

BUILDING NEWBORN HEARING SCREENING INTO STATE EARLY INTERVENTION PROGRAMS

The New York State Model
2011 EHDI Conference



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Learning Objective



Collaborative partnerships are the mechanism for designing comprehensive strategies that strengthen children and families

Learn steps in creating State level partnerships between Early Hearing Detection and Intervention Programs (EHDI) and Part C Early Intervention Programs (EIP)



Importance of Early Intervention

Before newborn hearing screening:
children with severe-to-profound hearing loss, on average, completed the 12th grade with a 3rd- to 4th-grade reading level and language levels of a 9- to 10-year-old hearing child.

Infants who receive EI services before 6 months have significantly better outcomes and children enrolled within the first year have language development within the normal range at 5 years of age.



New York State Early Intervention Program

- Part C of Federal Individuals with Disabilities Education Act (IDEA)
- Title II-A of Article 25 of PHL – Implemented July 1, 1993
- Health Department is State Lead Agency responsible for administration and oversight in collaboration with 57 counties and NYC
- 75,000 children annually

| 2005 | 2006 | 2007 | 2008 | 2009 |
|------|------|------|------|------|
| 693 | 794 | 896 | 1145 | 1283 |

Children with Hearing Loss enrolled in EI



Redefining 1-3-6

- 1 - Hearing screening using a physiologic measure at no later than 1 month of age
- 3 – Rescreening and confirmation of hearing loss by 3 months of age
- 6 – Enrollment in EI no later than 6 months of age



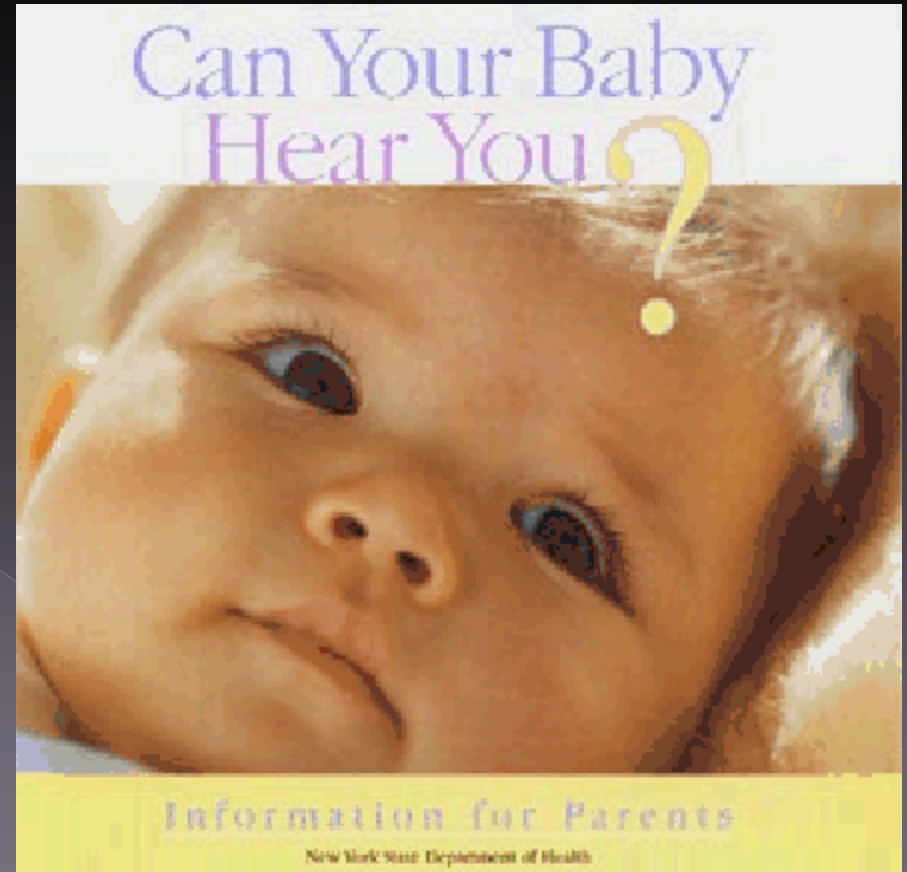
EARLY INTERVENTION FROM BIRTH

Parents informed of Early Intervention in the hospital prior to discharge

Written and verbal communication

Increase program awareness

Communicate referral procedure



Formalizing EHDI/EIP Partnerships



- Organizational Structure
- Regulations
- Information Systems
- EIP Staffing Commitment



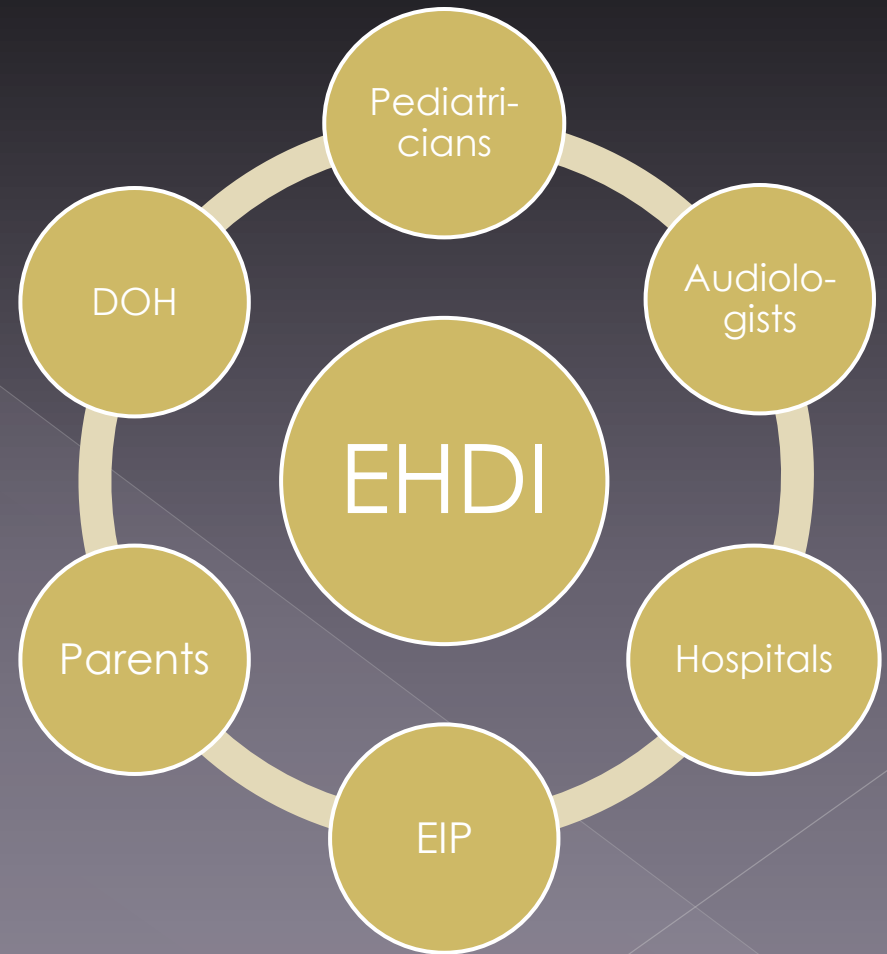
NYS Department of Health Organizational Structure



Regulations

Advisory Workgroup

Met from 2000-2001 to collect expert stakeholder input to establish regulations



NYS Regulations Effective October 20, 2001

Referral to Early Intervention built in at two junctures:

- Lost to follow up for more than 75 days
 - Referred “at-risk”
- After failure of initial and follow up screening
 - Referred for confirmatory diagnostic test – “suspected”

Parent has the right to object to referral

SCREEN-FOLLOW UP-REFER

In addition to referral and follow up mechanisms, NYS Early Intervention also provides:

- Reimbursement for diagnostic audiologic evaluations
- Reimbursement for assistive technology services, including devices
- Opportunity to enhance medical home



Everything he says will
be important



New York Early Intervention System NYEIS

- New York Early Intervention System (NYEIS)
 - > NYEIS is a web-based, state-of-the-art software application that will electronically manage early intervention administrative tasks and exchange of information.
- Built-in EHDI design
 - > Referral workflow
 - > Ability to link data for long-term follow up



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Create Referral

Register Cancel



Referral Reason

| | | | |
|----------------------------|----------------------|------------------------|----------------------------------|
| *Primary Referral Source: | <input type="text"/> | *Status Assigned: | Failed Initial Hearing Screening |
| Secondary Referral Source: | <input type="text"/> | *Referral Source Type: | <input type="text"/> |

Child Information

| | | | |
|----------------------------|---|---------------------------------|----------------------|
| *Referral Date: | <input type="text"/> | *Child First Name: | <input type="text"/> |
| Child Middle Name: | <input type="text"/> | *Child Last Name: | <input type="text"/> |
| Suffix: | <input type="text"/> | Birth Last Name (If Different): | <input type="text"/> |
| *Gender: | <input type="text"/> | *Date of Birth: | <input type="text"/> |
| Child's Dominant Language: | <input type="text"/> | *Municipality of Residence: | <input type="text"/> |
| *Race: | American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White | *Ethnicity: | <input type="text"/> |

Family Information

| | | | |
|--|----------------------|---|----------------------|
| Mother's First Name: | <input type="text"/> | Mother's Last Name: | <input type="text"/> |
| Mother's Date Of Birth: | <input type="text"/> | Mother's Dominant Language: | <input type="text"/> |
| Father's First Name: | <input type="text"/> | Father's Last Name: | <input type="text"/> |
| Father's Date Of Birth: | <input type="text"/> | Father's Dominant Language: | <input type="text"/> |
| Is a Parent Proficient in English?: | Yes | Preferred Communication: | <input type="text"/> |
| Alternate Parent Contact Name: | <input type="text"/> | Phone Number of Alternate Contact Person: | <input type="text"/> |
| Alternate Contact's Relationship to Child: | <input type="text"/> | | |

By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral

Address

| | | | |
|-------------------|----------------------|------------------|----------------------|
| *Primary Address: | <input type="text"/> | Mailing Address: | <input type="text"/> |
|-------------------|----------------------|------------------|----------------------|

Phone Number

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Information System EHDI

- Currently being developed
- Includes fields to capture referrals to EIP
- Integration with medical home
- Data linked with data in NYEIS

CDC EHDI Goal 6: State Tracking and Surveillance System



EIP Staffing Commitment

- In-kind support
- Departmental support for integration of child health information
- Statewide effort with local collaboration
 - > NICHQ example



- 2008-2009
- Montefiore Medical Center
- New York City Early Intervention Program
- NYC Parents

•Multiple Contact Information

•Verify primary Care Provider Info

•Referral to EI

•NYC Citywide Immunization Registry

•Revised Parent Letter



Create Strategy

Implement Evidenced Based Programs and Initiatives

Evaluate Programs

Adjust Plan in Accordance with Evidence

Outcomes of Effective Partnering

Decrease in loss to follow up

2009: 246,647 discharges from 140 facilities

| | 2002 % | 2005 % | 2009 % |
|---------------------------|------------------|------------------|------------------|
| Screen Prior to Discharge | 95.22 | 98.04 | 99.15 |
| Screen B-1 month | 95.74 | 99.14 | 99.17 |
| Return Post-Discharge | 71.71 | 74.85 | 83.14 |

Outcomes of Effective Partnering

Earlier referrals to EIP

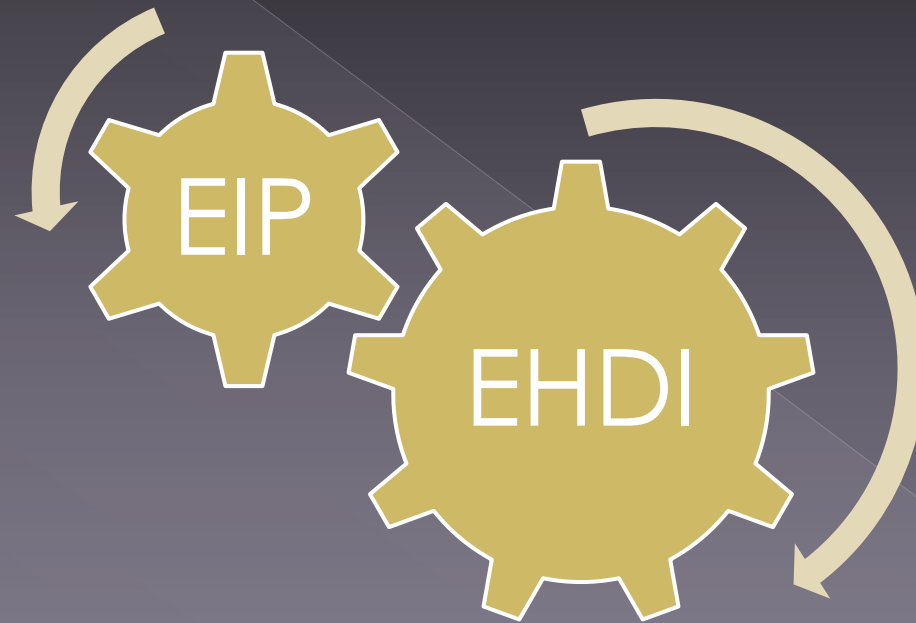
| | 2000 | 2010 |
|---------------------------------------|------|------|
| Referral to EI | 12.6 | 4.1 |
| Identification of hearing Loss in EIP | 14 | 8 |

Dually Knowledgeable Staff

Seamless Systems



Shared Resources Yield Positive Outcomes



THANK YOU

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