







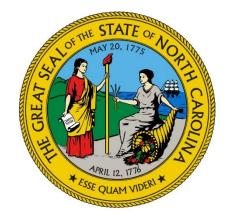








Discovering Our Common Ground – North Carolina's Journey



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Presenters

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Learning Objectives

- Describe at least three ways EHDI programs can partner with other services/agencies for the D/deaf and hard of hearing in their states
- Identify some misperceptions EHDI and the D/deaf community have regarding each other
- Describe how EHDI programs and D/deaf communities working together can lead to optimal language, educational, and life outcomes for all D/deaf and hard of hearing children





Connecting Communities

Deaf community, including professionals and parents

Hearing Parents

Hearing Professionals

Participant Selection Considerations

- Various philosophies
- Stakeholders who could influence future advocacy/policy
- Parent/Family/Consumer
- Ability to participate in difficult conversations
- Geographic representation

North Carolina Common Ground Team

- School Director School for the Deaf
- Director OPTION School
- Professor University Deaf Education Program
- Pediatric Audiologist
- Parent Deaf
- Parent Spoken Language
- Parent/Educator
- Member NC Council for the Deaf/Hard of Hearing
- Member NC Association of the Deaf
- Educator Department of Public Instruction

Process

- Face-to-face meetings
- Set communication rules
- Create an environment of trust
- Developed Common Ground Creed
- Discussions regarding preference/philosophy of early intervention/deaf education
- Strengths/Concerns/Opportunities
- Developed Shared Understandings
- Present Shared Understandings to key groups
- Plan next steps

Our Creed

"I agree to be open-minded, attentive, and receptive to other points of view in order to support the Common Ground Project."

COMMUNICATION IS THE KEY



Source: Getty Images

1.

One size does not fit all. Every child must be in an accessible, language rich environment. The full continuum of communication choices and educational placements must exist and be well-established and funded so an appropriate program can be offered to meet each child's needs, resulting in timely language acquisition.

2.

Children birth-to-3 and their families should have access to adequately funded services in center-based and/or home-based settings where they have an opportunity to receive appropriate multidisciplinary services from specially-qualified personnel.

3.

Children 3-5 and their families should have access to adequately funded services in center-based and/or home-based settings where they have an opportunity to receive appropriate multidisciplinary services from specially-qualified personnel.

4.

All deaf and hard of hearing (D/HH) children and their families should have ample and multiple opportunities to meet and engage with other families and other children and adults who are D/HH.

5.

Qualitative and quantitative data are critical to understanding the efficacy of programs and/or services for D/HH children and must be collected at the program, state and national level. Appropriate assessment tools must be used to obtain data. Data must also be contextualized.

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5. (Continued from previous slide)

Data need to include but not be limited to: demographics, language access and acquisition, competency in various literacies, academic benchmarks, cognitive ability, social/emotional development, post school outcomes, and developmental indicators.

6.

To prevent potentially lifelong, detrimental developmental outcomes, D/HH children require immediate, ongoing, specialized, quality, family-centered early intervention, including community involvement, designed to meet that child's individual needs.

7.

Determinations for continued special education eligibility should take into consideration the supports the child has required (birth-3) and will require (3-21) to develop and/or maintain ageappropriate language, pre-academic/academic and developmental skills, and to access the curriculum as an engaged learner/participant at the school.

8.

Educational teams, including but not limited to Individualized Family Service Plan (IFSP), Individual Education Plan (IEP) and 504 Plan, need to plan for the unique educational and access needs of the D/HH child, and address the whole child, including academic, cognitive, social/emotional, communication, and language development components.

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8. (Continued from previous slide)

Teams must review student performance through formal and informal assessment at a frequency that will assure needed adjustments are made in a timely manner that support meaningful progress in meeting developmental and educational milestones.

9.

To effectively advocate for the diverse needs of D/HH children to federal, state and local policymakers, our organizations should collaborate to ensure that data representing all children with hearing loss are compiled and interpreted by a group of qualified professionals in deaf-related fields from the full spectrum of philosophies.

10.

North Carolina must develop a system for educating and empowering parents of newlyidentified D/HH infants/toddlers/children to become informed decision-makers through provision of complete, data-driven and evidence-based information about their learning and whole person development needs, language acquisition, communication modalities, technology and the early intervention system.

11.

Implicit bias exists and must be acknowledged openly by professionals, families and systems. Parents should be encouraged to seek various viewpoints.

12.

Families with D/HH children need ongoing, quality opportunities to receive accurate information about the range of language and communication needs, whole child development, educational approaches and placement options, the special education process, and the importance of the parents' role in decision-making throughout the child's development.

13.

D/HH children cannot be made to fit into the educational program just because it happens to exist in their local district. The least restrictive environment (LRE) of the child, as informed by the family's desired outcomes for the child, child's communication modality, data, team input, and evaluations must drive program services and placement.

14.

People of different perspectives will continue to work together to achieve success for all D/HH people in North Carolina.

NC Common Ground – Next Steps

- Present information to various stakeholders
 - EHDI Advisory Committee (1/22/2020)
 - NC Council for the Deaf and Hard of Hearing (2/7/2020)
 - The CARE Project Parent-Professional Collaborative (2/21/2020)
 - National Early Hearing Detection and Intervention Meeting, Kansas City, MO (3/9/2020)
- Encourage all organizations/programs to utilize shared understandings to guide future "asks"
 - -Suggestions?



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