

Outreach Program

Wisconsin Educational Services Program for the Deaf and Hard of Hearing

Tony Evers, PhD, State Superintendent

Wisconsin Department of Public Instruction

Alex H. Slappey, Director WESPDHH

Marcy Dicker, Director Outreach Program

WESP-DHH Western Region Birth to Six Redesign Pilot Summary

The Wisconsin Educational Services Program for Deaf and Hard of Hearing was awarded ARRA funds through the State Birth to 3 Program. These funds will be used to develop a pilot model of services in one region of the state. This project will pilot the recommended re-design strategies identified by stakeholders who attend the Birth to 6 Redesign Summit conducted June 29-30, 2009. The pilot goals are as follows:

- To develop and Implement a pilot system of supports to address the specific needs of infants and children who are deaf, hard of hearing, and have a combined vision and hearing loss.
- Utilize information/data gained from the pilot to inform the creation of a Regional Birth to 6 System Service Delivery Model for children with sensory disabilities that could be implemented statewide.

Components of the pilot include the following:

- 2 Year funding cycle (10/1/09-9/30/11).
- Purpose: Gather information, build infrastructures, determine efficacy
- Collaborators: Wisconsin Sound Beginnings (WSB), Birth to 3 programs, school districts, CESAs, Office of the Deaf and Hard of Hearing, Children and Youth with Special Health Care Need, REsource, Audiologists, Cochlear Implant centers, families, etc.
- Pilot will interface with other WESP-DHH initiatives, specifically assistive technology supports (WISHES), as well as GBYS, DMP, HELP, educational program consultation
- A Regional Services Coordinator will be hired to oversee, coordinate and work in tandem with Birth to 3 Services Coordinators at a regional level. Will work in collaboration with/under the supervision of the Outreach Birth to 6 Services Coordinator
- Year 1: Identify “team” members to determine levels of knowledge, skills, expertise for regional team; to identify creative collaborations; to identify gaps in the region; to provide trainings to ensure equal foundation of knowledge and necessary specialization; to build a strong and quality “team”
- Year 2: To provide services and collect data regarding the impact of services

This pilot project has been funded largely by the Wisconsin Birth to 3 Program (a program of the Department of Health Services) ARRA dollars.

**WESP-DHH Birth to Six Redesign Pilot
ARRA WORK PLAN**

Priority Area: Regional collaboration and professional development

Funding Period: 10/01/2009 - 7/30/2011

Goals / Objectives / Activities	Start Date	Estimated Completion Date	Budget Amount	Positions Created	Data Collection	Evaluation Plan
<p>Outcome: To develop and implement a pilot system of support to address the specific needs of infants and children who are deaf, hard of hearing and deafblind. This project will pilot the recommended re-design strategies identified by stakeholders who attended the Birth to 6 Redesign Summit conducted June 29 - 30, 2009. Results will be used to inform the creation of a Regional Birth to 6 System Service Delivery Model for children with sensory disabilities that could be implemented statewide.</p>						
<p>Goal 1: <i>Increase the number of families with children who are deaf, hard of hearing, or deafblind that have access to comprehensive services in one region of the State of WI and determine impact on children and families</i></p>						
<p>Objective 1: Develop and evolve an early intervention outreach and coordination team: a regional d/hh/db Service Coordinator who will partner with county Service Coordinators and LEA Case Managers, and individuals with unique knowledges that will be capable of serving families in the region.</p>						
<p>Activity 1.11: Identify and hire a regional D/HH/DB Service Coordinator in one DHS region in WI</p>	<p>Hope to have identified by 9/1/09</p>	<p>Hired by 2/1/10 (grant approval delayed)</p>	<p>Salary & Fringe/CESA 10 Housing *****</p>	<p>Birth to 6 Regional Services Coordinator, .30 FTE</p>		<p>Performance evaluation with assessment of target indicators met or not met</p>
<p>Activity 1.12: Regional Service Coordinator will identify key positions and people through a process of resource mapping in the region, including an AT regional expert who will identify and access AT resources, coordinate AT trainings in identified areas of need, provide AT consultation for individual children and programs and, link, as needed to the AT WISHES program.</p>	<p>Year 1</p>	<p>End of year 1</p>	<p>Year 1: 11,858.50 Travel: 1,200 Year 2: 17,581.75</p>		<p>Regional Directory of Services will be created: Names, Roles, Contact information, Area of Expertise, Bios</p>	
<p>Activity 1.13: Regional Service Coordinator will facilitate creative collaborations and formal agreements that will support the participation of members of the early intervention outreach and W. Regional Team</p>	<p>End of Year 1</p>	<p>End of year 1 (Mid-end Year 2)</p>	<p>Travel: 1,500</p>		<p>MOAs, contracts, or other agreements that will support the commitment of staff time dedicated to counties across the region</p>	

Goals / Objectives / Activities	Start Date	Estimated Completion Date	Budget Amount	Positions Created	Data Collection	Evaluation Plan
Activity 1.14: Provide training opportunities that fill gaps in the team knowledge related to the unique needs of d/hh and db children. Interpreters will be provided, as needed	Year 1	End of Year 2	12/10: \$7000 Funds shifted from service implementation (Activity 1.22) Interpreters: \$3,779.75			
Activity 1.15: Members of the Outreach Team with leadership from the Birth to 6 Services Coordinator will provide coaching and mentorship to the Regional Service Coordinator and the W. Regional team	End of Year 1	End of year 2	1/10: Training: year 1: \$2580 Year 2: \$2500		Pre-test/post-test results Number of outreach events attended	
Activity 1.16: Birth to 6 Services Coordinator and Regional Service Coordinator will disseminate information to the regional stakeholders about the W. Regional team and how to access their services and potential service delivery models.	Middle of Year 1	End of year 1 (Mid-end of 2 year)			Materials will be developed and posted on the WESP-DHH website. Dissemination Plan is created.	Stakeholders will be queried regarding their knowledge of the new process for accessing the W Regional Team
Objective 2: Implement a Birth to 6 Service Delivery Model that utilizes the W. Region Team						
Activity 1.21: Engage in establishment of systems and protocols necessary to meet identified State Performance Indicators including a modified intake process for children who are deaf or hard of hearing.	Beginning of Year 2	Ongoing			Tracking number of children referred to B-3, LEAs that are also connected with Regional SC (within a 2 week period).	Target is 100% of children by the end of year 2

**WESP-DHH Birth to Six Redesign Pilot
ARRA WORK PLAN**

Priority Area: Regional collaboration and professional development
Funding Period: 10/01/2009 - 7/30/2011

Goals / Objectives / Activities	Start Date	Estimated Completion Date	Budget Amount	Positions Created	Data Collection	Evaluation Plan
<p>Activity 1.22: Implement individual service models with (IFSP, IEP) with the Birth to 6 W. Regional team to work with newly identified families and children in the designated region. Child progress in communication and social development will be assessed.</p>	Year 2		9/09: \$7000 12/10: Shift Funds to Team training (Activity 1.14) due to reduced timeline for service implementation		<p>The number of infants, children and families receiving service coordination and services by providers with deafness specific knowledge to meet the individual needs of children and families.</p> <p>Review of IFSPs and IEPs for content specific outcomes/goals and supports related to d/hh and db needs.</p>	<p>Satisfaction Survey to Birth to 3 programs</p> <p>Child and family outcomes specific Assessment Outcomes Related to the SPP and current Evaluation Projects (AEIOu)</p> <p>Conduct at least 2 focus group meetings with AEIOu participants to review and assess the AEIOu procedures and resulting supports</p> <p>Increased number of content specific goals/outcomes and supports related to d/hh and db needs.</p>
<p>Activity 1.23: Connect all families/B-3 Service Coordinators in the region with the Birth to 6 Regional Services Coordinator services at the time of referral</p>	Year 2		In- Kind		Number of familiesB-3 Coordinators connected with the Regional Services Coordinator	Target is 100% of children by the end of year 2

Goal 2: Increase systematic data collection and program evaluation at the state level.

Objective 1: A data analysis and program evaluation system will be established to support quarterly reporting.

<p>Activity 2.11: Develop a new evaluation tool to assess provider expertise and quality of services provided</p>	Year 1		In - Kind			
<p>Goals / Objectives / Activities</p>	<p>Start Date</p>	<p>Estimated Completion Date</p>	<p>Budget Amount</p>	<p>Positions Created</p>	<p>Data Collection</p>	<p>Evaluation Plan</p>
<p>Activity 2.12: Implement a data collection system that reflects new agreements, collaborations and expertise in the region</p>	Year 2		In - Kind		<p>Reports generated and submitted to County B-3 programs, LEAs, WESP-DHH, WSB, DHS and DPI</p>	<p>Synthesis of data on forms related to identified reporting targets (time of enrollment, services obtained, SPP information). Data to be used to modify and determine additional supports needed to reach SPP outcomes.</p>
<p>Activity 2.13: Develop and implement an assessment tool and protocol that evaluates the county and family satisfaction with the W. Region Birth to 6 Team</p>	<p>End of Year 1 (mid-year 2)</p>	<p>End of Year 2</p>	<p>In - Kind</p>			



Outreach Program

Wisconsin Educational Services Program for the Deaf and Hard of Hearing

Tony Evers, PhD, State Superintendent

Wisconsin Department of Public Instruction

Alex H. Slappey, Director WESPDHH

Marcy Dicker, Director Outreach Program

WESP-DHH Outreach B-6 Western Region Redesign Pilot / Part C State Performance Plan Indicators Project Goals & SPP Indicator Alignment Summary Sheet

Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>1. Provide service coordination within the Western region for children with hearing loss and their families to identify family strengths and needs, set goals and priorities and identify appropriate and qualified service providers.</p>	<p>1. Percent of infant and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner.</p> <p>2. Percent of infants and toddlers with IFSPs who primarily received early intervention services in the home or program with typically developing children</p> <p>4. Percent of families participating in Part C who report that EI services have helped their family: know their rights; effectively communicate their children's needs; help their children develop and learn.</p>	<p>The Regional Services Coordinator is a resource in the W. Region who has expertise in early intervention needs for children who are d/hh or have a combined vision and hearing loss. The Coordinator works in partnership with the County Services Coordinator sharing the importance quality intervention services (based on evidenced based practices); coordinating and locating specially trained providers who have expertise in working with d/hh infants, toddlers and their families; and sharing and linking local, regional and statewide resources.</p>

This pilot project has been funded largely by the Wisconsin Birth to 3 Program (a program of the Department of Health Services) ARRA dollars.

N25 W23131 Paul Road, Suite 100 Pewaukee, WI 53072-5734
 262-787-9540 Voice 262-787-9505 FAX
 Video Phone 262-649-9633
www.wesp-dhh.wi.gov



Pilot Project Goals:	SSP Indicators	Alignment/How?
1. Provide service coordination within the Western region for children with hearing loss and their families to identify family strengths and needs, set goals and priorities and identify appropriate and qualified service providers.	<p>5. Percent of infants and toddlers birth to 1 with IFSPs compared to: Other states and National Data.</p> <p>6. Percent of infants and toddlers birth to 3 with IFSP's compared to: Other states and National Data.</p>	Indicator # 5 & 6: Families will better understand the need and importance for Birth -3 to support their child's development- reducing the number of families who refuse services.
1. Provide service coordination within the Western region for children with hearing loss and their families to identify family strengths and needs, set goals and priorities and identify appropriate and qualified service providers.	8. Percent of all children exiting Part C who receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services; Notification to LEA, if child potentially eligible for Part B; and Transition conference, if child potentially eligible for Part B.	The Regional Services Coordinator supports the family and team members throughout and beyond the transition process (B-6). The Coordinator will be familiar with Preschool Options and Promising Practices for d/hh preschool children. This will be brought to the transition process to support appropriate identification of services/supports and environments.
2. Identify service providers and develop a comprehensive regional service delivery team, with expertise and experience in working with children who are deaf, hard of hearing and deafblind and their families.	<p>2. Percent of infants and toddlers with IFSPs who primarily received early intervention services in the home or program with typically developing children</p> <p>3. Percent of infants and toddlers with IFSP's who demonstrate improved: Social emotional skills; acquisition and use of knowledge and skills (language and communication); use of appropriate behaviors to meet their needs.</p>	The identified providers will be available to provide service throughout the region. Appropriate and quality services will be brought to children and families in their communities and homes. The Regional Services Coordinator will research supports within communities for families and Birth -3 Programs.

Pilot Project Goals:	SSP Indicators	Alignment/How?
2. Identify service providers and develop a comprehensive regional service delivery team, with expertise and experience in working with children who are deaf, hard of hearing and deafblind and their families.	4. Percent of families participating in Part C who report that early intervention services have helped the family: know their rights; effectively communicate their children's needs; and help their children develop and learn.	# 3 & 4: Providers will have expertise in intervention specifically for d/hh and deafblind children, and in family-centered practices. This will optimize children's development and skills, and, increase family competence in discussing their children's specific needs and their abilities to facilitate their development on a daily basis.
2. Identify service providers and develop a comprehensive regional service delivery team, with expertise and experience in working with children who are deaf, hard of hearing and deafblind and their families.	14. State reported data are timely and accurate.	Having a resource person (Coordinator) and a team of experts readily available for assessment increases timely evaluations. Team members/providers will have knowledge of and experience with assessment tools and strategies specifically designed to evaluate and assess child and family skills (competencies). This will increase the reliability and validity of child outcome data reported to the State.
3. In conjunction with the WESP-DHH Outreach Birth to 6 Services Coordinator, facilitate collaborative agreements between agencies, CESAs and LEAs.	2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or program with typically developing children 5. Percent of infants and toddlers birth to 1 with IFSPs compared to: Other states and National Data.	The success of a Regional Team depends upon agencies and organization willingness and ability to share resources. Key to this sharing is the development of agreements that allow for this to happen. The Regional Services Coordinator will facilitate these agreements by sharing the need for developing a B-6

Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>3. In conjunction with the WESP-DHH Outreach Birth to 6 Services Coordinator, facilitate collaborative agreements between agencies, CESAs and LEAs.</p>	<p>6. Percent of infants and toddlers birth to 3 with IFSP's compared to: Other states and National Data.</p> <p>8. Percent of all children exiting Part C who receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services; Notification to LEA, if child potentially eligible for Part B; and Transition conference planning, if child potentially eligible for Part B.</p>	<p>Regional Team, investigating current agreements and offering suggestions to agencies of how agreements may happen, and continuing to connect back with agencies and organizations related to the successes of sharing resources. Once agreements are in place, the services and expertise of the Regional Team will result in increased compliance with the indicators listed to the side.</p>
<p>4. Ensure a "team" of regional services providers with a common foundation of information, and areas of "expertise" that can be made available to families.</p>	<p>3. Percent of infants and toddlers with IFSP's who demonstrate improved: Social emotional skills; acquisition and use of knowledge and skills (language and communication); use of appropriate behaviors to meet their needs.</p> <p>4. Percent of families participating in Part C who report that EI services have helped their family: know their rights; effectively communicate their children's needs; Help their children develop and learn.</p> <p>8. Percent of all children exiting Part C who receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services; Notification to</p>	<p>The B-6 Redesign Pilot supported a 6 day intensive training for Regional Team members. The training was provided by the SKI-HI out of Utah and focused on the learning of and use with families of their curriculum <i>Family-Centered Programming for Infants and Young Children with Hearing Loss</i>. This information provided a common foundation for services, current updates on best practices in intervention, family support and education, assessment, and strategies to promote all children's development. Supplemental Webinars and conference calls provided information WI EHDI, WI-B-3 and Transition from B-3 to ECE services.</p>

Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>4. Ensure a "team" of regional services providers with a common foundation of information, and areas of "expertise" that can be made available to families.</p>	<p>LEA, if child potentially eligible for Part B; and Transition conference, if child potentially eligible for Part B.</p> <p>14. State reported data are timely and accurate.</p>	
<p>5. Assist county Birth to 3 Programs in identifying regional service providers with appropriate expertise to meet the identified needs related to hearing loss (per the IEP, IFSP) of each child and family. 6. Provide coordination and assistance in the transition of children with hearing loss from Birth to 3 programs to early childhood/special education services.</p>	<p>2. Percent of infants and toddlers with IFSPs who primarily received early intervention services in the home or program with typically developing children</p> <p>3. Percent of infants and toddlers with IFSP's who demonstrate improved: Social emotional skills; acquisition and use of knowledge and skills (language and communication); use of appropriate behaviors to meet their needs.</p> <p>4. Percent of families participating in Part C who report that EI services have helped their family: know their rights; effectively communicate their children's needs; Help their children develop and learn.</p> <p>8. Percent of all children exiting Part C who receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services; Notification to LEA, if child potentially eligible for Part B;</p>	<p>The Regional Services Coordinator will work in partnership with county Service Coordinators. The role of the Regional Services Coordinator is to provide information, resources and identify Regional Team members who may be available to provide direct service to meet the IFSP Outcomes. Additionally, the Regional Services Coordinator and Regional Team members will help to educate Birth to 3 Programs about the unique needs of d/hh children and children with combined vision and hearing loss. The Regional Services Coordinator has a Birth to 6 perspective, which includes supporting a smooth transition out of the Birth to 3 Program and support to new providers until the child turns 6 years of age.</p>

Pilot Project Goals:	SSP Indicators	Alignment/How?
	and Transition conference, if child potentially eligible for Part B.	



Outreach Program

Wisconsin Educational Services Program for the Deaf and Hard of Hearing

Tony Evers, PhD, State Superintendent

Wisconsin Department of Public Instruction

Alex H. Slappey, Director WESPDHH

Marcy Dicker, Director Outreach Program

WESP-DHH Outreach B-6 Western Region Redesign Pilot / Part B State Performance Plan Indicators Project Goals & SPP Indicator Alignment

Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>1. Provide service coordination within the Western region for children with hearing loss, working with families and IEP teams in partnership to identify family and educational team strengths and needs, set goals and priorities and identify appropriate and qualified service providers.</p>	<p>6. Percent of preschool children with IEPs attending a:</p> <ul style="list-style-type: none"> A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood programs; and B. Separate special education class, separate school or residential facility. <p>7. Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:</p> <ul style="list-style-type: none"> A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and C. Use of appropriate behaviors to meet their needs. 	<p>The Regional Services Coordinator has expertise in needs of preschool aged children who are d/hh or have a combined vision and hearing loss. The Coordinator works in partnership with the LEA Special Education Teams (Case Managers) sharing the importance quality early childhood services (based on evidenced based practices); coordinating and locating specially trained providers who have expertise in working with d/hh preschool aged children and sharing and linking local, regional and statewide resources. This teaming enhances the provision of appropriate services, identification of supports for a variety of placements, quality ongoing assessment, and enhanced family and provider relationships. These positively influence the child's development in all areas.</p>

This pilot project has been funded largely by the Wisconsin Birth to 3 Program (a program of the Department of Health Services) ARRA dollars.

N25 W23131 Paul Road, Suite 100 Pewaukee, WI 53072-5734
 262-787-9540 Voice 262-787-9505 FAX
 Video Phone 262-649-9633
www.wesp-dhh.wi.gov



Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>1. Provide service coordination within the Western region for children with hearing loss, working with families and IEP teams in partnership to identify family and educational team strengths and needs, set goals and priorities and identify appropriate and qualified service providers.</p>	<p>8. Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.</p>	<p>The Regional Services Coordinator has expertise in needs of preschool aged children who are d/hh or have a combined vision and hearing loss. The Coordinator works in partnership with the LEA Special Education Teams (Case Managers) sharing the importance quality early childhood services (based on evidenced based practices); coordinating and locating specially trained providers who have expertise in working with d/hh preschool aged children and sharing and linking local, regional and statewide resources. This teaming enhances the provision of appropriate services, identification of supports for a variety of placements, quality ongoing assessment, and enhanced family and provider relationships. These positively influence the child's development in all areas.</p>
<p>3. In conjunction with the WESP-DHH Outreach Birth to 6 Services Coordinator, facilitate collaborative agreements between agencies, CESAs and LEAs.</p>	<p>6. Percent of preschool children with IEPs attending a:</p> <ul style="list-style-type: none"> A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood programs; and B. Separate special education class, separate school or residential facility. 	<p>The facilitation of collaborative agreements translates into expanding the opportunities to provide appropriate services for a d/hh child in a variety of environments within a child's home community area.</p>

Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>4. Ensure a "team" of regional services providers with a common foundation of information, and areas of "expertise" that can be made available to families.</p>	<p>6. Percent of preschool children with IEPs attending a:</p> <ul style="list-style-type: none"> A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood programs; and B. Separate special education class, separate school or residential facility. <p>7. Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:</p> <ul style="list-style-type: none"> A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and C. Use of appropriate behaviors to meet their needs. <p>8. Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.</p> <p>12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and have an IEP developed and implemented by their third birthdays.</p>	<p>The B-6 Redesign Pilot supported a 6 day intensive training for Regional Team members. The training was provided by the SKI-HI out of Utah and focused on the learning of and use with families of their curriculum <i>Family-Centered Programming for Infants and Young Children with Hearing Loss</i>. This information provided a common foundation for services, current updates on best practices in intervention, family support and education, assessment, and strategies to promote all children's development. Supplemental Webinars and conference calls provided information WI EHDI, WI-B-3 and Transition from B-3 to ECE services. Additional information was provided related to eligibility for "Hearing Impaired" services, development of appropriate goals and guidelines for appropriate placement discussions.</p>

Pilot Project Goals:	SSP Indicators	Alignment/How?
<p>5. Assist county Birth to 3 Programs in identifying regional service providers with appropriate expertise to meet the identified needs related to hearing loss (per the IEP, IFSP) of each child and family. 6. Provide coordination and assistance in the transition of children with hearing loss from Birth to 3 programs to early childhood/special education services.</p>	<p>12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and have an IEP developed and implemented by their third birthdays.</p>	<p>The Regional Services Coordinator has a Birth to 6 perspective, which includes supporting a smooth transition out of the Birth to 3 Program and support to new providers until the child turns 6 years of age. This perspective allows for appropriate planning, the development of positive family and provider relationships and quality IEP's supported by quality providers and numerous resources.</p>



Outreach Program

Wisconsin Educational Services Program for the Deaf and Hard of Hearing

Tony Evers, PhD, State Superintendent

Wisconsin Department of Public Instruction

Alex H. Slappey, Director WESPDHH

Marcy Dicker, Director Outreach Program

WESP-DHH Western Region Birth to Six Redesign Pilot

WI: B-6 Statewide Summit Recommendations

The following pages represent the Key Success Factors paired with the “Recommendations” developed during the B-6 Deaf/Hard of Hearing and Deafblind Summit in June of 2009. This information was used to guide the development and goals of the pilot.

The first page is the listing of identified Key Success Factors identified by the participants at the Summit. The pages following are the Recommendations offered to address these factors. There is recognition that many of the “Recommendations” could be matched with more than one Key Success Factor and that many of the “Recommendations” cross-over the Key Success Factors. They have been grouped this way to provide a “working document” that will provide an organizational format to guide and continue the work of the Summit through the process of the Western Regional Redesign Pilot.

KEY SUCCESS FACTORS

The Key success factors provide information about core strengths and values that already exist in the system when it is working at its best.

Votes	Positive Core Key Themes (Success Factors)
(28)	<u>Knowledgeable Providers:</u>
18	Specialized training, experience, and knowledgeable providers and
8	decision-makers
2	Skilled knowledgeable providers
	Qualified professionals
(26)	<u>Parent Choice:</u>
18	Parents always have a choice
5	Parents always know their options – always have a list of people to
3	contact
	Provide continuum of options
(30)	<u>Communication and Collaboration:</u>
13	Strong communication with and between families and agencies / all
11	pieces
2	Strong collaboration between agencies, schools, professionals, parents,
2	and government
1	Collaborative teaming–families, professionals, role models, agencies,
1	districts, counties
	Communication, relationship flexibility and open-mindedness
	Communication between all: families, teachers, specialists...
	Family-centered planning; equal team players
(11)	<u>Early Identification and Enrollment:</u>
6	Utilization of new technology to speed up pediatric diagnosis across state
4	Early identification, immediate support and intervention services
1	Professionals (variety of disciplines) available early on to identify children
	and facilitate connections to EI services
(12)	<u>Strong Kids - Strong Families:</u>
4	Building on strengths of child and family and professionals
3	All children are supported and keep high expectations
3	Strong, confident, educated families = strong, confident, educated
1	children
1	Cultural, psychological, developmental awareness of family needs (e.g.,
	processing diagnosis, feeling overwhelmed, attitude toward diagnosis)
(3)	<u>Resources:</u>
1	Resources accessible to all families, making sure families know what's
2	available (manual that's not overwhelming)
	Parent/provider roadmap of expectations/roles
(2)	<u>Role Models:</u>
	Families and children have access to role models

Communication and Collaboration:

According to the U.S. Census Bureau, 8.1 % of the Wisconsin population over five years of age speaks a first language other than English. A workgroup convened by the National Institute on Deafness and other Communicative Disorders (NIDCD) identified language and literacy barriers as reason families do not get timely and appropriate services within the EHDI systems. Therefore, the Joint committee on Infant Hearing (JCIH) recommends that, “information at all stages of the EHDI process should be communicated to the family in a culturally sensitive and understandable format.” Summit participants agreed and developed the following actions steps to address this important system component.

Recommendations:

1. Communication: Families will have equal access to information regardless of the family’s first language.

Action Step: Identify resources that list available interpreter services by location.

Action Step: If such a resource is unavailable, a needs assessment of interpreter services in each region of the state will be conducted and a list of available interpreter services by location will be created and disseminated.

Action Step: Determine how to access high quality interpreter services in different settings (i.e. county, school, medical, community)

Action Step: Create a dissemination plan to educate others about their rights and responsibilities, as well as the best way to access high quality interpreter services based on family and provider needs.

Action Step: Work with other organizations and agencies to support family access of high quality interpreting services when gaps are identified.

2. Collaboration: Creative Collaborations in each Department of Health Services (DHS) Region of the State exist resulting in high quality services for young children who are deaf, hard of hearing and have a combined vision and hearing loss, and their families.

Action Steps: Conduct a resource mapping exercise in each region in order to define the existing regional collaborations and to determine opportunities for collaboration that could be built upon.

Action Step: Create and disseminate a survey to multidisciplinary stakeholders about existing regional collaborations (i.e. district/county, private/public, cross county, cross district, inter-agency, etc.

Action Step: Collect and analyze the information collected from the survey

Action Step: Conduct Collaborative Investigations: Follow-up with partners identified in the survey information as having creative collaborations to query them about how they formed the collaborations and if they could spread or replicated.

Knowledgeable Providers:

“The key component of providing quality services is the expertise of the provider specific to hearing loss.” JCIH 2007 Position Paper

“Assessment must be performed by qualified evaluators. Recommendations should be based on results of assessments as they related to the impact of hearing loss on communication/language/literacy and on academic and social/emotional competency” (National Association of State Directors of Special Education, Inc. 2006)

Recommendations:

3. Professional Development:

Increase provider awareness and understanding of summit participants’ expertise, agencies and roles to promote a supportive team approach to Birth to 6 Services.

Action Step: Organize and conduct a series of presentations to the summit participants representing each of their expertise and how they support children and families. This will highlight the collective experiences of all summit participants.

Action Step: Organize and disseminate information learned into a resource format for to families and providers through the state.

3. 1. Identify needed competencies of all those who “touch” the lives of deaf, hard of hearing and deafblind infants, toddlers and young children.

Action Step: Compare the identified “needed competencies” with competencies of the field.

Action Step: Address gaps in competency (knowledge, skill and disposition) and how to fill these gaps (in-service trainings, university preparation programs, pre-service modules, websites, etc.).

Families are the Core

Families are the constant in children's lives. They engage in ongoing communication and find teaching opportunities on a daily basis, in a multitude of environments. They provide exposure to their own and other families' unique cultures, providing opportunities for children to experience and internalize the traditions and social rules that guide acceptance into their cultures. These daily interactions and experiences happen within the natural context of families' lives, through their acts of nurturing their children and exposing them to the world. As children grow, families modify and adapt experiences to foster their children's growth and development, strengthen their relationships, and provide opportunities to practice and integrate skills within all the contextual spheres that touch the lives of their children. These modifications are made based on educated decisions that families make, ultimately ensuring that their children will grow up to be independent, confident adults who are contributing members to society.

With the advent of EHDI, families are be poised to begin this supportive journey for their deaf, hard of hearing, or child with a combined vision and hearing loss during infancy. Parents have the chance to sift through an assortment of information and time to develop a full understanding of the impact of hearing loss in order to make informed decisions that best match their lifelong aspirations for their children. Additionally, their decisions can be adapted as children pass through developmental stages, thus allowing for developmentally appropriate interactions between families and children that naturally support their children's communication, language, cognitive and social-emotional development.

In order for families to make these decisions, they need to be provided with balanced, accessible and relevant information. They need to be viewed as competent decisions makers who know what is best for their children and families. Professionals must understand that their role is to guide families by listening to parent's questions and clarifying information when needed. This allows families the chance to develop confidence in their decisions, strategies for making future decisions and feeling of ownership regarding choices that impact their children's development and their journey as a family. It is through these means that families will confidently be able to assess options they have chosen and modify them as needed, while keeping their family strengths and values as the core of their decisions making process.

A. Parent Choice:

Recommendations:

4. Early Identification: Increase Family awareness and knowledge when a newborn does not pass a hearing screening in order to increase early identification and follow-up.

Action Step: Increase Family awareness and knowledge when a newborn does not pass the hearing screening by utilizing already existing materials such as the EHDI Roadmap. Information will be distributed through all the touchpoints (refer

from screen in hospital-rescreen at audiologist, diagnosis, referral to B-3 specialists, well baby appointments, etc.)

Action Step: Develop a Frequently Asked Questions (FAQ) document for parents. Assure it is accessible to individuals who are non-native English Speakers.

5. Knowledge of Culture: Services provision will be coordinated and culturally sensitive at the local, county and state level.

Action Step: Cross training amongst agencies and cultural organizations to increase the awareness of the communication styles, family and community traditions, and, connections and values that are unique within individual cultures.

B. Strong Kids-Strong Families:

Recommendation:

6. Parents should be provided with accessible information and connected to other families of children with hearing loss early and often through the EHDI process.

6.1. Parents will be informed through the EHDI Process.

Action Step: Parents will be presented with materials that have specifics about what families can expect pre and post identification of a hearing loss.

Action Step: Parent will be educated about Universal Newborn Hearing Screening (UNHS) and follow-up prior to delivery by an OB/GYN, Mid-Wife, and/or pre-natal class.

Action Step: Every Parent will receive a “Babies and Hearing Loss Notebook” at the time of identification by the diagnosing audiologist.

6. 2. Parents should have access to a variety of parent-to parent support opportunities.

Action Step: Create a system of automatic enrollment in the Guide By Your Side Program (GBYS).

Action Step: Develop regional parent led support groups in collaboration with Wisconsin Families for Hands and Voices, housed out of a Cooperative Educational Service Agency (CESA) office.

Early Identification and Enrollment:

A growing body of evidence now supports the efficacy of early identification of hearing loss in children. The advancements in physiologic newborn hearing screening technologies have made it possible to detect hearing loss at birth with a high degree of sensitivity. This has resulted in an emergent international acceptance of Universal Newborn Hearing Screening (UNHS) programs as population-based health initiatives. The National Institutes of Health (NIH), the Joint Committee on Infant Hearing (JCIH), the American Academy of Pediatrics (AAP), and the American Speech-Language Hearing Association (ASHA) have all recommended that infants should be diagnosed before three months of age and receive intervention services by no later than six months of age. Although the rapid progress in the implementation of hearing screening is noteworthy as a public health success, gaps remain in the EHDI system. Although the number of children identified in Wisconsin with hearing loss has increased annually since 2005, only about half of the anticipated 200 children were identified in 2008.

The EHDI system has also not fulfilled its duty to assure that the children who are early identified with hearing loss are enrolled into early intervention services as soon as possible. In Wisconsin only 97 of the 172 (56%) children identified with hearing loss in 2007 and 2008 were enrolled in the Birth to 3 Program. The low number of infants enrolled is both alarming and puzzling.

Wisconsin has an open referral process, which means that referral can be made by anyone who feels the child may be eligible for Part C service. However, according to Federal Law, providers must refer to Part C programs within two business days of diagnosis (Code of Federal Regulations 303.21). High utilization of the Part C Program by families and children with hearing loss is expected. Along with the referral requirement, the eligibility criteria for the Wisconsin Birth to 3 Program is extremely inclusive. Unlike other state, children in Wisconsin do not need to meet minimum decibel requirements to qualify for Birth to 3 services, nor must they have hearing loss in both ears. However, the eligibility statement has been reported by Birth to 3 providers to be vague and open to interpretation. This may contribute to the significant number of young children with hearing loss that are not enrolled in Birth to 3 or are only enrolled when they are much older than the targeted 6 months of age.

Recommendations:

7. To create a system of strategically placed diagnostic centers that specialize in pediatric audiologic assessment and assure consistent best practice and shared learning amongst the centers. Build upon the regional infrastructure for early intervention services.

Early Identification:

7.1. Easy, timely access to diagnosis of hearing loss via multiple pediatric diagnostic referral sites.

Action Steps: Strategically located pediatric diagnostic referral sites throughout the state and facilitate the collaboration and cooperation of the pediatric diagnostic centers working together to increase access.

Action Step: Identify Wisconsin Audiologists to be trained on new diagnostic technology for pediatrics. Develop, test, referral and intervention protocols that will be used consistently as best practice at the pediatric diagnostic centers. Note: referrals may include Ophthalmologist, neurologists, genetics and/or ENT.

7. 2. Increase provider awareness and knowledge when a newborn does not pass the hearing screening in order to increase early identification. Physicians will know the hearing screening results of all babies in their care. Develop best practice guidelines for care, referral to audiology, referral to B-3.

Action Step: Increase Primary Care Provider awareness and knowledge of EHDI by submitting articles to the provider newsletters and email communications via professional organizations such as the Wisconsin Chapter of the American Academy of Pediatricians and Wisconsin Association of Family Physicians.

Action Step: Dissemination of information to Doctors, Parents, Community and School Providers. Include: unbiased options for doctors to share with parents, background information, information and definitions, what it means to be deaf, contact information of agencies, websites, Birth to 3 Programs (all counties and contact information)

8. Early Enrollment: Develop a regionally based structure with a primary point of referral and central point of contact for families and providers and is responsible for ongoing service coordination for families with children who are deaf, hard of hearing and have a combined vision and hearing loss, Birth to 6 years of age.

Action Step: Clarify eligibility to make children with hearing loss automatically eligible.

Action Step: Identify elements of the regional infrastructure (who, what, where and when)

Action Step: Conduct a strengths and gaps analysis of each region and develop a resource map.

Resources and Role Models:

Throughout the Summit participants expressed the importance of having appropriate role models both for children and families. Children, families and providers often do not have a lot of experiences with other children and adults who are deaf, hard of hearing, or have a combined vision and hearing. Thus their perceptions of the challenges and successes these individuals have, are often incorrect. This is not due to a lack of not wanting to “know”, rather to a lack of access to these individuals. It is important to provide families and children with different types of role models. They should interact with individuals who communicate in different styles and modes, use or do not use amplification to access auditory information, use technology to support both visual and auditory communication and information; and individuals from a variety of cultural backgrounds.

The above mentioned areas are also important in supporting the development of positive self-esteem in children. Having access to role models supports self-identity, and allows children and families to recognize that they are “not alone”. Most importantly, it shows that their child can lead a successful and enriching life. Experiences and interactions with role models will allow families to draw their own perspectives of individuals who have hearing loss. These experiences can then be integrated into families and children’s lives, thus allowing identity and self-esteem to develop in an ongoing and positive manner.

Recommendations:

9. Information and access to role models will be provided to children, families and providers to promote the development of emotional, social and linguistic competencies.

Action Step: Families will be presented with unbiased information by medical providers and early intervention providers after diagnosis. Information will include background information, definitions, what it means to be Deaf, and a variety of websites with a balanced perspective.

Action Step: At a personal and organizational level, cultural stories, teachings and experiences will be presented at the local, regional and state level to foster the development of relationships between children, families and potential role models.

Action Step: Information learned, will be organized into a useable format for families and providers and disseminated statewide.