How Many Ways Can a Child Get From EHDI to Part C? Variations in the Referral and Eligibility Processes Across States

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About EI SNAPSHOT

Early Intervention Systematic Nationwide Analysis of Programs' Strengths, Hurdles, Opportunities, and Trends

Funded by the Maternal and Child Health Bureau & Oberkotter Foundation

Examined

- Family reports and perceptions
- Early intervention provider & audiologist reflections
- EHDI and Part C collaboration
- Deaf Education personnel preparation programs
- Publicly available information for families



El SNAPSHOT – Research Questions

How are early intervention (EI) services for children who are DHH coordinated in different parts of the country?

How does coordination across and referral to EHDI to Part C vary by state?

What are the strengths and challenges encountered in ensuring that children identified as DHH receive appropriate EI services by 6 months of age?



EI SNAPSHOT – Methodology

Telephone interviews with state EHDI and Part C coordinators

- 33 states
- Both EHDI and Part C in 15 states, only EHDI in 13 states, only Part C in 5 states

Interview questions about

- state governance structures for both the EHDI and Part C systems
- eligibility criteria for infants and toddlers with hearing loss for Part C El services
- referral processes between programs
- data sharing between programs

Data on governance and eligibility criteria were obtained from websites for other states



Background – Goals of EHDI

Screen by 1 month

Diagnose by 3 months

Early Intervention by 6 months



How Many Ways Can a Child Get From EHDI to Part C?

Screening

Diagnosis

Early Intervention



Background – Part C Child Find and Referral Requirements



- (a) General. Each system must include a comprehensive child find system that—
- (1) Is consistent with part B of the Act (see 34 CFR 300.111);
- (2) Includes a system for making referrals to lead agencies or EIS providers under this part that—
- (i) Includes **timelines**; and
- (ii) Provides for participation by the **primary referral sources** described in §303.303(c);



- (3) Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services; and
- (4) Meets the requirements in paragraphs (b) and (c) of this section and §§303.303, 303.310, 303.320, and 303.321.



- (b) Scope of child find. The lead agency, as part of the child find system, must ensure that—
- (1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are identified, located, and evaluated, including—

• • •

(2) An effective method is developed and implemented to identify children who are in need of early intervention services.



- (c) Coordination. (1) The lead agency, with the assistance of the Council, as defined in §303.8, must ensure that the child find system under this part—
- (i) Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, including Indian tribes that receive payments under this part, and other Indian tribes, as appropriate; and
- (ii) Is coordinated with the efforts of the—

•••

(J) Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C. 280g-1) administered by the Centers for Disease Control (CDC); ...

34 CFR §303.303 Referral Procedures

- (a) General. (1) The lead agency's child find system described in §303.302 must include the State's procedures for use by primary referral sources for referring a child under the age of three to the part C program.
- (2) The procedures required in paragraph (a)(1) of this section must—
- (i) Provide for referring a child as soon as possible, but in no case more than seven days, after the child has been identified; and
- (ii) Meet the requirements in paragraphs (b) and (c) of this section.



34 CFR §303.303 Referral Procedures

- (c) *Primary referral sources.* As used in this subpart, primary referral sources include—
- (1) Hospitals, including prenatal and postnatal care facilities;
- (2) Physicians;
- (3) **Parents**, including parents of infants and toddlers;
- (4) Child care programs and early learning programs;
- (5) LEAs and schools;

- (6) Public health facilities;
- (7) Other public health or social service agencies;
- (8) Other clinics and health care providers;
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;
- (10) Homeless family shelters; and
- (11) Domestic violence shelters and agencies.

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Primary Referral Source

Referral

Early Intervention



Screening

- Primary Referral Source?
- Needs EI?
- Potentially Eligible?

Referral?

- By whom?
- To whom?
- When?

Diagnosis

- Primary Referral Source?
- Needs EI?
- Potentially Eligible?

Referral?

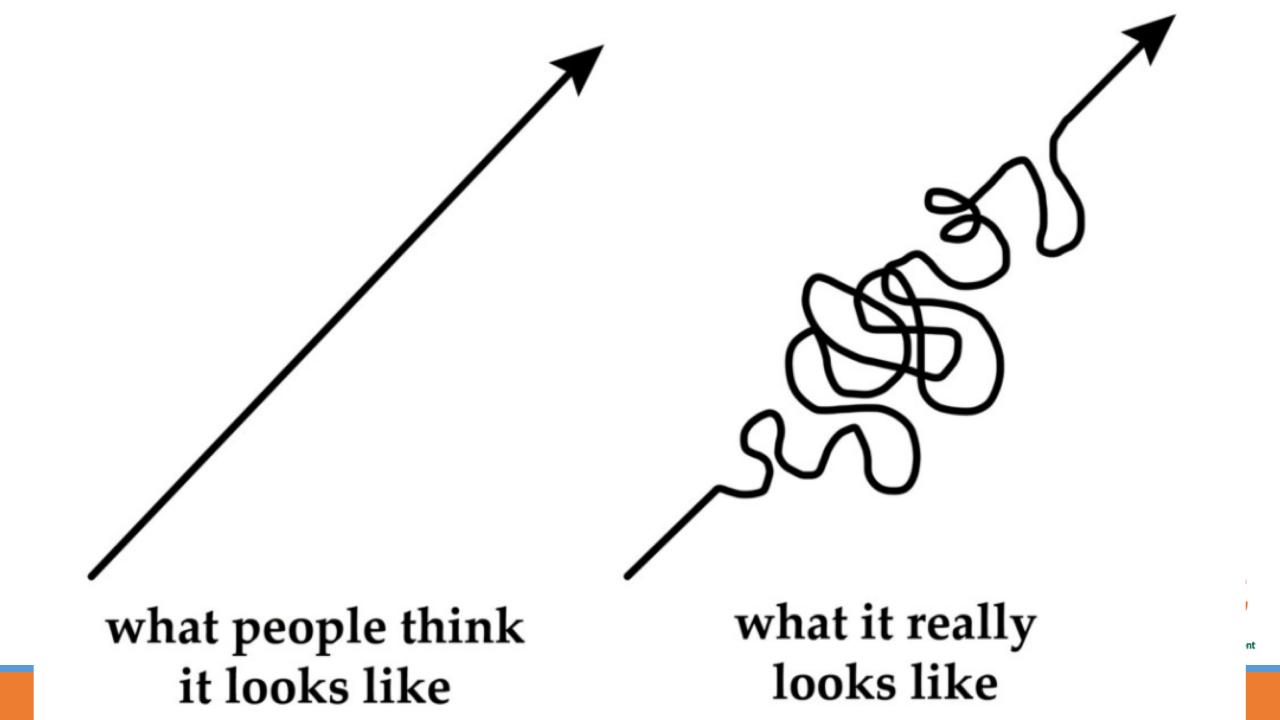
- By whom?
- To whom?
- When?

Early Intervention

Follow Up

- By whom?
- From whom?
- To whom?





El SNAPSHOT Key Findings

State governance of EHDI and Part C varies significantly by state.

Early intervention eligibility criteria for infants and toddlers who are DHH vary by state and can be confusing to professionals and families.

Most state EHDI systems rely on audiologists or primary care providers to make referrals to early intervention.

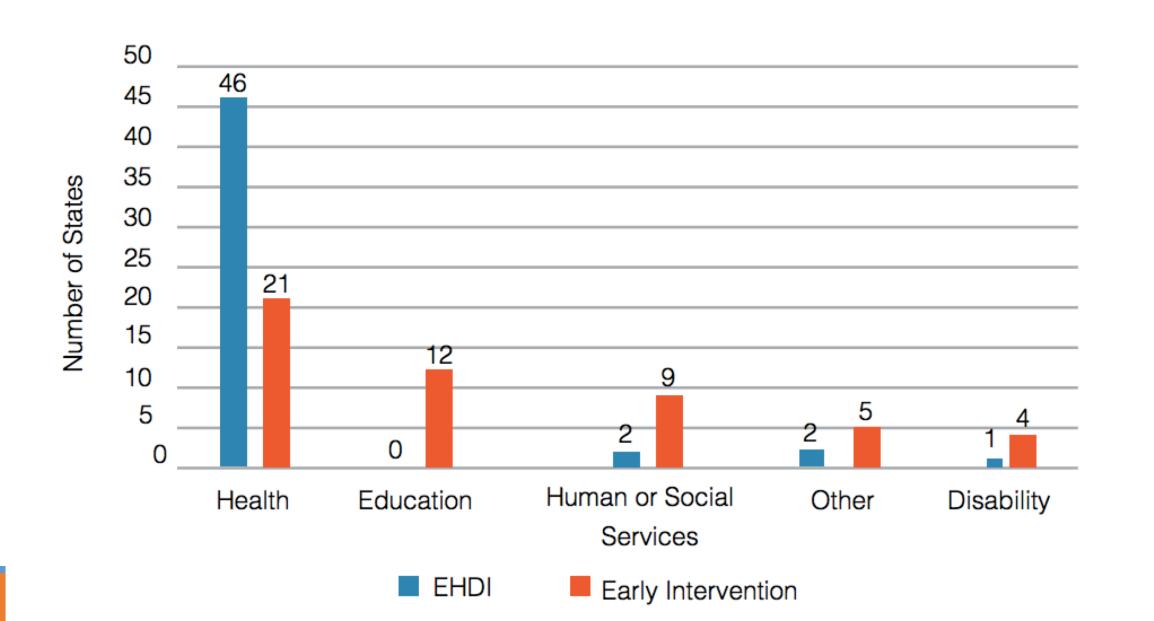
Many states face obstacles to sharing meaningful data between programs



State governance of EHDI and Part C varies significantly by state.



Chart 21. State EHDI and Part C Program Department Locations





Strengths and Hurdles

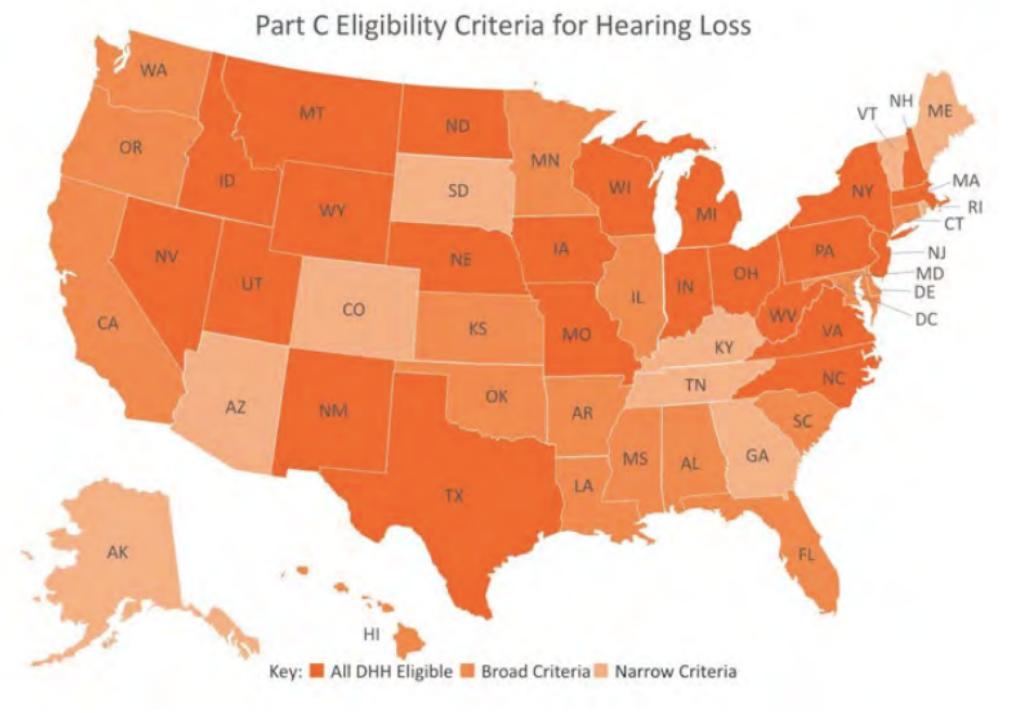
- Strength: EHDI and Part C coordinators recognize the value of collaboration.
- Strength: Procedures are in place to ensure infants and toddlers who are DHH are referred to Part C early intervention. (48% fair, 48% strong)
- Strength: Most EHDI advisory boards include the Part C Coordinator or a representative.
- Hurdle: Most Part C Interagency Coordinating Councils (ICCs) do not include EHDI coordinators

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Hurdles

Eligibility for Part C programs within a state can be confused with different eligibility criteria for services provided to children who are DHH under other programs (58% of states have another agency providing services).



Most state EHDI systems rely on audiologists or primary care providers to make referrals to early intervention. (67%)



Many states face obstacles to sharing meaningful data between programs



Sharing meaningful data

- Every EHDI program reported that it is able to share data from EHDI to Part C through a referral process
- At least three EHDI programs do not share information via a referral to Part C without consent from the family
- Twenty-one percent of interviewed states reported that Part C is not able to share any child-specific information and can only provide an aggregate number of the children who were identified through the EHDI program and later received Part C early intervention services.
- 79% of states reported that they can share some level of child-specific information, ranging from a yes or no response to the question of whether an individual child has been found eligible for and received Part C early intervention services to actual position sharing service records

Comments? Questions?

More about El SNAPSHOT: eisnapshot.usu.edu

Today:

Tues 3:45 – 4:45, Capitol 6

- Let's Hear from Audiologists about EI: Findings from the EI SNAPSHOT audiology survey
- The Continued Challenge of Ensuring Comprehensive Service Coordination for Infants and Toddlers who are DHH: Recommendations from the EI SNAPSHOT Study

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