



# Wisconsin: The Time Is Now

**High-Quality, Seamless Regionalized Services for Children With  
Hearing Loss, Ages Birth to Six in Wisconsin**

Marcy D. Dicker, Outreach Director  
Wisconsin Educational Services Program for the Deaf and Hard of Hearing,  
(WESP-DHH), WI Department of Public Instruction

Elizabeth Seeliger, Wisconsin Sound Beginnings Program Director (WSB),  
WI Department of Health Services

Sherry W. Kimball, Birth to Six Services Coordinator, WESP-DHH

March 2008

# HIGH-QUALITY, SEAMLESS REGIONALIZED SERVICES FOR CHILDREN WITH HEARING LOSS, AGES BIRTH TO SIX

*“There is nothing more powerful in this world than an idea whose time has come.”  
– Victor Hugo - the slogan of the National Deaf Education Reform Movement*

**Executive Summary:** We are identifying children who are deaf and hard of hearing in Wisconsin through Universal Newborn Hearing Screening, but we are failing families in consistently providing high-quality direct services at the Birth to 3 and early childhood levels. We believe a regionalized system of service delivery will effectively address this issue and request permission for a focused workgroup to develop a strategic plan for implementation of this model.

## I. Statement of Purpose

To gain approval to develop a plan for an alternative interagency intervention and regionalized educational service delivery model for children who are deaf or hard of hearing in the state of Wisconsin, ages Birth to 6.

## II. Early Hearing Detection and Intervention (EHDI) - Wisconsin’s Progress

Based on a growing body of research that supports the efficacy of early identification and early intervention for deaf or hard of hearing children, the Joint Committee on Infant Hearing (JCIH) 2000 Position Statement established national evidence-based framework, to ensure that all infants born with congenital hearing loss will have the opportunity to benefit from early intervention services by 6 months of age (Yoshinaga-Itano, 1995 and 2004, Yoshinaga-Itano, Sedey, Coulter, and Mehl, 1998, Yoshianaga-Itano, Coulter, Thomson, 2000). The JCIH goals are: 1) **Screen** all babies prior to hospital discharge; 2) **diagnose** babies as deaf or hard by three months of age; and 3) **enroll** in effective early intervention programs no later than 6 months of age.

The State of Wisconsin has aligned with and supported the goals of the national Early Hearing Detection and Intervention (EHDI) efforts. In 1999, the Wisconsin State Legislature passed an unfunded directive that supported the importance of early identification of hearing loss. Around the same time, the Wisconsin State Division of Public Health received grant funding to assist in the implementation of a comprehensive, seamless system of early hearing detection and intervention (EHDI) in accordance with the JCIH 2000 Position Statement. As a result, there has been significant progress made in establishing an infrastructure necessary to support the JCIH final goal of enrolling children in effective early intervention programs.

**Screening:** The Wisconsin Sound Beginnings Program (WSB) has assisted in the establishment of statewide Universal Newborn Hearing Screening (UNHS). The success in implementation of screening programs has been outstanding. In 1999, only 2% of hospitals screened babies for hearing loss at birth; currently 99% of hospitals in Wisconsin have implemented universal newborn hearing screening programs. Hearing screening equipment and the implementation of UNHS program were expensive endeavors for many hospitals, and, were implemented with an understanding that this was a necessary step in the bigger picture, connecting the screening of babies at birth to the long-term goal of effective early

intervention programming and ultimately age appropriate outcomes for children who are deaf or hard of hearing.

**Diagnosis:** The WSB program has also made great strides in assuring that all babies who do not pass the UNHS are effectively diagnosed by 3 months of age. Development of a strong system of pediatric audiologists has included intensive training specific to the infant population to enable quick and accurate diagnosis. Efforts also continue to assure infants have an informed medical home that can provide support to infants and their family as they go through process of screening and diagnosis.

**Tracking:** Finally, WSB program has developed an early hearing detection and intervention tracking, referral and surveillance system, called WE-TRAC. WE-TRAC enables monitoring of Wisconsin's progress toward meeting the JCIH performance indicators, as well as the individual tracking of babies progress through the EHDI continuum. Currently 96% of infants are being screened for hearing loss. National data indicates that approximately 200-300 infants will be diagnosed with congenital hearing loss each year in WI. Through WE-TRAC, which began statewide roll-out in September 2006, approximately 100 infants per year are tracked through the point of audiologic diagnosis. This number is anticipated to increase with full implementation of WE-TRAC by April of 2008.

**Support for Early Intervention Services:** Through interagency partnerships between programs within DHFS, DPI, and the Waisman Center, efforts have been made to increase the capacity of the Wisconsin early intervention program to serve the needs of families with infants who are deaf or hard of hearing. These programs recognized, as did the county Birth to 3 programs, that the needs of families of infants identified through UNHS efforts would be vastly different than the needs of children historically identified around age 2. This recognition has been supported by research over the past decade. According to Christine Yoshinaga-Itano (2003):

“Studies involving children in CHIP (Colorado Home Intervention Program) indicate that diagnosis of hearing loss within the first few months of life allows the opportunity to begin early intervention services for families with infants and that this early identification and early intervention results in significantly better language, speech and social-emotional development.”

Specific capacity building efforts aimed at WI early intervention programs are listed below:

- **Eligibility and Best Practices** for deaf and hard hearing infants documents were created
- **Trainings** were conducted in the five DHFS regions and were well attended by local early intervention providers. However, it was determined that there was too much information and that it was not really useful until the county actually was providing services to a very young child with hearing loss. This supporting the need for “just-in-time” and “need to know” information.

- **WSB Consultant Program** - The successes and weaknesses of the aforementioned trainings led to the creation of the WSB Consultant group, comprised of individuals that could provide consultation to programs when they got a referral, “just-in-time.” Feedback from the few counties that accessed the consultants indicated that there was a need for ongoing, intensive support, rather than short-term consultation. Identified barriers to the success of this program were a lack of buy-in from the counties (service providers did not recognize the need) and a lack of established infrastructure to support the consultants.

### III. Early Hearing Detection and Intervention (EHDI) – What’s Missing in Wisconsin?

Studies that have shown early intervention programs for children who are deaf or hard of hearing that are effective include:

- Providers who have:
  - Knowledge of auditory skill development and ability to teach parents about this early auditory development;
  - Understanding of early speech development in children with hearing loss;
  - Understanding of appropriate language stimulation methods, both with speech and sign language;
  - Experience with and knowledge of parent-infant intervention;
  - Knowledge of counseling and grief resolution strategies;
  - Understanding of the impact a hearing loss has upon the language, cognitive, literacy and social-emotional development of a child;
  - The importance of a comprehensive team approach to address all components of successful intervention.
- Programs that offer the opportunity to receive sign language instruction from native or fluent users of ASL who are deaf or hard of hearing.
- Programs that offer a variety of professionals including a provider who is deaf or hard of hearing or a hearing and/or a professional certified as an auditory-verbal therapist or an auditory-oral therapist.

Wisconsin is falling desperately short of meeting the JCIH early intervention goal of enrolling children in **effective** early intervention services by 6 month of age. Wisconsin does not have a systemic infrastructure that is necessary to provide the kind of effective early intervention services that will actualize the potential of Early Hearing Detection for children and their families. Yet, Wisconsin:

- Is poised, with systems for detection, diagnosis and tracking in place;
- Is identifying these children at birth;
- Has programs in place to usher those identified into the early intervention system;
- Has the strength of sustainable systemic supports (Wisconsin Sound Beginnings WESPDHH Outreach).

However, Wisconsin does not have a system that ensures that children are both enrolled in early intervention services by 6 month of age and receiving service delivery specific to the unique needs of children with hearing loss. Thus, WI is missing opportunities to ensure that children with hearing loss achieve their true potential.

The JCIH has set the standard; Wisconsin needs to ensure that 100% of infants and toddlers identified as deaf or hard of hearing have access to a seamless system of culturally sensitive supports as well as direct service provision by professionals who are knowledgeable about supporting and enhancing the development of children with hearing loss.

*“Infants identified and enrolled in **quality** early intervention programs during their first year of life demonstrate language skills similar to their hearing peers by three to five years of age (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998; Moeller, 2000).*

Research shows that direct services for children with hearing loss is critical to develop age appropriate language skills, in addition to supporting their social-emotional development and “readiness to learn.” Without support to the educational team (coaching, assessment, demonstration) and/or direct hands-on service by a specialist in the field of deaf and hard of hearing, a child’s language (speech and signed), social-emotional, and cognitive skills are impacted and often delayed. This has a direct impact on children’s abilities to meet Outcomes of the State Performance Plan parts C and B.

Part C, Outcome # 3: The percent of infants and toddlers with IFSPs who demonstrated improved:

- a. Positive social-emotional skills (including social relationships);
- b. Acquisition and use of knowledge and skills (including early language/communication); and
- c. Use of appropriate behaviors to meet their needs.

Part B, Outcome # 7: The percent of preschool children with IEPs who demonstrated improved:

- 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.

If children exit the Birth to 3 System and/or our Early Childhood Programs with delays in language, this will negatively impact life long learning and social interactions.

A great deal has been learned through the provision of technical assistance to Birth to 3 and Early Childhood Programs, through the Guide-By-Your Side Program (parent to parent matching program) and data and tracking information through WE-TRAC to support these concerns specific to early intervention services.

- In the past year, WESPDHH Outreach has been able to implement a “just in time” contact to counties and school districts with newly identified children with hearing loss. Out of 46 county “just in time” contacts, only 5 have access to or have previously accessed a teacher of the deaf or hard of hearing.
- Counties have identified a variety of barriers to providing services to young children who are deaf and hard of hearing, which resulted in 3 recurring themes:
  - Birth to 3 professionals feel ill-equipped to provide services for these infants and their families (they don’t know what they don’t know);

- Birth to 3 programs do not know of resources to share with families, or how to access these resources. If they learn of resources, programs have shared they are restrained by their budgets to access the needed supports;
- Families often have to travel long distances (several hours) to access appropriate and skilled professionals. There is a lack of regional resources and providers.
- It is estimated that 200 children are born per year in Wisconsin with hearing loss; thus, there should be close to 600 children identified with hearing loss in the Birth to 3 range. Only 56 children are identified as deaf or hard of hearing and are enrolled in the Birth to 3 system. **\*\*Data estimated based on 2006 data collected through WSB and Wisconsin Birth to 3 Program\*\***
- In addition, these children are not receiving appropriate services as defined by the Joint Committee on Infant Hearing, 2000

*“Early Intervention Programs should provide parents with sufficient information about the range of options so that parents can make qualified decisions in the best interests of their child. Consideration should be given to how best to provide the child access to language, content and sense of well-being. Choices about communication are frequently made as a part of a process, rather than a one time phenomenon. Parents should have opportunities to meet deaf adults and other parents of deaf and hard of hearing children who can help to inform this process.”*

#### **IV. Current Strengths**

Nationally and in Wisconsin, many positive components currently exist from which an effective model of early intervention for children who are deaf and hard of hearing can be developed. These include but are not limited to:

- Early identification and advances in technology that may provide infants with the optimal foundation to develop age appropriate language skills.
- Positive collaboration between public, private, community resources, and families.
- A statewide infrastructure for early identification and tracking infants and toddlers
- Statewide technical assistance supports for Birth to 3 and Early Childhood Programs.
- An initiative for timely and accurate data collection as reflected in the SSP Part C (14) and B(20).  
*-State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.*
- A national focus on Early Childhood Outcomes, promoting the development of child and family outcomes for infants, toddlers and preschoolers with disabilities.
- Identified evidenced-based tools to measure program effects and improvements within programs at the local, state and national level.
- Evidence-based data specific to deaf and hard of hearing early intervention programs with identifiable components of effective programs: Communication Options; Audiology Information/Technology; Resources; Family/Child-Impact; Assessment/Evaluation; Peer Socialization Groups.

- Parallel professional development initiatives between Birth to 3, DPI and proposed framework for services: Need for skill development; implementation; evaluation; development of learning communities.
- Identified possible funding sources to support a pilot program (WSB, SPDG, WESPDHH).
- Guide-By-Your-Side: parent to parent matching of families with a newly identified infant/toddler with a hearing loss.

By building upon existing resources and national momentum for children with disabilities, Wisconsin will be able to: demonstrate an increase in the language, cognitive, social-emotional and academic development of deaf and hard of hearing infants and toddlers; better support families to meet their children's unique needs; develop and monitor components of effective programming within local communities; support ongoing meaningful professional development; provide more accurate data to the Office of Special Education Programs around SPPs; and increase compliance with specific language in IDEA regarding deaf and hard of hearing children: (2000 proposed Part C Rules (Federal Register, 65, p. 172)

*“Consider the communication needs of the child, and, in the case of a child who is deaf or hard of hearing, consider: (A) The appropriateness of oral stimulation and language-development activities; and (B) opportunities for direct communication with peers, professional personnel, and deaf adults in the child’s language and communication mode, consistent with the developmental level of the child.” [303.342 (a)(2)(iv)(A)(B)]*

## V. Gaps and Needs

The number one identified need in Wisconsin for deaf and hard of hearing children and their families is increased access to appropriate intervention services provided by qualified professionals regarding the unique needs of infants, toddlers and preschoolers who have a hearing loss. Many families, statewide, lack resources in their communities and/or travel hours to connect with early intervention professionals who are knowledgeable about the needs of deaf and hard of hearing infants. This lack of access is based on several factors:

- Entry into the Birth to 3 System: misunderstanding or incorrect interpretation of eligibility criteria, as it applies to children with hearing loss.
- Lack of understanding of the unique needs of infants and toddlers who are deaf and hard of hearing. Statewide providers continually share “they don’t know what they are supposed to know or what to do with a deaf or hard of hearing infant.”
- Children with hearing loss are not identified as having unique early intervention needs in a Birth to 3 system. There is no identified need for a teacher of the deaf or hard of hearing teacher or a deafness related professional as part of the early intervention team.
- There is a void in qualified professionals that can support Birth to 3 programs in serving young children who are deaf or hard of hearing and their families.
- There is no infrastructure in place to connect Birth to 3 programs within a region that may have similar needs, to support the sharing of resources and personnel

- that may be qualified to provide direct service to children who are deaf or hard of hearing and their families.
- Lack of teacher training programs nationally for deaf and hard of hearing infants and their families: WI has one teacher training program, but it does not have a strong focus on infants and toddlers.
  - An unreliable system to evaluate the skills and abilities of children who are deaf and hard of hearing and, to evaluate programs/services providing this early intervention. No solid infrastructure for data collection and evaluation of program effectiveness.
  - Gaps in Birth to 3 collaboration and transition to Early Childhood:
    - Misunderstanding of the concepts of preschool options, and least restrictive and language rich environments for deaf and hard of hearing children;
    - Birth to 3 and Early Childhood Programs confusion regarding educational criteria for Hearing Impaired;
    - Lack of shared resources between Birth to 3 and Early Childhood. Concerns that the Deaf and Hard of Hearing teachers or Speech Language Pathologists in the schools districts and Cooperative Educational Services Agencies (CESA) lack time to add Birth to 3 services and or they do not have infant/toddler experiences/training;
    - Birth to 3 may have limited resources to contract with school districts or CESAs.

## **VI. PROPOSAL: An Alternative Framework for Service Delivery-Regionalized Service Delivery**

*“Now that newborn hearing screening is well-established, our focus turns to the responsibility of early intervention programs to assure children attain the positive outcomes that are promised by early identification. A coordinated and systematic effort is required to create and manage early intervention programs that are tailored to the needs of very young children and their families. The art and science of successful early intervention programs relies on collaboration among professionals and agencies.” Arlene Stredler-Brown, 2006*

Based on the information in this document, it is necessary to provide an alternative framework for services to children who are deaf and hard of hearing, ages birth to six, and their families. In order to effectively meet the needs of these children, it is proposed that a **regionalized service delivery model with a designated and centralized point of entry** be implemented. National best practice recommendations indicate that “States should develop a single point of entry into intervention specific for hearing impairment to ensure that, regardless of geographic location, all families who have infants or children with hearing loss receive information about a full range of options regarding amplification and technology, communication and intervention, and accessing appropriate counseling services. (JCIH, 2007) By implementing a specialized regional service delivery model:

- Families will have access to providers that have specific knowledge and training in deafness as a sensory difference and not a delay or disability.
- Families will be able to make decisions based on the range of options available, rather than by the options available in their geographic location.

- Individual county providers and School Districts will no longer need to seek out new training for skills that may only be useful or beneficial for one child.
- Counties will no longer feel unsupported in providing service to children who are deaf or hard of hearing.
- Counties and School Districts will no longer need to fend for themselves in creative contracting to try to ascertain the specific resources to adequately provide the types of services families want/need. Collaborative relationships will be developed.
- Counties and School Districts will no longer need to guess at how to assess whether D/HH children are meeting the requirements of Part C and Part B Indicators on the State Performance Plan.
- Counties and School Districts will benefit from the data collection activities of regionalized programming.
- Adequate progress of the child, as well as meeting the requirements of Part C and Part B Indicators on the State Performance Plan, will be ensured.
- A strategic system for gathering evidence-based data for this population will be ensured. Currently, children are not consistently being identified as deaf or hard of hearing by Birth to 3 programs. Once identified with a hearing loss, trained professionals who are qualified in providing appropriate assessments will be able to gather assessment data that truly reflects the abilities and needs of the child.

*“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)*

- Counties will potentially be faced with an increase in upfront costs to adequately serve these children, however, it is believed an overall cost savings to counties (through the sharing and cross utilization of a pool of experts trained in service provision for a low incidence population) will result.
- County staff will be more prepared and confident during transition planning as children and families preparing to enter school, and seamless programming will reduce the overall impact of transition.
- School Districts may see a potential cost savings as children enter school ready to learn. This model will increase the number of deaf and hard of hearing children who will have skills commensurate with their hearing peers.

## **VII. How Will We Accomplish This - Future Planning?**

Although the need for a regionalized service delivery system has been determined based on the recommendations of a broad interdisciplinary, interagency planning group, the details of the development of this system are yet to be determined. Stakeholder input in this process is essential. The following plan of action and timeline is recommended:

1. Convene a facilitated workgroup to go through a process of strategic planning for this concept (April 2008-September 2008).
  - a. Preliminary work in identifying need areas around the state has been completed by “Birth to Six Deaf Hard of Hearing Workgroup” This group

was comprised of individuals from state agencies (DPI and DHFS) and stakeholders from around the state, including school district and Birth to 3 program representatives, private agencies and contracted providers, parents and adult Deaf and hard of hearing role models.

- b. This workgroup, in addition to other identified new members, will commit to intensive strategic planning to develop a statewide regionalized service delivery model, facilitated by Arlene Stredler-Brown, M.A., CCC-SLP, CED. Ms Stredler-Brown is the Coordinator of Early Intervention and Education Programs for the Deaf and Hard of Hearing at the Marion Downs Hearing Center at University of Colorado Hospital. She is also the principle investigator of a grant from the Maternal & Child Health Bureau, investigating Newborn Hearing Systems in the state of Colorado. Ms. Stredler-Brown provides technical assistance to programs in other states working with infants and toddlers with hearing loss, and has assisted a variety of states in planning and implementing the development of appropriate intervention models for children who are deaf/hard of hearing.
2. Present results of strategic planning and recommendations for the implementation of a regionalized system of service delivery to Stephanie Petska, Director of Special Education at DPI, and Carol Noddings Eichinger, Program Director, Wisconsin Birth to 3 within DHFS, in the fall of 2008.
3. Next steps will be determined based on the recommendations and response of state agencies to the feasibility of these recommendations. Initial funding will likely become available through Wisconsin Sound Beginnings new Maternal Child Health Grant in the new grant cycle, April 2008, to support training and implementation of a new interagency service delivery model. WESPDHH Outreach can provide in-kind support, through supervision and oversight, of a new program model.

## **VIII. Conclusion**

As evidenced in this document, early identification of a hearing loss in combination with effective intervention by quality providers, supports the development of age appropriate language skills. These, in turn, support the academic, literacy and social-emotional skills needed to meet national and state standards related to student performance. Currently, Wisconsin is identifying and tracking infants at birth, yet statewide, families and the providers who support them, have repeatedly reported that accessing the resources and services unique to the needs of infants and young children who are deaf or hard of hearing is a need within their communities. The development and implementation of regionalized service delivery networks is an option to address this void. They would support the actualization of the true learning potential for deaf and hard of hearing children while complimenting current statewide initiatives for early intervention and education for all children.

## References

1. Joint Committee on Infant Hearing. Year 2000 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2000;106 : 789-817
2. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007; Vol. 120 No. 4: 898-921
3. Proposed Part C Rules. *Federal Register* 2000;65 : 172. [303.342 (a)(2)(iv)(A)(B)]
4. National Association of State Directors of Special Education, Inc. *Meeting the Needs of Students Who are Deaf or Hard of Hearing: Educational Services Guidelines*. 2006
5. Stredler-Brown A. The art & science of early intervention: developing systems to assure positive outcomes (abstract). *Minnesota Summit: A Multi-Disciplinary Early Hearing Detection and Intervention (EHDI) Conference*. April 2006
6. Yoshinaga-Itano C. Efficacy of early identification and early intervention. *Seminars in Hearing*. 1995;16 : 115-123
7. Yoshinaga-Itano C. Levels of evidence: universal newborn hearing screening (UNHS) and early hearing detection and intervention systems (EHDI). *Journal of Communication Disorders*. 2004;37 : 451-465
8. Yoshinaga-Itano C, Sedey AL, Coulter DK, Mehl AL. Language of early-and later-identified children with hearing loss. *Pediatrics*. 1998;102 : 1161-1171
9. Yoshinaga-Itano C, Coulter D, Thomson V. The Colorado Newborn Hearing Screening Project; effects of speech and language development for the children with hearing loss. *Journal Perinatol*. 2000;20(8pt 2) :S132-S137

## BIRTH TO SIX-INTERAGENCY WORKGROUP: DEAF/HARD OF HEARING (D/HH) & DEAFBLIND (DB)

	NAME	POSITION/TITLE
1	Marcy Dicker	Outreach Director, WESPDHH
2	Sherry Kimball	Birth to Six Services Coordinator, WESPDHH
3	Elizabeth Seeliger	Sound Beginnings Coordinator, DHFS
4	Linda Tuchman	EI (Early Intervention) Program Director, Waisman Center
5	Chris Kometer	Program Director CDHH, Center for the Deaf/Hard of Hearing
6	Laurie Nelson	Parent Liaison, WESPDHH
7	Molly Martzke	Parent, WI Families for Hands and Voices
8	Jenny Geiken	DHH Teacher, Birth to 3 Consultant Director of Hand and Hand
9	Deb Koller	DHH Teacher/Program Support, Waukesha School District
10	Heidi Hollenberger	DB Coordinator, WESPDHH
11	Bonnie Eldred	DMP Coordinator, WESPDHH
12	Mary Peters	Early Childhood Special Education Consultant, DPI
13	Dan Houlihan	Sign Communication Specialist, WESPDHH
14	Carol Schweitzer	DHH Program Consultant, DPI
15	Anne Heintzelman	Senior Clinical Speech Pathologist University Center for Excellence In Developmental Disabilities, UW Madison
16	Amy Otis Wilborn	Professor, D/HH Preparation Program, Department Chair Exceptional Children, UW Milwaukee
17	Debbie Schrader	DHH Teacher/Program Support, Waukesha School District