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TRANSFORMING STATE POLICIES

Topical Session 8

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>> KELBY BRICK: Okay, so now everybody can hear, see, read me, as needed, read the captioning as needed. Perfect. We all have access. Let's start again. My name is Kelby Brick. I'm the Director of the Governor's Office of the Deaf and Hard of Hearing in the State of Maryland. I'll try to keep this light. I know this is the final workshop slot of the day.

And our role is to advise and support the Governor in his duties and responsibilities in overseeing the different Departments of the State, so, like, the Department of Health, Department of Education, et cetera. The Department of Ed is a quasi independent agency, long story, different Workshop.

But the Governor, of course, wants to make sure that all programs and services are run efficiently, and our office's role is to identify gaps in services for deaf and hard of hearing citizens in the state of Maryland, from birth ‑‑ womb to tomb if you will.

And my philosophy has always been to challenge the status quo. Deaf and hard of hearing people have still not achieved parity. There are gaps in services. And that's really why you're all here.

If there were no EHDI Program, it would mean that there were no problems with our deaf and hard of hearing children and adults. But, of course, there are, and so we want to improve those services, improve those systems and that's what our office does. We're a policy‑making shop.

I was involved in EHDI more than 20 years, working with a Congressman named James Walsh from New York. And he was the one who developed the legislation that, once passed, the NIH system and the EHDI system that you see today was basically a direct result of that legislation. I remember lots of meetings. We had to figure out how to bring in the different stakeholders, the audiologists, the ear, nose, and throat, the otolaryngologists, et cetera, et cetera, et cetera. Everybody was fighting for their piece of the pie.

So I remember going to different meetings, monthly phone calls. There was a National meeting at some point before the current system of conferences, the EHDI Conferences have been in place.

So in some ways I feel like I'm coming back. I left the EHDI world for a long time, focused on lots of other different things and now I'm sort of back, coming full circle. The state of Maryland the last several years has done many things that I'm going to share with you. And other states are reached out to us because they want to replicate the model that we've done so we're very proud of what we've been able to accomplish in Maryland, and that's why I'm here to share some of those ideas with you and maybe there will be ideas that you can take home to your states.

So Maryland State law exists that is fairly standard in terms of the language to other states. That it's a statewide EHDI Program that requires hospitals to perform newborn hearing screening tests and report that data to the State Department of Health. And an Advisory Council, I say codifies, because the Advisory Council had been in place back in 1968, and that was something that happened because of the Maryland School for the Deaf, that was trying to develop connections with various other entities within the state so there was an Advisory Council but the scope of that Council was expanded over the years until finally it was codified in 1999, I believe, and that's a formal Advisory Council to this day.

Prior to then, it had been I guess informal.

Then in 2014, they received two amendments to the Maryland law. It eliminated the word "hearing loss," completely eliminated it. That is no longer in our statute. Now, obviously, we're looking at the life spectrum. If we're trying to identify older people, of course we can talk about hearing loss. But when we're talking about newborns, they don't have a hearing loss, because they never had any hearing to begin with. So we removed the word "hearing loss" and replaced it with hearing status. Our belief that it's the first time hearing status has been codified into a State law.

And that term came from an article that was published by NCHAM, co‑written by Beth Benedict, or Dr. Beth Benedict, among other people that you might know. It suggested changing some of the terminologies that we used, so hearing status, and it went through the legislative process, dealt with the various Bureaus and so forth, and then in the end, that was the term that was selected, "hearing status," so the law is identifying hearing status of infants. And that hearing status may develop the ‑‑ the development of language.

As well, in 2014, another amendment to the law inserted a representative from our office on that Advisory Council. And that was important, because it gave the Governor more oversight and more influence into the EHDI process in the state. More specialized expertise on that Advisory Council that may have been lacking before that time.

This is Governor Larry Hogan. This was an event where he signed, I support deaf people. So he's not really a signer but he learned that sentence. I came to work for the Governor 3.5 years ago. And the Governor took specific steps to recognize the importance of bilingualism, the need for deaf people to have a voice, and there's a bi‑literacy Act that was passed, and I would encourage ‑‑ it encouraged all high school students to develop literacy in any two languages by the time they graduate. If you actually have fluency in two languages, then you get a special seal from the Governor on your diploma. As a result of that legislation signed into law, ASL has been recognized as one of the possible languages that students could take to satisfy that requirement, or that extra credential.

We also have a hearing aid loan bank for those people for whom maybe insurance doesn't cover it. It used to only cover from 0 to 3. We modified that law and now it covers children up to the age of 18. As well, there are specific scholarship programs for high school students in the state, and they're granted to students who are going to school within the state. There are in‑state scholarships. I'm sure all of your states are the same. That's very common.

But the Governor recognized and signed into law an amendment that said if a deaf or hard of hearing student doesn't ‑‑ if there's not a school in the state that would really be the most appropriate placement for them, they can go out of state. It's really designed for students who go to Gallaudet or NTID, which are more accessible environments for deaf and hard of hearing students, but they get in‑state scholarships, as if they were going in‑state. And again, this is the Governor's way of showing his commitment to addressing the inequalities that deaf and hard of hearing people experience in life, and recognizing the importance of our language.

His wife is from Korea, so his children are bilingual. He gets the advantages of bilingualism. So he already knew those benefits when the discussion was raised. He had seen it from his own family, so it wasn't a hard sell.

But it sets the stage for what happens next, so it's important that somebody in such a public position would take those kinds of steps.

Now, obviously, we have many things to be proud of in state of Maryland, but not everything is as where it should be. Maryland is often named as an academic bowl Champion. The Maryland School for the Deaf students. More recently Rockville high school, which has a large mainstream program, so many deaf students are there so whether you go to a Deaf School or you're going to a mainstream school, Maryland graduates tend to do well vis‑a‑vis other students in the country. And the number of students from Maryland who go on to college probably is one of the highest in the country. Our test scores are very high, so our students are doing well, and yet, there are problems. So parents were calling my office with various complaints. They have a deaf child, they can't communicate with their deaf child. They're not getting services. They don't even know who to ask for services or where to go.

Schools were reporting that the deaf kids were coming into school, whether it was the Deaf School or the mainstream schools, these deaf children were entering school with already having a language delay, and some were language‑deprived.

So the state of Maryland has an excellent detection rate. 99% of all babies born in the state are screened within the first month, 99%. So obviously, those systems are in place, and they're working well. The screening is there. The referral happens. And yet we're not seeing great success in terms of the kids coming to school ready, so there's a gap there. We've got to figure out what's happening with those gaps.

So the first thing we did to try and get at this problem was that when hospitals report to the state, and there's a follow‑up process to monitor and track those babies, so they've been screened, they've been identified, that 1‑3‑6 program I think you're probably all familiar with, the EHDI 1‑3‑6, then they get referred to the EI program, the intervention program, and we looked at the letter that was sent.

The State sends a letter out to all parents whose babies have been identified, and the letter was not up to date. And it didn't really emphasize enough the criticality of the issues. It's a public health risk when kids are language‑delayed or deprived. So we said: It's time to change this letter, time to make it a bit stronger. That was another complicated process. It had to go through various departmental reviews to change that letter that goes to parents once their babies have been identified but now the letter says: Okay, your baby has been identified as deaf or hard of hearing. Your child will have a great life. There are no limits to what your child can do. It's positive and immediately exposing them to the language issue so you want your child to be exposed to language right now, from the beginning. Otherwise there may be a significant chance of delays, or perhaps even deprivation.

So that letter as I said went through several revisions, and its in three languages right now. It's in English, it's in Spanish, and we have it available in ASL. There's a video ASL version of the letter. It says exactly the same thing in all three languages. So parents receive a link, a paper letter and a link, to the video version, if they want to access it that way. And I believe it's the first time that any of the states have provided direct communication as part of that process to all parents, about the risks specifically of language deprivation, about the critical need to immediately have your child immersed within a language environment. And to be honest with you, that process was very upsetting to many people.

There was a lot of resistance in the state of Maryland to having that letter written the way it was and sent out. The biggest resistance honestly came from the idea that language deprivation was something that was real and could happen. We were able to overcome that resistance, because the data clearly indicates that there's a problem. Kids are coming to kindergarten, coming into school, too many of them, either language‑delayed or language‑deprived.

So that letter gets sent out and then we need to track what's going to happen next with our families. So our office did a bit of analysis and identified that the detection part, the tracking part, which is handled by the Department of Health, and then they sort of handed over the intervention part to a different Department. And it goes to the Department of Education so there's a gap there.

Our EHDI Coordinator is very supportive of the analysis of the research process, and she's here. Tanya Green, so she helps connect the dots.

So people on the EHDI Advisory Council, people on the Governor's Office working with the Department of Ed, Department of Health. A lot of conversations happen with the Department of Ed. We were getting information from different EI programs, and we found that the EI programs are sometimes under local Department of Health, even though the funding actually is from the Department of Health, and sometimes in some of the locality they were handled by the public school system, so different localities were handling it in different ways. It was not consistent. And the EHDI staff in all of these different places were not always ‑‑ did not always have expertise in ‑‑ like, in urban areas where there were a lot of deaf babies being born, there was a different kind of expertise, they tended to have a more efficient process in place just because of the sheer numbers. But in remote areas or even sometimes in the middle of the cities, the EI staff did not necessarily have the expertise. Maybe they were only high school graduates, for example, and there was high turnover in some of those offices and they've got some paperwork that they need to fill out and they've got a guidebook that tells them what to do but they don't actually understand necessarily what it is that they're doing and why. So the information that's in the guidelines is a little bit cursory, and not very useful if you don't already have a framework for it.

And of course that led to various outcomes and not the best results. Some of the counties were doing a great job, and some of the counties really were suffering. So we were trying to figure out what needed to be done, because we wanted to standardize it for the whole state. We wanted Maryland to be on the same page. Anybody with a deaf child should receive appropriate services whether you live in the mountains or by the beach or in a city or in a rural area.

So we worked with the Department of Ed. We did a survey of EI specialists in the state, what were their challenges? What were their needs? What resources they did have access to. And we set up a working group. We brought in some of the key stakeholders, representatives from the various entities, the various EI programs, as well as leaders of Part C programs, like IDEA programs that addresses the 0 to 3, babies 0 to 3.

And we identified the needs, the concerns, the areas of weakness, opportunities for growth. And for a long time, Maryland expected, or required, EI to tell parents about the Maryland School for the Deaf. And we found out that that actually wasn't happening in many cases.

So we would get reports that said that some EI providers, when they first would sit down with a family, would just sort of rush through their checklist. Like, there's a Deaf School, it's over there, never mind, moving on, kind of. And there wasn't a really holistic comprehensive conversation, and that's a missed opportunity. It's a local area of expertise where they can provide direct services to deaf and hard of hearing children.

The Maryland School has a diagnosis center that provides screening for every step. I think they've identified 50 babies in the last year, maybe the last two years. It's a growing program. And it's not enough. Many parents didn't know about this local resource.

Also, the working group decided to modify some of the paperwork to make sure that the Maryland School for the Deaf would be invited to those first meetings with families. After the first meeting, so you have a parent, you have a local rep, you have Maryland School for the Deaf representative and they sort of make decisions together, and it's not about taking power away, but it's about informing parents about the full range of options that they have for their children, and so having a Maryland School for the Deaf representative there and a local EI specialist there, they're there to support the families so that the families have all the information they need to make whatever decision they're eventually going to make.

And so we wanted to be clear that every EI specialist should be ‑‑ every EI specialist would know that deaf children should have the same milestones as hearing children and that's not always been communicated to parents, unfortunately. Sometimes parents have gotten the message that, you know, my child may not read on grade level, and that is just normal for deaf children and deaf people. And so we wanted to remessage that. That is absolutely not true. Once you've developed a language you can reach whichever milestones you would need to, and you can triage a situation if you're not reaching the milestones, but you can't do any kind of triage if the parents don't even know to identify that this is a problem, if they think it's normal.

Again emphasizing the value of bilingualism, and emphasizing to parents and families the importance of immersing that child immediately into a language‑rich environment. The brain from BL2, the Brain Learning Lab at Gallaudet University, they've done brain scans and they've identified the plasticity of the infant brain for language development starts to lock up at about 8 months of age, 8 to 9 months of age, so we're already losing some of the plasticity.

Now, it can be overcome. Obviously people have learned languages at later dates, but it's like you're always chasing the curve. You've started behind, so it is so important from birth that children have access to language because of that brain plasticity. The brain is a sponge at that point and it wants language input so we're trying to get EI specialists to communicate that to the parents and we're starting right now. Not next year. Not waiting for 18 months or 12 months, start right now with language exposure.

And as well, even if the parents ‑‑ of course, the parents can pursue whichever decision they would like to. If they'd like to have their kids implanted with a cochlear implant, regardless of those ‑‑ the auditory supplements and the tools, they need language. They need visual access, accessible language, from the start. You can't wait until that CI mapping gets turned on.

And of course, we need to provide support to parents, so ASL classes, ASL training, or other kinds of supports that they might need. We want to be there to support parents, and that's really the role of the EI specialist. I mean, often if an EI specialist begins the conversation asking the parents what they want, they don't know where to begin. "Tell us what to do. We don't have any idea."

The EI specialist says: We're here to support you. What do you want? Rather than doing what we wanted, the EI specialist informs parents: These are all the supports and services you might have access to. So as the parents become more informed, they can ask the right questions and demand if you will appropriate services.

So those are very positive conversations that came out testify working group and we expected to publish those guidelines within the month, this month, next month, very soon. But it's an unprecedented process that we've undertaken. We are telling parents the truth. We're giving them as much information as we have and providing them with the appropriate expertise at their disposal. We're giving parents the choices they can make.

You can't argue that parents are making the choices but you can't argue they're making choices if we're not making information available. If this is the first time entering this world they don't know what decisions to make. They don't know what programs or services are out there unless we tell them, so that's what Maryland has been doing, and it's about communicating to parents at a very early age, like I said, starting with that letter that gets sent home.

And emphasizing the joy of having a deaf child, as well. Providing full information and resources, including state expertise like the Maryland School for the Deaf. And I don't believe that that is happening in other states, so we're trying to do this. We're trying to kind of address the gaps in these areas, and maybe become a role model for other states. And the results will speak for themselves, and we are expecting more numbers down the road.

Is there a question? Wait for the microphone, please.

>> So immerse in language immediately.

>> KELBY BRICK: Could you tell me your name and where you're from before you ask your question?

>> Kirsten from Minnesota.

So when you're saying about immersion in language immediately, you're talking specifically about American Sign Language, not just any language.

>> KELBY BRICK: No, no, any language.

>> Okay.

>> KELBY BRICK: But they have to have access to the language. So it's any language that is accessible to a child. But you can't wait. So what we have found out is that many people who ‑‑ families who are pursuing, for example, an auditory approach are told to wait, that language will develop 12 months, 18 months after the CI or whatever and it's like: No, you've got to start right away. Whatever language you're using with your child, you've got to ‑‑ then you can scaffold and build the second and third and fourth language fluency on top of that but you've got to have a primary language.

>> The other question I have, you said that the letter goes out to families after they leave the hospital? Or after they have a diagnosis? So there's a difference, right? The babies that leave the hospital maybe that don't pass the test versus the babies that maybe have a confirmed...

>> KELBY BRICK: Yeah. I'm going to ask Tanya to correct me if I'm wrong on this but I believe the answer is after they've been identified so they've gone through I guess a confirmation screening process. Did I get that right, Tanya?

Okay, yes, I did.

You wouldn't want to send the letter at the initial screening because as you know I guess some of those initial screenings we get some false positives and so forth but once the confirmation truly has been done, that's when it gets sent out. Yeah, yeah.

And now people are wondering, like, this seems like such a simple concept. But 3 years ago, the idea of communicating to parents, to sharing information about language deprivation, was very controversial, actually. We got a lot of angry calls from people who were not deaf, or were not in the field of language development, who were objecting to the idea that parents should be told of the dangers of language deprivation.

We were able to overcome the resistance, but I think it shows ‑‑ the evidence is very clear: Language deprivation is real, and people who object are often not experts in the field, and they don't have the lived experience, either.

So coming to this conference this year, I'm seeing a lot of conversations about language deprivation. I'm seeing how are we going to address this issue? How are we going to close the gap? So I'm seeing a transformation in our thinking about this. Experts in the field have recognized that language deprivation is something that's out there and we need to do more with the I part. We've got the D part down. That's great. That's a step forward. I'd like to see other states do that, actually communicate that to parents. And I think you'll see that this is something that you can do but not everybody has come to this. I'd like to challenge those of you in the room to bring this information back to the states to see how you can communicate authentically and honestly with parents and EI specialists at the local information that information is needed to communicate with parents so they understand the urgency of the issue.

I'd love to see it standard throughout the states and we need to focus on the intervention part, making sure we're working with the Department of Education specifically on those efforts. At this point, I'd like to open the floor to any questions.

Again, if you're going to ask your question in English, you need a mic.

>> Hi, I'm Nan, and I'm from Michigan, and my question relates to the loss to follow‑up kids. In Michigan. Statistically, we should be identifying 300 children every year with hearing loss, and we are getting 175, and we have 529 parents ‑‑ babies who have failed the final screening, have not gone back for either a re‑screening or diagnostic. While the initial screening is mandated by our state as well as the reporting, there is no mandate on follow‑up. Do you have any ideas on that?

>> KELBY BRICK: Yeah, the loss to follow‑up rate, I think it's 17% in Maryland, and for various reasons, as you know. Tanya, correct me if I'm wrong on that. So we're doing better is what you're saying? That's great. I had a little older number. My data I was reviewing it. We're in better shape in Maryland, 10%, okay. But obviously we can do better than that but it requires a lot of effort.

It depends on the staffing who's available to do that follow‑up. There's always going to be obviously ‑‑ this isn't a problem that we can do away with. People move out of state. We lose track of them, these things happen. We can get the numbers down though. I'm not sure if that answers your question.

Other questions? All the way in the back?

>> Hi. It's Stephanie from Utah. And the letter, does it come from Tanya at the EHDI Program? Or does it come from your office?

>> KELBY BRICK: Oh, it comes from Tanya's office.

>> Is this something you'd be willing to share with the other EHDI Programs?

>> KELBY BRICK: You're saying yes?

>> No, no, I know but if I send you an email I would love that.

>> KELBY BRICK: But Tanya, all three letters are actually available online. So they're publicly available.

>> Wonderful. Thank you.

[ Off Microphone ]

>> KELBY BRICK: Just Google ‑‑ yeah, just Google Maryland EHDI. I believe the first hit you'll see is a link to the Department of Health's EHDI website. And then that letter is ‑‑ you'll see it in three languages: English, Spanish and ASL, so, yeah, absolutely. Look at it. Pirate it, sure. Or email Tanya or email me, we'll give you the link. But it's easily found on Google and we'd love it to be used as a model. I would have modified it a little bit if I had final authority but it was a long, arduous process to get it through the revisions to get it to where it is now, so again, like I said, I'm focused on the I part and I'd love to see that improve.

I thought I saw a hand over here. No? Okay?

Any other questions at this time? Back here?

>> I'm Susan from Alaska, and I have a question about the ‑‑ you were talking about the ages of the folks that your office serves, from birth to you said "old," older, and does that include people who have lost their hearing through industrial use and recreational use, Veterans who return from war zones who have lost their hearing through firearms and explosions and that sort of thing? Does that cover everybody?

>> KELBY BRICK: The intervention programs are specifically under Part C of IDEA so that's just the infant to 3 years old. There's a process in IDEA of extending the coverage to I think the age of 4 and then they transfer but what you're talking about, hearing loss as an adult, adults would not be covered under Part C so they wouldn't be covered under the EHDI Program.

But in terms of adults who contact our office, the Governor's office, we certainly provide referrals and resources and so forth. We do serve as a clearinghouse, if you will, but it's a very different kind of picture than services that are offered for children. So we're focused on the language of the infants, and adults are focused on more let's say access and support. They already have language, presumably.

Does that answer your question?

>> Yeah, that does. And I just was looking a little bit beyond the kid age. That's what my question was about. Thank you.

>> KELBY BRICK: Back there?

>> Hi. I'm Laurie from New York, and my question is: Can you talk ‑‑ I would like some more information about how you were able to get somebody from the Governor's Office appointed to your Advisory Group in Maryland, what that process looked like, because we're interested in updating our legislation, and I think that would be an important step.

>> KELBY BRICK: Tell me the beginning of your question again, if you wouldn't mind.

>> How did somebody from the Governor's Office get appointed to the Advisory Council for EHDI?

>> KELBY BRICK: I might have to give you a little bit of background in order to answer the question, background on our office specifically. Many states have some sort of agency that focuses on deaf and hard of hearing issues. But it's roughly half of those agencies. Don't quote me on that, it's not specific. Our Boards or commissions so the Commission on deaf and hard of hearing and they're independent. Maybe the Governor appoints the people on that Board or Commission, or maybe a Board appoints the people whoa are on that Commission and they work full‑time, they're staff for that Commission and it's separate somehow.

The benefits of that approach are that they can be involved in almost any issue that the Commission decides they would like to work on. The negatives of that approach is that there's often a lack of oversight and actual power and authority in terms of the State departments, so they've become almost an advocacy arm rather than anything else.

Another roughly half of the agencies are offices that are housed within specific departments, like the Department of Labor, or the Department of Health, and so the scope of their work is limited to the scope of the work of whichever Department they are housed within, and they can't really see ‑‑ take over other issues, unless they have a supportive relationship with other departments but really their scope officially would be limited.

There are several odd exceptions. The two biggest exceptions are Massachusetts and they have just a totally different kind of historical government, and Maryland. The office is part of the Governor's staff so we are in the ‑‑ like, in the Governor's office and as part of the Governor's duties, this office has oversight and power to help the Governor oversee all of the departments vis‑a‑vis the citizens of Maryland. Of course, the negatives of that approach is that we serve at the pleasure of the Governor, and we follow the Governor's priorities, and how the Governor chooses to frame issues.

We've been lucky that this Governor has been very supportive of our efforts. It's within the priorities and agenda that he had but we do have to fit his theme and his message so if he's trying to do X, Y, and Z and we have a way to get ourselves in there we can do that. We haven't had a problem so far. But you can imagine that there could be.

When EHDI was up for reauthorization at the state level, people who were involved with the process realized that the Advisory Council was missing a critical area, which is the policy experts, so at that point that's when the amendment was put into the statute that said we need a representative from our office. Does that answer your question?

>> Hi, I'm Tami from Iowa and my question is in follow‑up to what I think I heard you say that someone from the School for the Deaf goes out with the Early Interventionist to one of the first meetings or the IFSP meeting. Can you clarify that for me?

>> KELBY BRICK: Absolutely. Historically what's been required is that EI personnel lets the parents know, informs the parents, about Maryland School for the Deaf. In other words, in the state of Maryland in case you didn't know, there's a School for the Deaf, it's Maryland, whatever. And for them it was, like, a checklist. They would just check off the piece of paper like, yeah, we've got a Maryland School for the Deaf, just FYI, moving to the next thing. You can imagine how overwhelmed these parents are at the first meetings, and they have to sign a lot of paperwork: Did the doctor communicate everything to you and did you receive all the information? And, of course, they're not going to remember everything they've been exposed to in that meeting so the working group that met agreed that to make it a more palatable experience for parents and a little less overwhelming and really take advantage of an opportunity to let parents know about the services that we have in our state, we'd have another representative. They'd be invited to the first meeting with parents.

Now, to be honest with you, we have a few counties that have very strong EI programs, and I would expect at this point that parents will use their local services, because they have such strong programs. There are other counties, though, they just don't have those resources, so maybe they don't have the appropriate staffing or the right people in the right places, et cetera, et cetera, and those are parents who may become more dependent on the services offered by the Maryland School for the Deaf simply because their local County can't meet those needs.

Parents are going, most of the time, are going to choose what's closest to them but some places just don't have services so we bring Maryland School for the Deaf into the picture so they know they have services even if they're not right next door.

Any other questions? I feel like you have a question. No?

Yeah, I guess.

>> I wonder how you're able to demonstrate that referrals from the screening, the first screening, the second screening, how would other schools implement that, what you've done in Maryland in the first place how would other states do that?

>> KELBY BRICK: I feel like the process is fairly standard in all of the states, right? A baby is screened at a hospital. They get referred to an audiologist or physician in some way. There's a follow‑up screening to confirm there is actual deafness the in the situation. It gets reported to the Department of Health and the Department of Health tracks that child and that's what Tanya's team does and make sure the EI folks know how to get in touch with those families and introduce them to the services, so the Department of Health has to let them know there are local services, so then you'd have to connect them to your local services.

So most parents are served in their localities. And many of them, that's actually where they've been referred, but our state letter is almost maybe it's like a backup in some cases to let them know that these are the kinds of services in your home area that you can get connected to, but what was missing is that once that referral happens to the local services, the Department of Health a little bit steps out of the picture, so it's like the local entity that takes over.

So we wanted to make sure that the EI local people picked up the ball and ran with it, and some, like I said some counties are doing a fantastic job but it's not true across the state. We just don't have standardization as much as we should and we're working on developing that.

>> Thank you.

>> KELBY BRICK: If you'd like to look at the ‑‑ emulate our letter, we would love to see you replicate it, copy it. If you want to speak with me more later on offline about how we might connect the different departments, the different silos, I'd be happy to support other states in coming to the place where we have.

We have, as I said, a lot to be proud of, and we have a long way to go as well so I think we can all learn with each other and I'd love to work with other states to make sure every deaf and hard of hearing child all over the United States of America gets appropriate services and information immediately, not 12 months later, not later than that.

With that, I will close. I'll thank you for your time this afternoon, and wish you safe travels on your way home. Thank you.

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