between there, there is a three-month progress report required. Then at the nine-month mark.

Every three months that team is touching base, whether it is at an IFSP review meeting or a progress report requirement from the provider of service.

Does that answer your question?

>> AUDIENCE: Yes. And at those meetings, is that based on language updates? I mean, you get together and meet. But has that child's language been assessed between those three-month periods?

>> DEBORAH NOEL: Definitely, yes. It is ongoing assessment. Every time the interventionist goes into the home, and then there are touch points to document and talk as a team about the progress that's being made in the child's outcomes and goals.

>> ANNE GASPICH: We actually have one of our providers in the room that train on this. So do you want to contribute, Maryann, to a little bit about what those language quarterlies look like? Are you comfortable with that?

>> MARYANN: As Deb said, we do the quarterlies. And we update as necessary, but as providers, we are documenting language growth. Probably once a month, if not every session that we see. So all of that data then turns into what drives this document in terms of measurement of gain. Does that answer your question?

>> AUDIENCE: I want to clarify, you use the same document regardless of the age of the child? You tweaked it for the birth to 3?

>> ANNE GASPICH: This is the tweaked version, believe it or not. What happens at school age, it is even more complex. This is the tweaked version that we've actually annotated for the team.

>> AUDIENCE: Okay.

>> ANNE GASPICH: So that if you look in the italicized print, it is telling them the exact spot to put it in their IFSP.

>> AUDIENCE: Okay. I haven't seen it yet. That will make more sense.

>> DEBORAH NOEL: We have it up here if anybody wants to take a look at it.

>> AUDIENCE: Thank you.

>> AUDIENCE: Do you have any standardized tests that you use in the first three years of assessment? I know they are limited choices at that point, but do you use standardized language tests?

>> DEBORAH NOEL: We don't have a required tool that Pennsylvania evaluation providers use. Typically they will use the Battelle, but I don't know if Maryann wants to add anything in relation to tests that a teacher of the deaf or special instructor-hearing would be using.

>> MARYANN: I can just tell you what I use. Again we use the Battelle or the DAISY, obviously, as the evaluation teams. If I'm looking at sign language, I use the California checklist, developmental checklist. I'm using that as well so that I'm gauging a child's spoken language as well as their sign language gains that they are making.

>> DEBORAH NOEL: Thank you, Maryann.

>> AUDIENCE: If a parent wanted to explore more than one methodology in the beginning, do you provide them with two providers? And if you do, do you run into issues like no, you can't do that, you're double dipping?

>> ANNE GASPICH: So we do provide the opportunity for two providers. And in some regions we actually will have providers that have excellent skills in both of the options that they are asking for. So we are not going to say yes, you get two providers because you are doing two things. It is individualized. If the need is there for two separate providers, that's totally individual. There is no across the board like you get this. It is more on you are given all of this information and you are told that the time to have that exploration is now, not later.

They are given parent home visits to say: Look at this now. Don't wait. Waiting has negative consequences and we all know family goals are allowed throughout the IEP years. But it is much harder in practicality to get a family goal once they are school age. We are always encouraging that exploration now. We do have schools where they will have a school age specialty and then an early intervention branch. So then they are modality-specific. If a family is in a edge radio where that would be the provider, say we have a listening and spoken language school, in Pennsylvania we have two really strong modality-specific schools. If that was their provider and they wanted to explore something else, we would need to add a different provider.

>> AUDIENCE: You mentioned earlier that the Communication Plan to be embedded into the IFSP/IEP. If it is not included, what does that document look like? Do children still get services? Does it expire? I'm a little confused on that part.

>> ANNE GASPICH: They have to have an IFSP written to get their services. So this should drive what is put into the IFSP along with the child's strengths and needs. That document can cover all of this. I guess that's how I look at it. But there are teams who use this as an insurance policy and they want to fill this whole thing out and embed it in the IFSP and they know as a provider, I've got this covered. We are at a point where we used this long enough and surveyed on it, we do a deaf and hard of hearing survey. We know we are increasing the number of babies who are actually getting this implemented and used.

So we feel like we are making good strides. We are looking now to make it actually like a sort of red flag in our data system. So when we enter a child into the system who has a diagnosis of hearing loss, we hope at some point this will automatically be flagged. Okay, you put this diagnosis in. Now, you have to at least indicate that you started a Communication Plan.

We don't expect it to be comprehensive.

>> AUDIENCE: Thank you.

>> KEVIN YOUNGBLOOD: Any other questions?

>> DEBORAH NOEL: While Kevin is getting the microphone for this question, I just want to emphasize when you look at our Communication Plan, the italics are prompts for how the team can embed the information into the Pennsylvania IFSP. It looks like there's lots and lots of words. If you want to take the document and gear it more towards your state, you would just take those italics out or modify it for your IFSP/IEP document.

>> KEVIN YOUNGBLOOD: The other version of it, if you Google Pennsylvania EI Communication Plan, it is the one that is more prominent.

>> AUDIENCE: This might be a more systems question. Your state has a lot of contrasts to mine as to how your early intervention works. Do you run into any counties or areas where your special instructor-hearing is not available in that hub, in that area? Is that a problem at all?

>> ANNE GASPICH: Yes, we face that challenge.

>> AUDIENCE: Okay.

>> ANNE GASPICH: We get creative because we are all partners. And we work like partners. Maryann is our partner. I am a partner. They are partners.

So we all turn to each other. So I feel like we have that really good practice. If we find a baby through Guide By Your Side or through Early Intervention. So if we find a baby who doesn't have the services that they need, we have a whole system to problem-solve that already set in place. We actually have a document called Problem Solving In Early Intervention that would guide a family right through the steps that they need to take to reach to the level of Deb or Kevin eventually.

We can make it happen faster just by phone calls. So we do have that happen and we make some exceptions to the rule to meet children's needs. So in the end, we are finding a way to meet their needs one way or another. And if they need us to help, that is exactly what happened. We found this family, the child wasn't making the progress, and then Deb and I actually worked together to get someone to become an EI provider who we knew was the right person to address this child's needs. It is all of us working together. It is really cohesive in our state.

>> AUDIENCE: In your state, who defines what a special instructor-hearing is?

>> DEBORAH NOEL: In our regulations we do identify who is qualified to be a special instructor.

>> AUDIENCE: Okay.

>> DEBORAH NOEL: We don't have specific qualifications for hearing, and we probably intentionally chose to do that so it is flexible. It could be a teacher of the deaf. It could be somebody with a communications degree.

>> AUDIENCE: Can I ask one more question and I'm done. Have you ever run into people who would self-identify then as oh, I can be your special instructor-hearing who maybe would not meet your team's, more flexible definition of what that is? A generalist who says, oh, I can serve that kiddo.

>> DEBORAH NOEL: There is a qualification process that the counties use before they contract with a provider. I also want to say that all of the rates for OT/PT and speech instruction are set. The special instruction-hearing and special instruction-vision are negotiated rates so the county has an option to negotiate at a higher rate.

>> ANNE GASPICH: A generalist would be just a special instructor. They wouldn't be in the category of special instructor-hearing.

We are getting close on time so we should flip forward. We need to flip the slide, Deb?

So we've talked a lot about Hands & Voices. I think honestly, unless you feel like -- I think we covered this slide pretty well.

>> KEVIN YOUNGBLOOD: Go to the next one. Here are just some resources that are used to aid in Communication Plan completion. If you have any further questions about those --

>> ANNE GASPICH: Basically I wanted to have a slide that said to you: What free resources should I know about? But we didn't want to put on there "free."

So these are resources that when you have the barriers like you were mentioning in the back row, asking me questions about barriers in your state? These are resources that are no excuse freebies. And so we went through and found where can I learn about ASL for free? That includes instruction from a Deaf instructor. Now, they would have to have Internet. But also where would I learn about cued speech? I don't have the money to buy DVDs. I don't have the money for weekend training away. Well, if they join DCMP, the free online library, they can download. I consider it the Netflix of deaf and hard of hearing. They can watch DVDs on learning cued speech.

These are ways to do it when you don't have the budget.

Then for listening and spoken language they can do the John Tracy Clinic online modules for parent in listening and spoken language. There are enormous you resources through hearing first. I did give the link to our portal which is where you can find our checklist the tablet I provided in previous years and the Communication Plan. We also thought it was really important to tell that you the CDC has a Communication Plan that is much more simple than ours, and may be easier for you to implement quickly.

Did we include that?

>> KEVIN YOUNGBLOOD: Yes. Here we are just talking about the success of the Communication Plan. We made it part of the deaf/hard of hearing family satisfaction survey where we asked question: In EI, does your child have a Communication Plan in addition to the IFSP/IEP. The percentage of families reporting their child does have the Communication Plan went from 30 percent in fiscal year 2016-2017 to 50 percent in 2017-2018, so it's good that went up.

>> ANNE GASPICH: We hinted. If we are taking a survey on this and doing two trainings on this, likely when we do our monitoring we might look at whether you are really doing this. We were giving loud hints that we were going to checking on it. So we did get buy-in.

>> KEVIN YOUNGBLOOD: In the system, Anne mentioned if the child is diagnosed deaf/hard of hearing there could be some kind of indicator. We have plans in development to add the Communication Plan to our PELICAN systems, which is just our database system as to ensure it becomes part of the child's electronic record so it is accessible to all team members. If the child transfers counties, it would be there, not just a paper document that gets lost somewhere. That's one thing we are working on.

>> ANNE GASPICH: Then this is the example of the CDC communication plan. And this whole presentation came out of the meeting last year where we were talking about this. And we were finding that there weren't that many states that had an Early Intervention Communication Plan in place. This is the example of the more simplified one. Ours only looks so complex because of the annotations.

And any final questions?

>> AUDIENCE: Is there anywhere in Part C that talks about a Communication Plan?

>> DEBORAH NOEL: I don't think so. I am not aware of that.

Is anyone else aware that it is in Part C? I don't think so. I'm pretty savvy with the regs.

>> AUDIENCE: In the school age Communication Plan, I'm not sure how that is mandated but it is mandated --

>> DEBORAH NOEL: It is actually in state regs for the school age Communication Plan.

>> AUDIENCE: Okay.

>> ANNE GASPICH: Any other questions?

You're welcome to get in contact with any of us. Thank you for coming to our session.

>> DEBORAH NOEL: Thank you, everyone.

(Applause.)

(The session concluded at 12:12 p.m. CST.)

(CART captioner signing off.)

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