

# “HEAR” We Go: Michigan Early Intervention Providers Training Program

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# Creating a Team

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- University of Michigan Sound Support
- Michigan EHDI
- Michigan Early On<sup>®</sup> /EOT&TA
  
- First meeting of the minds – April 25, 2005
- First training workshop – March 9, 2006



# University of Michigan Sound Support



- Outreach Program funded through a Medicaid Matching Grant Program – Established October, 2004
- Provide professionals with the tools needed to better serve the rehabilitative needs of children who are deaf and hard of hearing.
- Serve as a liaison between families with children who are deaf and hard of hearing and professionals in order to expedite and facilitate early identification and intervention.
- Part-time staffing includes 5 audiologists, 1 speech pathologist, 1 pediatric otolaryngologist and an administrative assistant

# Michigan EHDI Program

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- MI EHDI established 1997
- Housed in Michigan Department of Community Health
- No current mandate for EHDI screenings
- All birthing hospitals in MI voluntarily provide EHDI screenings
- Screening 95% of births (MI 2005)

# Michigan Part C and Special Education



- Part C services provided through statewide Early On<sup>®</sup> program
- Early On<sup>®</sup> is managed and directed at county level with state level oversight
- Housed in Michigan Dept. of Education
- Birth to age 3 can receive additional services through MI Special Education
- In Michigan, special education services are available to those that qualify - Birth to 26



# Why develop these training workshops?

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- Screening goal for EHDI was being met but delays remain reaching diagnosis and intervention goals
- To provide early intervention service providers with knowledge and tools to better serve and guide families and children with hearing loss
- Improve timeliness and appropriateness of service to families and children with hearing loss



# Planning Meetings

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- Determine course content
- Understand each others' terminology
- Discuss prior knowledge of EO Providers (AudX, etc)
- Use of existing resources for registration and training locations
- Marketing
- Training one another about the role each plays in the EHDI process as well as role in upcoming training workshops

# Divide and Conquer

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- EHDI
  - Provided feedback on overall presentation – ensure unbiased information
  - Distributed workshop information (letters, website)
- MDCH/Early On<sup>®</sup> Coordinator for Public Health
  - Determined locations, provided online registration, and onsite assistance
  - System update meetings
- Sound Support
  - Developed training materials and resources
  - Provided presenters, covered travel expenses





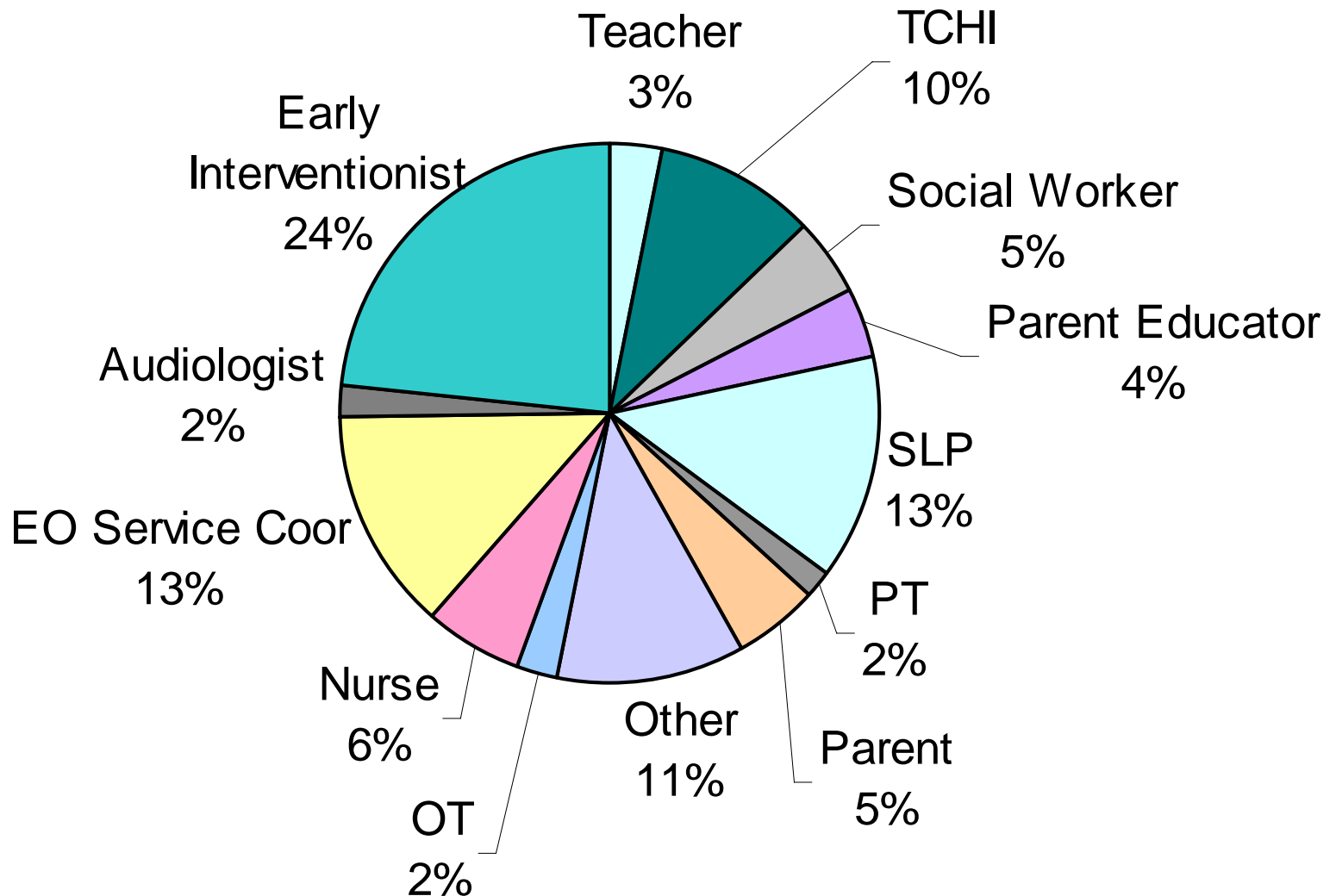
# Summary of Outreach

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- 7 Regional Training Workshops plus session held at the Annual Michigan Early On<sup>®</sup> Conference
- 4 hour workshop divided into three sections
- Pre/post tests along with training evaluation
- Packet of useful resources provided to all attendees

# 203 Attendees – All involved with MI Early On<sup>®</sup>

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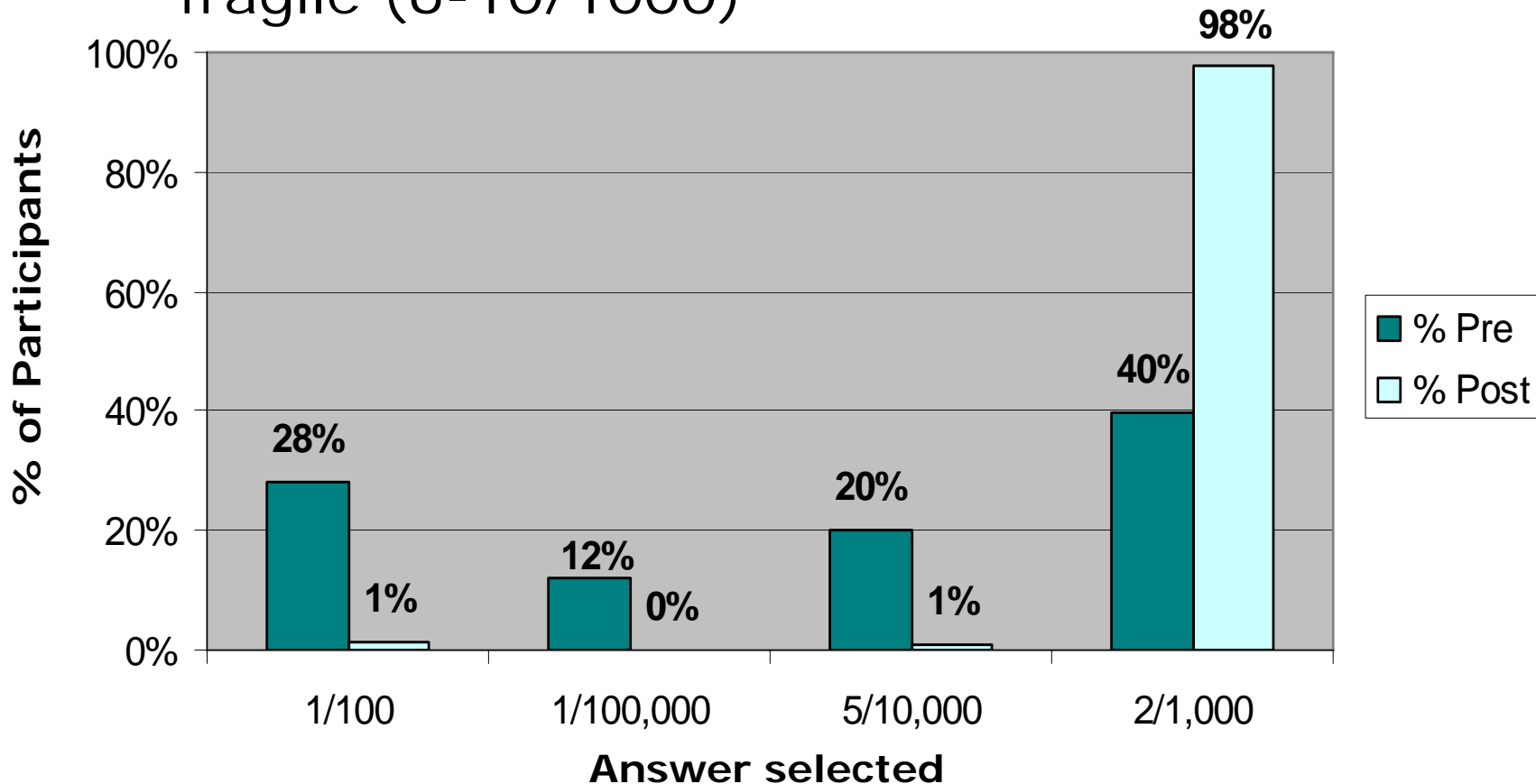
# Section 1: Audiology 101

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- How to read an audiogram
- Types of hearing loss
- How a child's hearing is tested
  - Objective and Subjective Testing Methods
  - Differences between screening and diagnostic testing
    - Avoiding the paper/pencil option of intake evaluation – importance of AudX

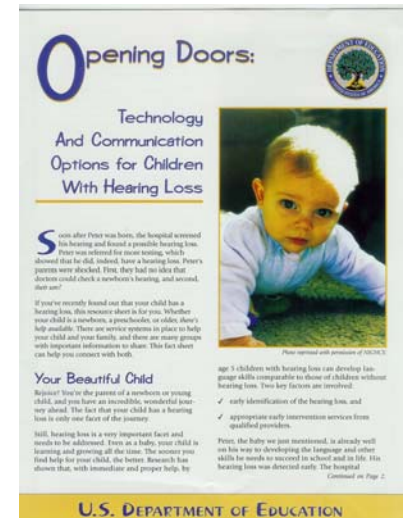
# In the newborn population, what is the incidence of hearing loss?

- Prevalence of hearing loss – general population (2/1000) and medically fragile (6-10/1000)



# Section 2: EHDI Goals and Communication Options

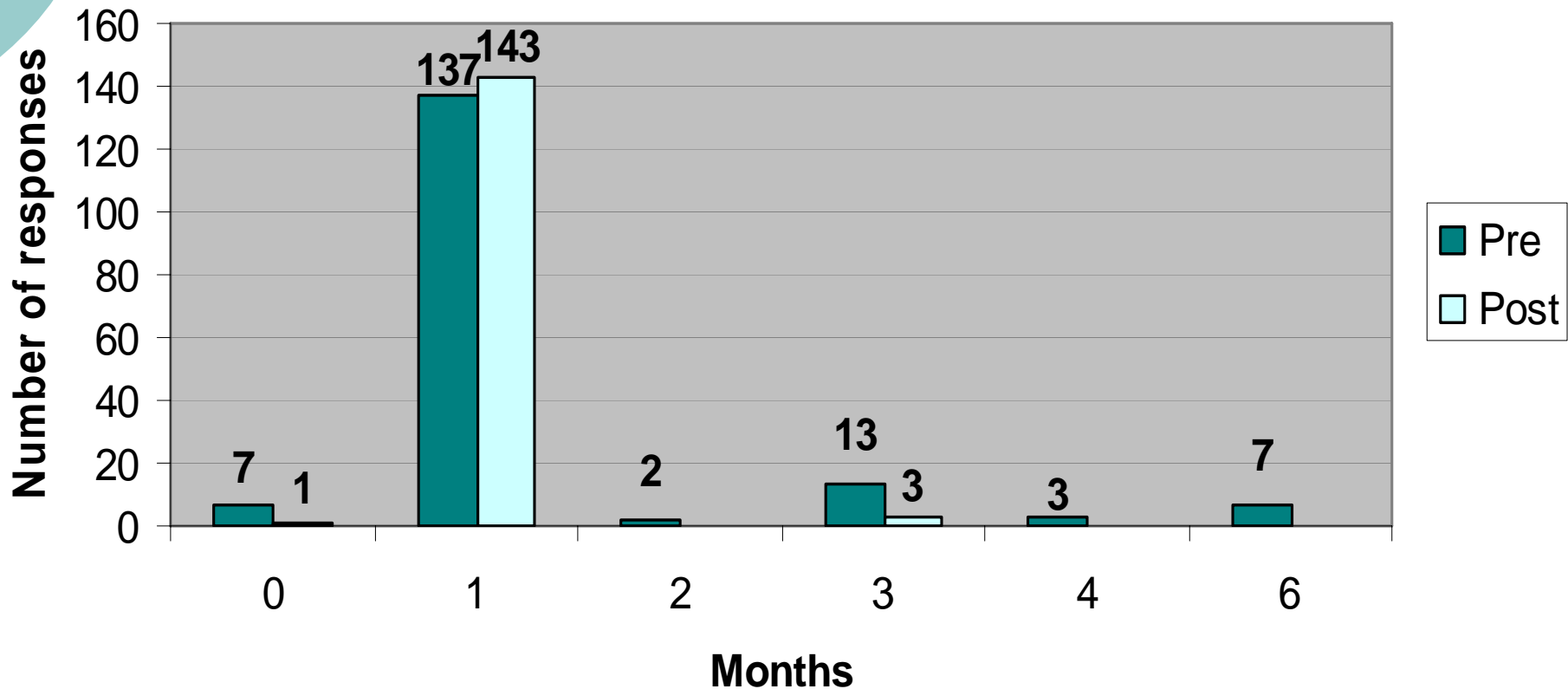
- Reviewed National EHDI goals
- Statistics on the importance of early identification, intervention and the impact of hearing loss on development
- Communication Options
  - Opening the Doors: Technology and Communication Options for Children with Hearing Loss
  - Available online at: [www.ed.gov/about/offices/list/osers/products/opening\\_doors/index.html](http://www.ed.gov/about/offices/list/osers/products/opening_doors/index.html)
- Technology Options
  - Hearing Aids, Cochlear Implants, FM system
  - Demonstration using earplugs simulating a mild hearing loss



All newborns will be screened for hearing loss before \_\_\_ month of age.

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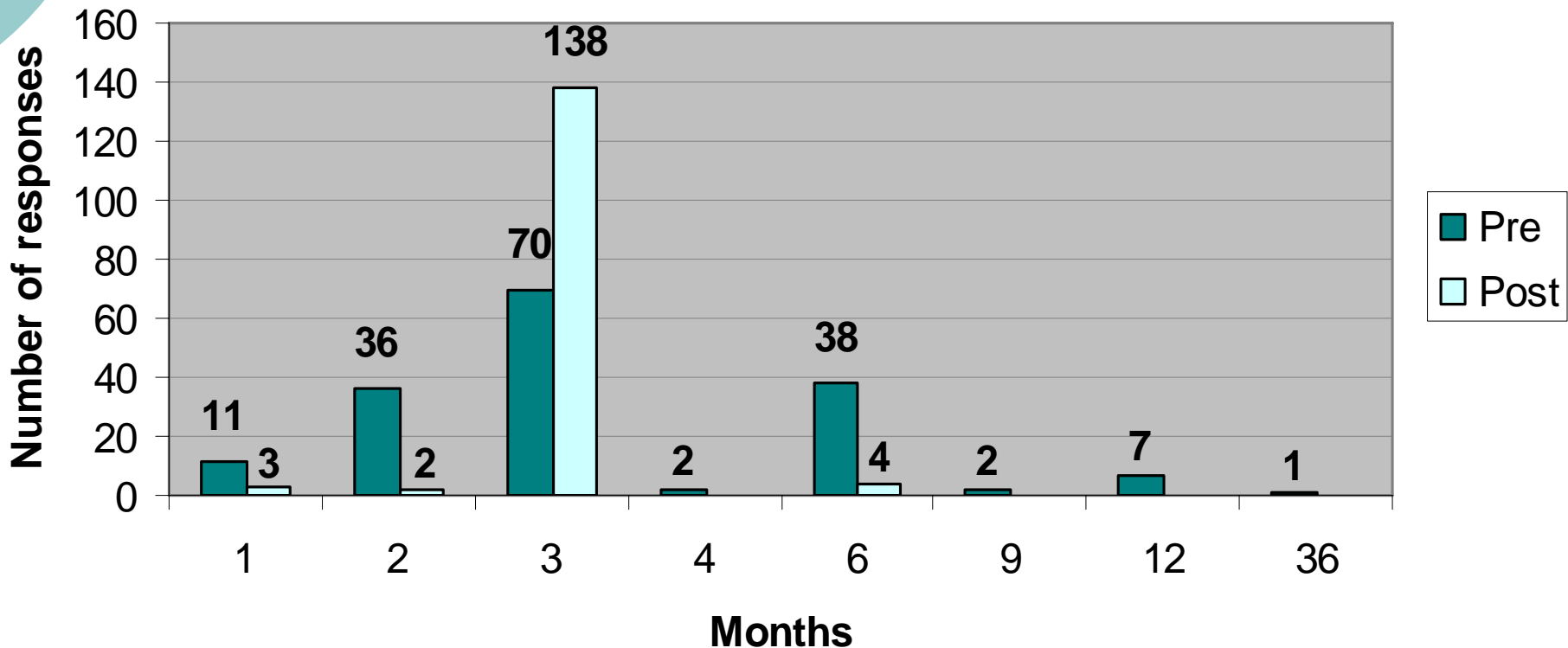
### Screen by 1 month



All infants who refer on newborn screen will have a diagnostic audiological evaluation before \_\_\_ months of age.

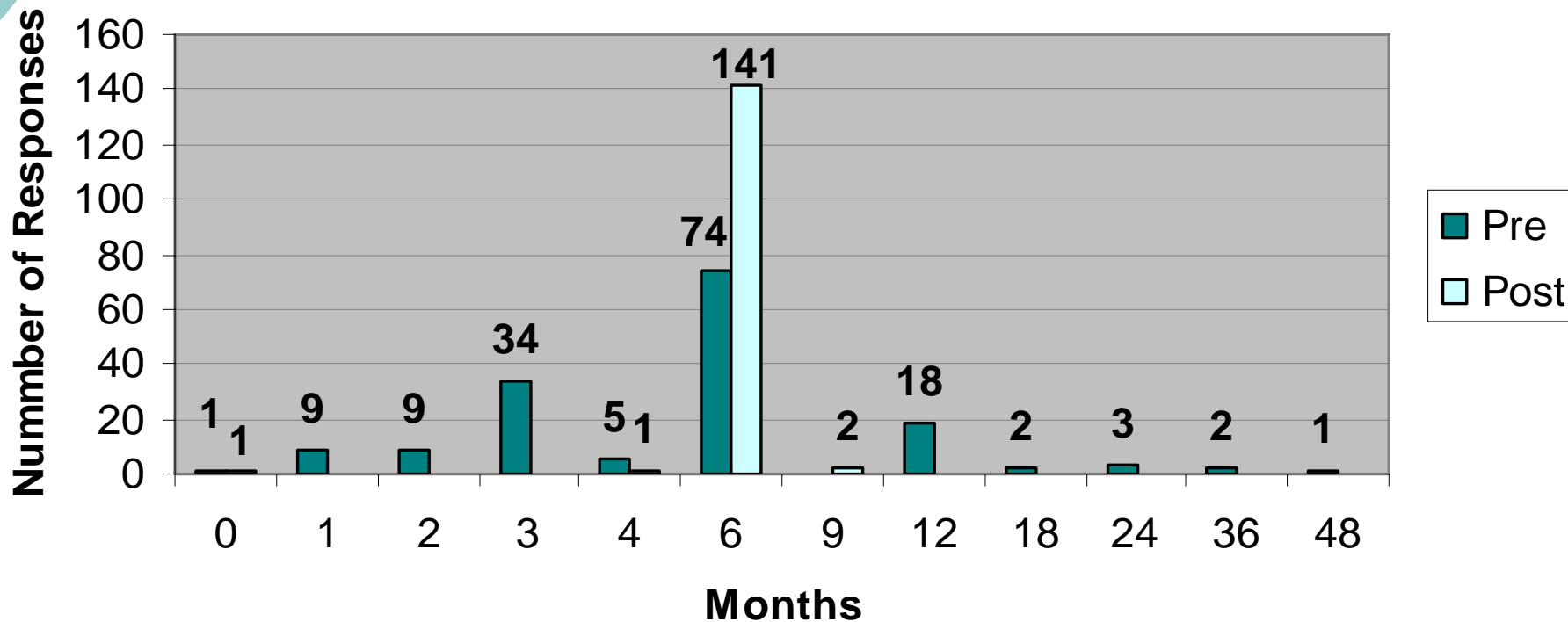
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### Diagnose by 3 months



All infants identified with hearing loss will receive appropriate early intervention services before \_\_\_ months of age.

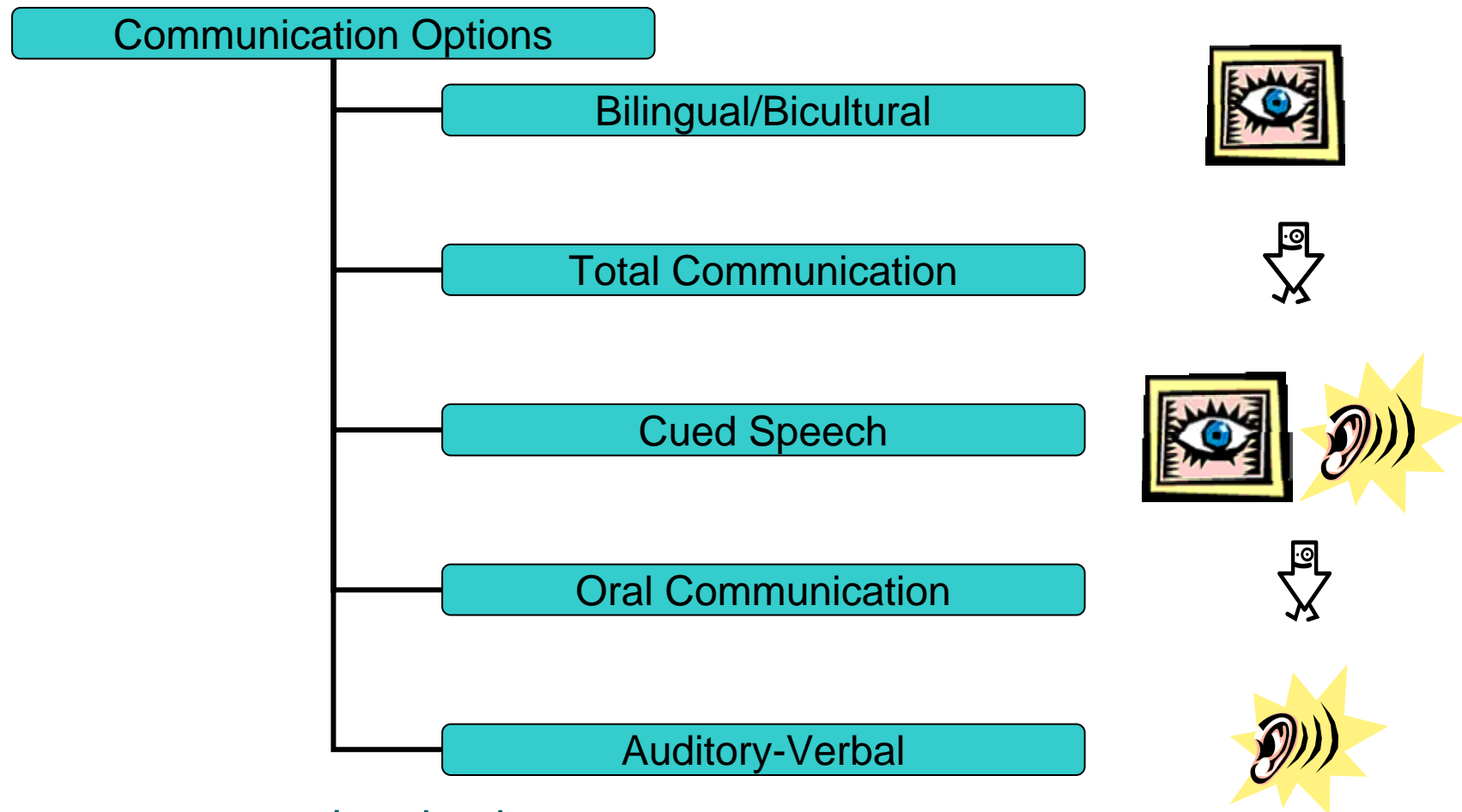
### Intervention by 6 months





# List the five communication options available for children who are deaf/hard of hearing.

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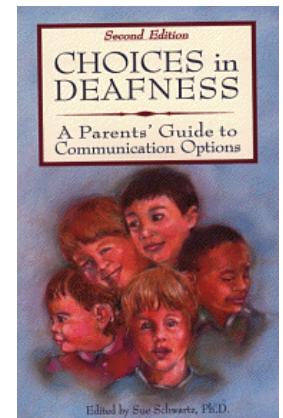


Reference: [www.beginningssvcs.com](http://www.beginningssvcs.com)

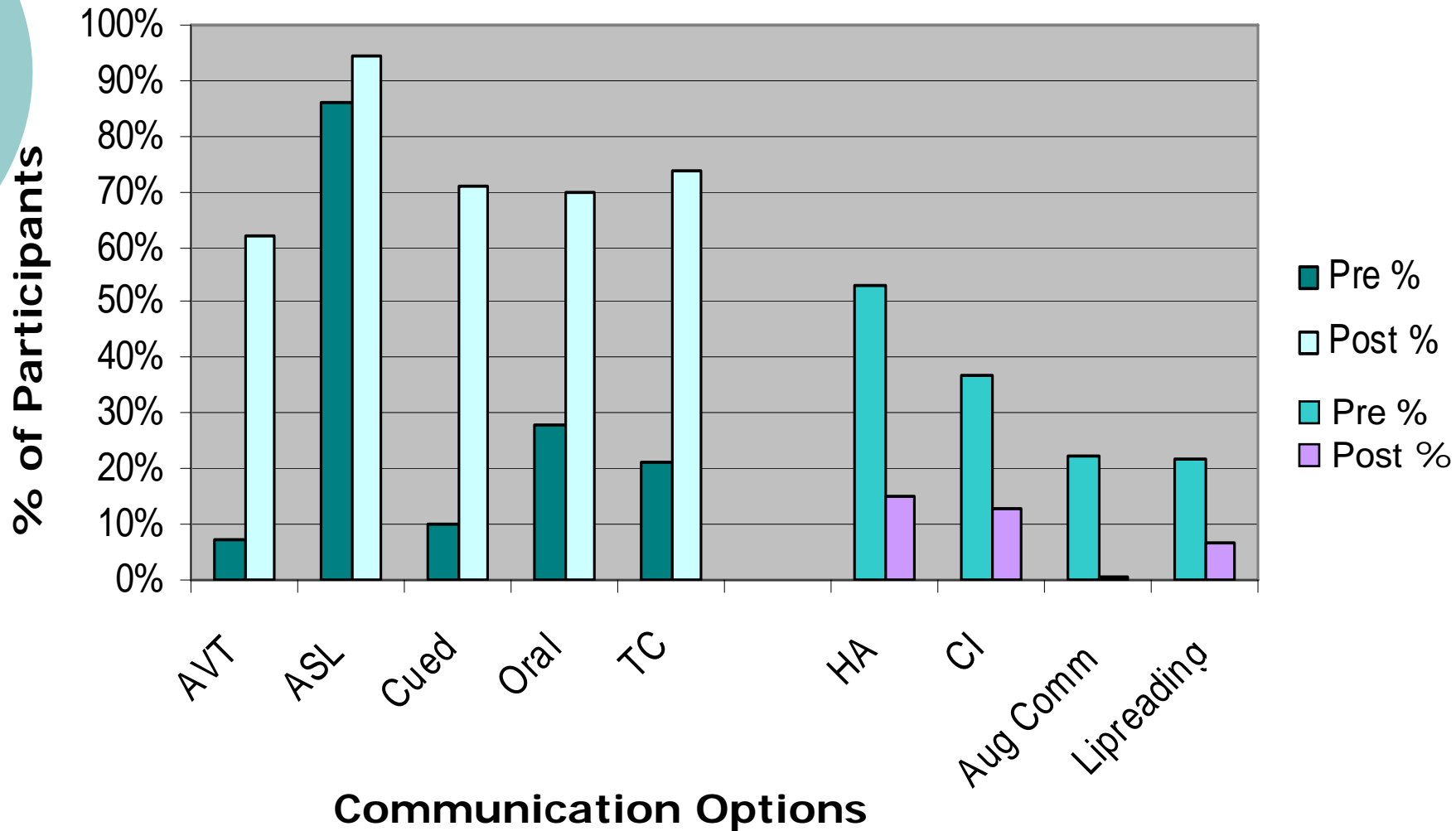
# Communication Options


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- Pretest **no one** listed all five communication options and only **6** listed four correctly
- Post test **57 of 148** listed all five modes of communication and **21** named four modes
- Sign Language continues to be most commonly known mode of communication on both pre and post tests
- This demonstrates bias and lack of knowledge regarding this area



# Communication Options





## Section 3: EHDI, Early On & Jack: Two Systems Working Together

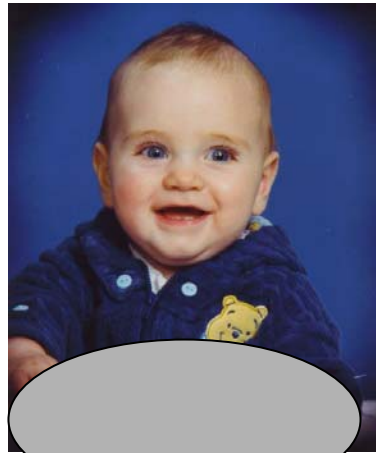
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- Through use of Jack's case study, reviewed EHDI goals
- Attendees brainstormed "Dream Team" for Jack and identified "Roadblocks" to reaching EHDI goals
- Discussed solutions to roadblocks
- Provided various resources for local, regional and state agencies

# Jack's Dream Team –

List who may be involved in the care of a child who is deaf/hard of hearing

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# Pre/Post Test Dream Team Members

Pre %	Team Members	Post %	Team Members
70%	Audiologist	91%	Audiologist
68%	SLP	75%	ENT
40%	TCHI	59%	SLP
38%	ENT	47%	TCHI
24%	Pediatrician	42%	Pediatrician
20%	Early On	29%	Early On
12%	Teachers	25%	Early On Service Coor
9%	Social Worker	20%	Spec Education
9%	Spec Education	17%	Family
5%	Early On Service Coor	9%	Social Work
3%	Family	4%	Teachers

Top 6 similar Pre & Post

These groups moved up post

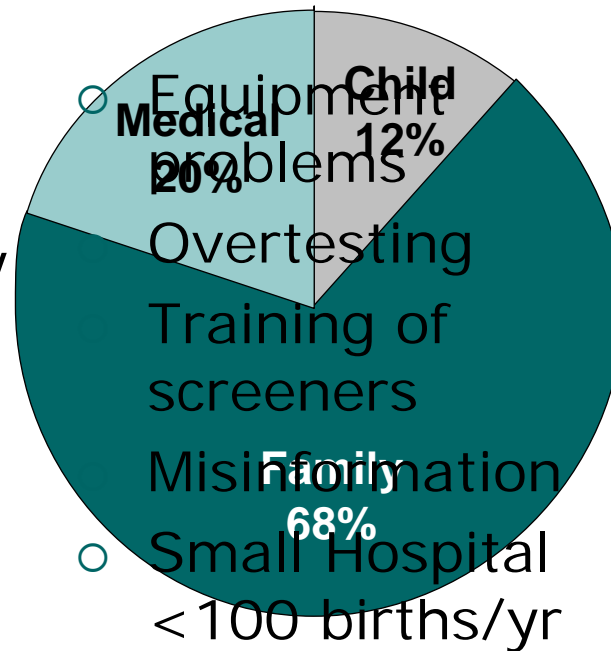
# Summary of Roadblocks: Screening

Family (68%)

Medical (20%)

Child (12%)

- In home births
- Parent refusal
- Discharged quickly
- No insurance
- Language barrier
- Parent fear/denial
- Young parent or low functioning parent



- NICU stay/ other illness

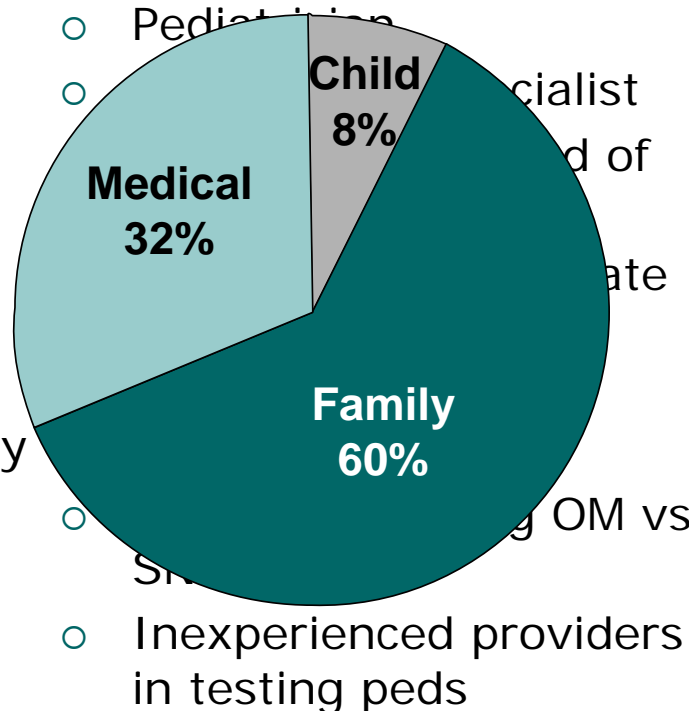
# Summary of Roadblocks: Diagnosis

Family (60%)

Medical (32%)

Child (8%)

- Lack of follow up
- Family denial
- Lack of knowledge
- No insurance
- Transportation
- Family moves
- Language barrier
- Unable to contact family
- Job/Work interferences
- Parent not concerned
- Basic needs come first



- Pediatrician
- Specialist
- d of
- ate
- g OM vs
- S
- Inexperienced providers in testing peds

- Other medical concerns
- Late onset HL
- Developmental response to sound vs HL
- Difficult to test
- Foster/adopted no previous med hx



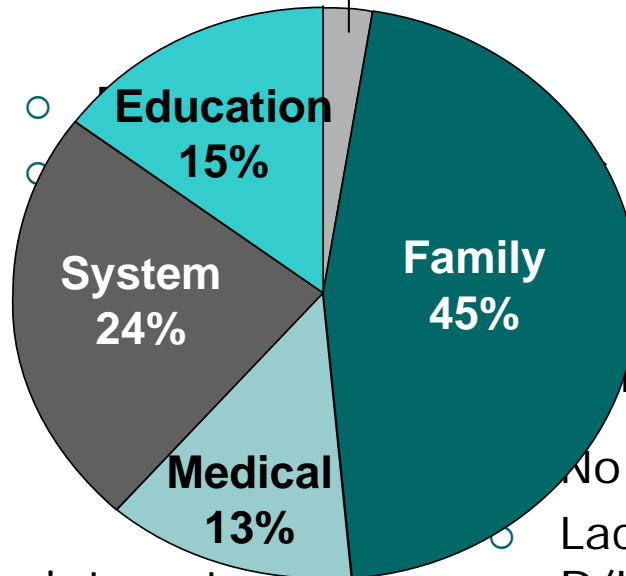
# Summary of Roadblocks: Intervention

Family (45%)

Medical Child (13%)

Child (3%)

- Transportation
- Do not follow up
- Unstable family
- Cultural issues
- Insurance



- Other health issues take precedence

System (24%)

- Long waits for appointments
- Slow referrals
- Lack of communication between agencies
- Time lost on paperwork/red tape

Education (15%)

- No summer services
- Lack of professionals with D/HoH experience
- Services parents want not offered in area
- Special Ed Guidelines restrict who is eligible for service

# Summary:

## Roadblocks To Reaching EHDI Goals

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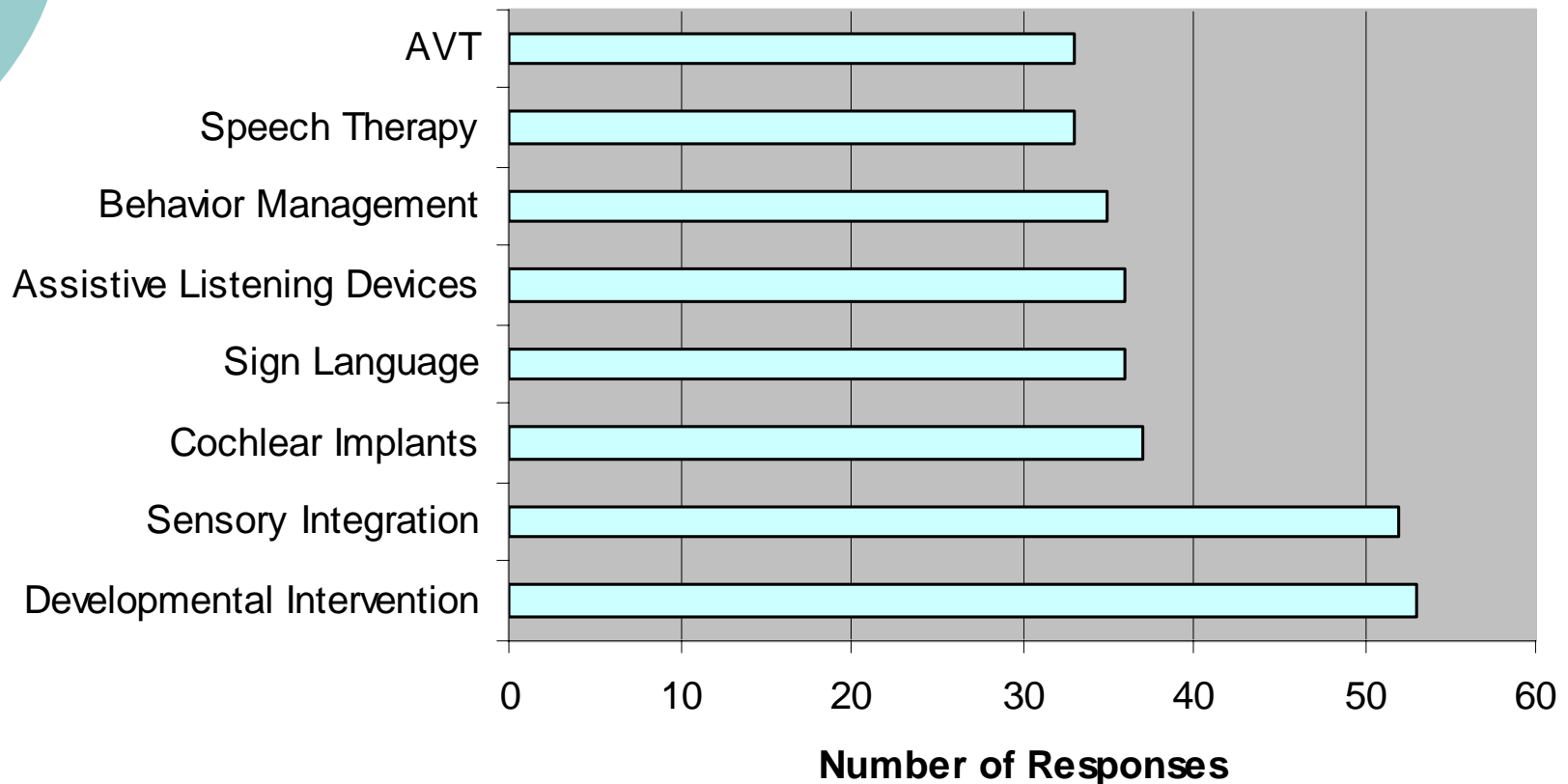
	Child	Family	Medical	System	Education
Screen	12%	68%	20%		
Diagnosis	8%	61%	32%		
Intervention	3%	46%	13%	24%	15%

Highest percentage of roadblocks reported by EI providers revolved around the family.

# Future Outreach for EI Providers

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- Participants asked to choose 3 topics from 14 possible.





# Future Outreach Activities

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- UM Sound Support

- Continue to educate and empower parents to best navigate the system
- Continue outreach to EI providers working with families and children with hearing loss
  - Spring Workshop on AVT: Fostering Listening and Language Development
- Regional AUD/SLP/TCHI/CI roundtables
- MAC Fall Conference 2007
  - Hands On ABR Course
- Lectures to grad students and professionals on hearing loss, auditory verbal therapy and technology
- Individual school visits



# Future Outreach Activities

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- Early On/EHDI Stakeholder meetings
  - Determine roadblocks to the current system
  - Identify and prioritize needs
  - Ensure early identification, service/care coordination, eligibility determination, and quality assurance



# Future Outreach Activities

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## ○ Early On<sup>®</sup>

- Partnering with UM Sound Support to have Audiology 101 online training prior to AUDx trainings
- Continue discussion re: HIPAA/FERPA roadblock
- Update MI State Interagency Coordinating Council for Early On<sup>®</sup> about these findings

*“No one can whistle a symphony.  
It takes an orchestra to play it.”*

H.E. Luccock

We need to continue to work together to provide an efficient system that enables families and children with hearing loss to reach their maximum potential for success.







# Special Thanks To:

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- Angelique Boerst, MA
  - Audiologist, University of Michigan
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- Lorie Lang, MA
  - Audiologist, EHDI/MDCH
- Carol Spaman
  - Early On<sup>®</sup> Training & Technical Assistance
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  - Manager, Child Health Unit, MDCH
- Joan Ehrhardt, MS
  - Birth Defects Coordinator, MDCH

# Questions or Comments-

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