

National Agenda Goal #1



Early Identification and Intervention Services in Wisconsin

**Wisconsin Educational Services Program for the
Deaf
and Hard of Hearing (WESPDHH) - Outreach
...a program of the WI Department of Public
Instruction**





Goal #1 - What is it?

Families of deaf and hard of hearing infants will be provided appropriate identification and screening, information and services to ensure age-appropriate communication, linguistic, social and cognitive development. Services will be:

- Child-centered
- Family Focused
- Deaf friendly





1.6 Medical, educational and related professionals and institutions must collaborate



Wisconsin's "Junior" standing for NA Goal #1 is directly related to a strong collaborative effort including...





Collaborations....

- Wisconsin Dept. of Public Instruction (DPI)
 - WI Educational Services Program for the Deaf and Hard of Hearing (WESPDHH)
- Wisconsin Dept. of Health and Family Services
 - WI Sound Beginnings (EHDI program); WI Birth to 3 Program; Office for the Deaf and Hard of Hearing; Regional Centers for Children with Special Health Care Needs
- Wisconsin Families for Hands & Voices
- WI Personnel Development Project (University of WI)
- Community Physicians, Audiologists, etc.
- Stakeholders

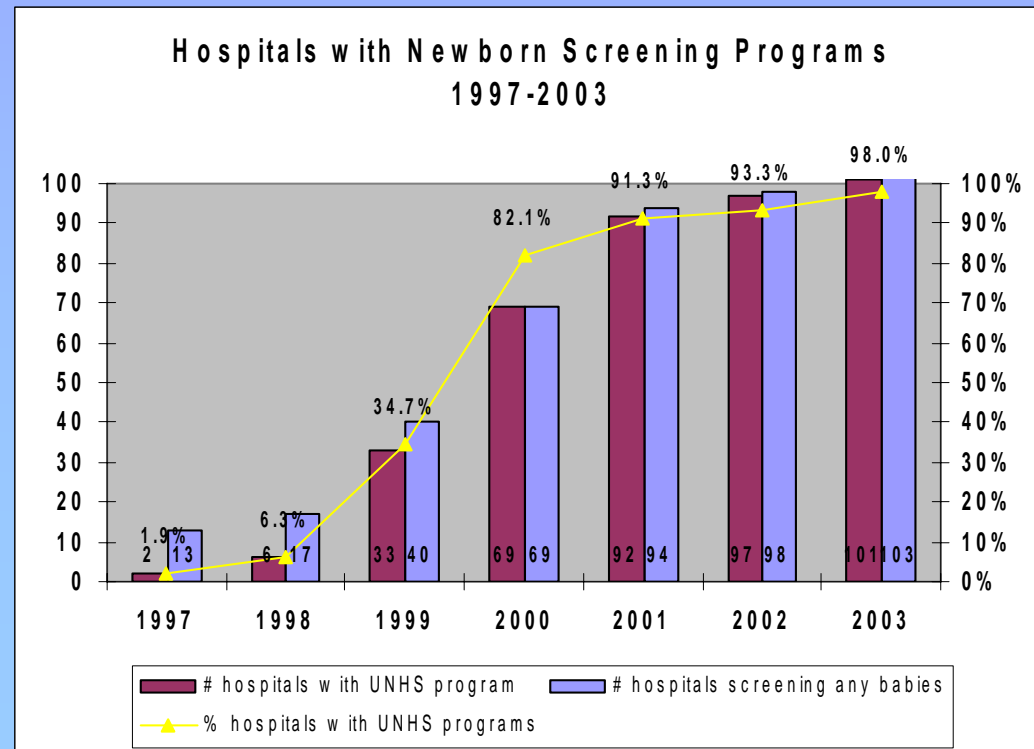


How is Wisconsin doing?



Wisconsin Legislation- Assembly Bill 133 (1999)

To ensure that WI screens 88% of newborns prior to hospital discharge by August 5, 2003





GBYS Follow-Through Program

"Mom, I just had my hearing screened and I need to have my _____ ear/s re-checked in two weeks."

"Please don't worry. This is only a screening but the doctor says that it is very important that you bring me back to the Hospital or to an Audiologist in a week or so. They also said that there is someone you can talk to if you want to learn more or need help getting my ear/s re-checked."



Pediatric Audiology Services

- Wisconsin Sound Beginnings (EHDI) developed a survey to assess the availability of pediatric diagnostic and amplification services and identify technical assistance needs
- Outcomes:
 - Intensive web-based pediatric audiology seminar
 - Index of Pediatric Audiology Services





Need Area - Other Intervention Services

- Challenges of the Wisconsin Birth to 3 Program

- Non-categorical system
- Rural state
- Low incidence population

- Challenges in the field of Deafness

- Challenges in the heterogeneity of deaf and hard of hearing children!





Statewide Resources for “other early intervention services”

Deaf Mentor Project

Provides a Deaf Mentor to any family with a child who is deaf or hard of hearing and under the age of 6 within the home setting to:

- Teach the family American Sign Language
- Model interactions with the child
- Share aspects of Deaf Culture





Statewide Resources for “other early intervention services”

Preschool Auditory/Oral Demonstration Project

- *Utilizes current technology emphasizing the development of auditory skills in preacademic, academic, and social emotional areas throughout the day.*
- *Promotes the ability to listen and to integrate listening skills, enhancing speech perception, speech discrimination, and speech production.*





1.2 Families will have information about and access to a full array of services and programs

1.3 Families must receive complete and unbiased information about...

- **hearing loss**
- **communication development**
- **the central relationship between communication development and educational growth**
- **other matters unique to d/hh individuals**





The Guide-By-Your Side Program



Available to any family with a child who has been
newly
diagnosed with a hearing loss. Free of charge.

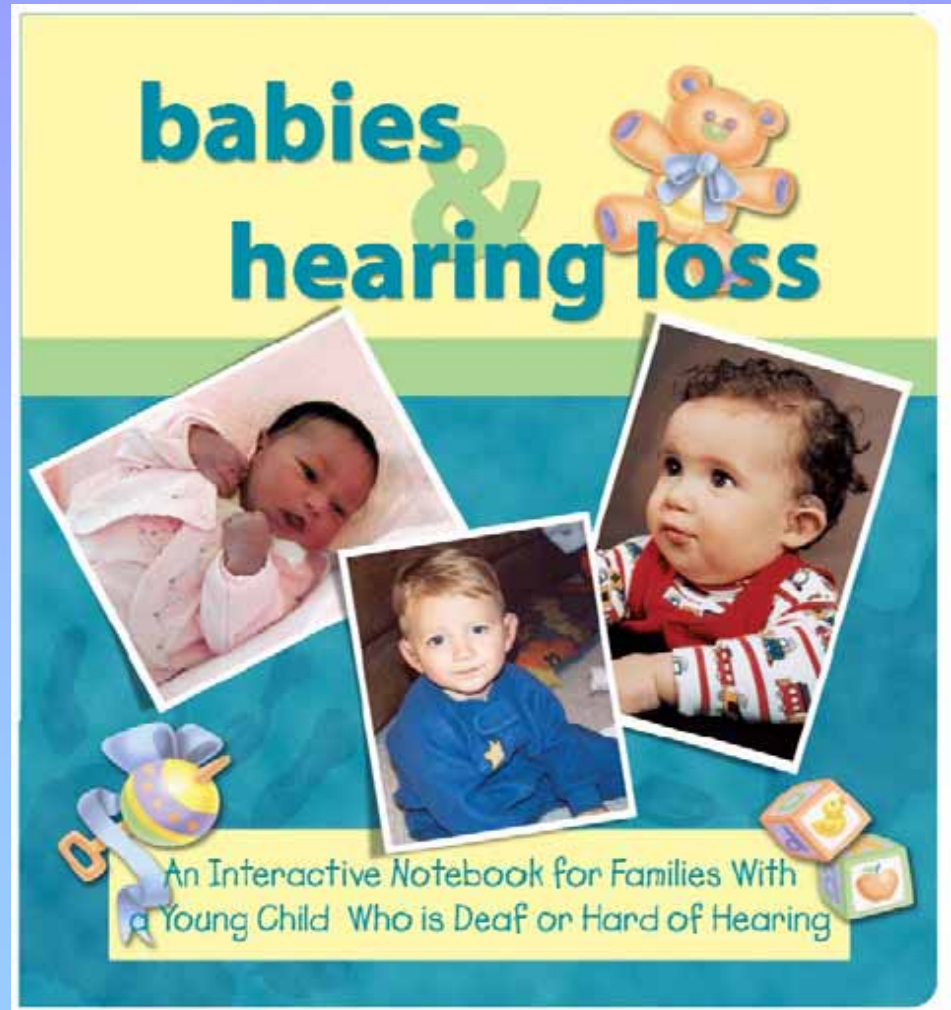
GOALS

1. To provide an understanding of the **unique needs** of young children who are deaf or hard of hearing.
2. To provide **unbiased information** regarding communication options and link families to resources available locally, regionally, and statewide.
3. To provide parents with the opportunity to **establish a supportive relationship** with an experienced parent
4. To ensure that families are **linked to their county Birth to 3 Program or local school district**
5. To ensure that families are **connected to other parent to parent resources**



Parent Notebook

- Celebrating your Child
- Supporting your Family
- Knowing the Information
- Exploring the Possibilities
- Keeping Track
- Looking Ahead





Annual Statewide Parent Conference

- 4 successful years – parent friendships and networks are visibly established!
- Led by parents
- Deaf and hard of hearing role models
- Variety of activities
- Latino family outreach efforts





Access to a Full Array of Services - Changing the system...

- Birth to 3 Provider Trainings
- Birth to 3 Program Policy Development
 - Eligibility Definition
 - Best Practices Statement
- Early Intervention Summit
- WESPDHH Outreach Consultants
- WSB Mini-grants
- WESP Birth – 6 Interagency Workgroup
- System change happens from the bottom up –
Educating Parents through effective programming!





Educating Parents for “Bottom Up Change”

- Wisconsin Families for Hands & Voices
- Wisconsin Chapter of AG Bell
- Parent Conference and workshops
- Statewide Listserv
- Guide-By-Your-Side Program
- Parent Notebook





1.4 Families should have available training and advocacy services



HANDS &
VOICES

Wisconsin Families for Hands & Voices

- *Plans to develop an advocacy program*
 - *Trainings in “A is for Access” in the coming year*
 - *Collaborating with other state agencies*

Other Wisconsin Resources

- *WI Parent Education Initiative*



1.5 The medical community must be fully informed regarding all early interventions



Educational Materials

babies & hearing loss

A Guide for Families about Follow-up Medical Care

UNHS NEWBORN HEARING SCREENING in Wisconsin

UNHS in Wisconsin

The purpose of this newsletter is to keep health care providers and other interested personnel informed of the status of newborn hearing screening in Wisconsin and to provide suggestions, information, and resources for those who are implementing or administering UNHS programs. Universal newborn hearing screening programs began in Wisconsin in 1996 and have been spreading to hospitals across the state since then, making UNHS the standard of care for all newborns in Wisconsin. This newsletter is funded by a Title V FHC Block Grant through the Maternal and Child Health Bureau of the Health Resources and Services Administration, U.S. Department of Health and Human Services to the Wisconsin Association for Perinatal Care.

QUESTIONS FROM NEWSLETTER READERS

Two of our readers used the "fax back feedback form" to pose their questions. The first is from a primary care provider who questions the cost-effectiveness of UNHS. We asked Elizabeth Wuxton, MA, CCC-A to address the cost effectiveness of UNHS.

IS UNIVERSAL NEWBORN HEARING SCREENING A COST EFFECTIVE PROGRAM?

This is a complicated question. To answer, you must first define cost-effective. The answer will be different if you are asking whether the program is cost-effective for the State of Wisconsin, or for large birthing hospitals or for the family whose child was just diagnosed with hearing loss at two months of age. Also, cost-effectiveness will vary according to how you define the program. Do you look at screening alone or at screening, diagnosis, intervention and follow-up costs? The cost-effectiveness may also be different for a large birthing hospital with hundreds of births each year versus a small rural hospital with 60 births per year.

Estimating the cost of newborn hearing screening, independent of the outcomes of the screening, is well defined and resources exist to measure such costs for individual hospitals. The National Center for Hearing Assessment and Management (NCHAM) has assembled a very nice overview of the studies on the cost-effectiveness of UNHS reported in the literature. The article can be accessed online at www.infanthearing.org and click on Issues & Evidence. This article points out that most of the available studies suffer from serious weaknesses such as relying on hypothetical assumptions or ignoring both costs of fringe benefits, indirect costs, or the cost of diagnosis and tracking. However, the article also summarizes several reasonable studies, such as the recent CDC study directed by Scott Grose, which found the cost per baby to be between \$18-\$26 on average.

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Questions from Newsletter Readers continued on page two.

a sound beginning for your baby

Newborn Hearing Screening



1.7 Families are entitled to work collaboratively with and treated as equal partners and decision-makers by professionals

- Educated Parents
- Parent Liaison
- Philosophy: Parents participate in and/or lead all programs developed...
 - *Guide-By-Your-Side*
 - *Parent Conference*
 - *Birth – 6 Taskforce*





Questions?

**Marcy D. Dicker, Outreach Director,
WESPDHH**

marcy.dicker@wesp-dhh.wi.gov

**Laurie Nelson, Parent Liaison,
WESPDHH**

laurie.nelson@wesp-dhh.wi.gov

