

JOINT TASK FORCE DEAF AND HARD OF HEARING EDUCATION OPTIONS

95th General Assembly
HJR 1 & SJR 26



EARLY INTERVENTION REPORT



STATE OF ILLINOIS
DEAF AND HARD OF HEARING COMMISSION

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ROD R. BLAGOJEVICH
GOVERNOR

JOHN MILLER
DIRECTOR

December 31, 2007

Members of the Illinois General Assembly
Stratton Building
Springfield, IL 62706

To the Honorable members of the Illinois General Assembly:

The Illinois Deaf and Hard of Hearing Commission would like to submit this Early Intervention Report on behalf of HJR 1 and SJR 26 Joint Task Force on Deaf and Hard of Hearing Education Options. This task force was formed as a result of the Communication Options Committee Report January 2005. The purpose of the joint task force was to "undertake a comprehensive and thorough review of education services available to the deaf and hard of hearing children in Illinois with the intent of making recommendations that would recognize communication as fundamental to a deaf or hard of hearing child's most basic of needs; ensure communication driven service delivery of the early intervention system and the public education system."

The task force plans to follow up with the second portion of this Report related to the Educational System on or before December 31, 2008. The task force looks forward to working with the General Assembly on these recommendations.

Sincerely,

John Miller,
Director

cc: The Honorable Rod R. Blagojevich, Governor
Mark Mahoney, Clerk of the House
Deb Shipley, Secretary of the Senate
Legislative Research Unit
State Government Report Center
Illinois Deaf and Hard of Hearing Commission – Commissioners

REFERENCES

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JOINT TASK FORCE ON DEAF AND HARD OF HEARING EDUCATION OPTIONS

95TH GENERAL ASSEMBLY
HJR 1 & SJR 26

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The Formation of the Task Force

In response to concerns expressed by parents, educators, and the community of deaf and hard of hearing citizens, the 94th General Assembly passed HJR 043 to create a Joint Task Force on Deaf and Hard of Hearing Education Options to “undertake a comprehensive and thorough review of education and services available to the deaf or hard of hearing children in Illinois with the intent of making recommendations that would recognize communication as fundamental to a deaf or hard of hearing child’s most basic of needs; ensure communication-driven service delivery of the early intervention system and the public education system with programs and services addressing the unique communication needs of each child through communication assessment, development, and access; establish uniform methods and procedures within the early intervention system and the public education system that shall be non-biased and well-informed when sharing information with children and their families on the available communication options and community resource awareness....”

HJR 043 required that the Joint Task Force issue a report with its recommendations to the General Assembly on or before January 1, 2007. This date was later extended to December 31, 2007 by HJR 01 of the 95th General Assembly, and to December 31, 2008 by SJR 026 of the 95th General Assembly.

The Committee was comprised of individuals with hearing loss, parents of individuals with hearing loss, members of the Illinois House of Representatives, and early intervention and educational professionals.

Acknowledgements

The Joint Task Force wishes to thank the Illinois Deaf and Hard of Hearing Commission, Illinois Department of Human Services and Illinois State Board of Education for making the Joint Task Force possible. The Task Force is grateful for the dedicated and patient individuals who provided interpretive services and provided the communication access which was necessary for the Joint Task Force to complete its work.

Executive Summary

The Joint Task Force members have recognized the concerns of families, educators and the community of deaf and hard of hearing citizens and believes there is a fundamental human rights issue before us: the right and necessity to develop communication and language which is the foundation for any educational growth. The Joint Task Force recommends the implementation of each of the proposed actions listed briefly below to help children who are deaf or hard of hearing in Illinois reach their potential.

SUMMARY OF PROPOSED ACTIONS:

Legislative Actions

- Legislative action is needed to authorize a process for the exchange of child specific data and information between all Illinois Newborn Hearing Program stakeholders and associated state agencies for the coordination of care while maintaining compliance with HIPAA and FERPA.
- Legislative action is needed to address the current prohibition of travel compensation included in the Illinois' Early Intervention Services Systems Act
- Legislative action is needed to mandate compliance with Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools (Currently ANSI S12.60-2002)

Systemic Actions

- The Bureau of Early Intervention will direct each Child and Family Connections office to identify designated service coordinators for families of children with hearing loss, and support specialized training for these individuals.
- The Illinois Newborn Hearing Program, in collaboration with Hearing and Vision Connections will:
 - conduct family and provider quality assurance surveys.
 - provide up-to-date training for providers who serve infants and toddlers who are deaf or hard of hearing.
 - establish a parent-to-parent training program to address the unique needs of families who have an infant or toddler who is deaf or hard of hearing.
- The Early Intervention system will include parent liaisons as direct service providers for families of infants and toddlers who are deaf or hard of hearing.
- Illinois State Board of Education rules will require a Communication Plan as part of the IEP of every child who is deaf or hard of hearing.
- The Communication Plan for students who are deaf or hard of hearing will address the classroom lighting environment.
- The Communication Plan for students who are deaf or hard of hearing will address the classroom listening environment.
- For every child who is deaf or hard of hearing and has a Section 504 plan, Illinois State Board of Education rules will require a concurrent Communication Plan.
- The Illinois State Board of Education will employ a full-time (1.0 FTE) individual to provide leadership, technical assistance and support for the education of students who are deaf or hard of hearing.

Issue IV

Most school districts in Illinois do not have access to administrators with expertise in the unique needs of this population. As a result, standards and continuity of programming lack consistency. Strong state leadership is vital to ensuring equal educational access to the children who are deaf or hard of hearing. Current leadership, technical assistance and support at the state level are insufficient at only .25 FTE.

Goal

Illinois will have strong leadership in the area of deaf education at the Illinois State Board of Education

Objective

An individual certified in the education of deaf and hard of hearing students will provide leadership at the state level.

Action

The Illinois State Board of Education will employ a full-time (1.0 FTE) individual to provide leadership, technical assistance and support for the education of students who are deaf or hard of hearing.

Issue II

Students rely upon the visual sense as an important input for education. Current lighting within many classrooms across the state does not provide adequate support for children who are deaf or hard of hearing to access education.

Goal

Provide appropriate lighting in all public educational learning environments across the state of Illinois.

Objective

Illinois will establish standards for classroom lighting environments.

Action

The Illinois General Assembly will require the establishment of a task force to review the Illuminating Engineering Society of North America guidelines in the development of state standards for classroom lighting environments.

Issue III

“It is well recognized that the acoustical environment in a classroom or other educational environment is a critical variable in the academic, psychoeducational, and psychosocial development of children with normal hearing as well as children with hearing loss and/or other disabilities (e.g., auditory processing disorders, learning disabilities, attention deficit disorders). Inappropriate levels of reverberation and/or noise can deleteriously affect speech perception, reading/spelling ability, classroom behavior, attention, concentration, and educational achievement. In addition to compromising student function, poor classroom acoustics may also negatively affect teacher performance and increase vocal pathologies and absenteeism. Thus, all educational settings have an incentive to develop acoustical conditions that meet national standards. For children with hearing loss and/or other disabilities, the acoustics of the proposed educational setting(s) should be considered and addressed during the determination of a child’s educational needs and placement.” (ASHA 2005)

Goal

Provide appropriate listening conditions in all public educational learning environments across the state of Illinois.

Objective

All new and renovated educational learning environments must meet or exceed the requirements of the classroom acoustics standard, ANSI S12.60-2002, Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools.

Actions

1. State funding of school construction and renovation must be linked to a requirement for a public report of post-construction compliance with acoustical standards.
2. The Communication Plan for children who are deaf or hard of hearing must address the classroom listening environment.
3. A legislative mandate enforcing Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools (Currently ANSI S12.60-2002)

Resources/Fiscal Actions

Appropriate funding is a critical component of any successful program. The Joint Task Force therefore strongly recommends that the Illinois General Assembly study the fiscal impact of the recommendations of this Joint Task Force. The next step is to ensure that the identified agencies have adequate resources to carry out this work.

- Resources and funding will be identified and directed to the Illinois Newborn Hearing Program (ILLINOIS NEWBORN HEARING PROGRAM), Early Intervention (EARLY INTERVENTION)/Child and Family Connections (CHILD AND FAMILY CONNECTIONS) and Hearing and Vision Connections (HEARING AND VISION CONNECTIONS) to support:
 - staffing and communication needs at IDPH and EARLY INTERVENTION for the seamless transmission of information within the national benchmarks;
 - up-to-date training for providers who serve infants and toddlers with hearing loss;
 - individuals and institutions to provide/take coursework needed to work with the 0-3 population;
 - specialized service coordination, development and implementation of training, and resource access;
 - up-to-date training for parent liaisons to serve families of infants and toddlers with a hearing loss;
 - development of non-biased family communication kits to help families make important decisions about the use of communication modes;
 - establishment of a network of parents who are trained to offer support upon suspicion of a hearing loss.
- Funding will be available to Early Intervention to compensate direct service providers for the extended travel to serve infants and toddlers with a hearing loss and their families.
- State funding of school construction and renovation must be linked to a requirement for a public report of post-construction compliance with acoustical standards.

A CALL FOR ACTION

Families of children with normal hearing give little or no thought to whether their sons and daughters have the capacity to communicate directly with their teachers and peers. Families of children who are deaf or hard of hearing think of this issue on a daily basis, especially as the developmental, academic and social integration gap between their children and others grows year after year.

The State of Illinois has the expertise, experience, and passion within its academic, institutional, departmental, consumer, and family communities to create exemplary programs for children and youth who are deaf or hard of hearing.

The Joint Task Force has the responsibility of reviewing and making recommendations regarding two primary State systems – Early Intervention and Education. Given the size of the task before us, the members of the Joint Task Force spent this initial year focusing on the Early Intervention system. We will spend the majority of 2008 focusing on the Educational system. Some of these Joint Task Force recommendations can be initiated at once, others will take time; all will take energy, determination, and resources. Accordingly, the Joint Task Force urges the review of these recommendations and appropriate actions taken so that the outcomes for infants, children and youth who are deaf or hard of hearing in Illinois are consistent with their abilities, hopes, and dreams.

EARLY IDENTIFICATION AND INTERVENTION SERVICES

Introduction

This Task Force cannot stress enough the importance of an effective early identification and early intervention system in Illinois that would include:

- ongoing coordination between the Illinois Department of Public Health, hospitals, Early Intervention and Division of Specialized Care for Children in the state to ensure early identification of hearing loss;
- assurance that families have resources, including training so that their children who are deaf or hard of hearing have communication and language access/development from birth onward;
- assistance to parents and guardians to develop meaningful modes of communication and promote language development with their children.

Children who are deaf or hard of hearing, like their hearing peers, must develop early and appropriate communication and language skills. There is no question that such development requires the earliest possible exposure to communication and language. “The goal of early hearing detection and intervention is to maximize linguistic competence and literacy development for children who are deaf or hard of hearing. Without appropriate opportunities to learn language, these children will fall behind their hearing peers in communication, cognition, reading, and social-emotional development. Such delays may result in lower educational and employment levels in adulthood. To maximize the outcome for infants who are deaf or hard of hearing, the hearing of all infants should be screened at no later than 1 month of age. Those who do not pass screening should have a comprehensive audiological evaluation at no later than 3 months of age. Infants with confirmed hearing loss should receive appropriate intervention at no later than 6 months of age from health care and education professionals with expertise in hearing loss and deafness in infants and young children.” (JCIH 2007)

Newborn Hearing programs throughout the United States have demonstrated not only the feasibility of universal newborn hearing screening but also the benefits of early identification and intervention.

“Research has shown that children who begin receiving appropriate help before 6 months of age are more likely to learn language at a pace comparable to that of children whose hearing is normal.” USDE (JCIH 2000).

Research also shows that between \$250,000 and \$400,000 can be saved in educational costs per child over a child’s academic career with early identification of hearing loss and timely intervention. In Illinois, there are currently 4,038 students receiving services for hearing loss in our public schools. Using these statistics at the most conservative estimate of \$250,000 per child, **the State could have saved more than \$1 billion with early identification of hearing loss and timely intervention for these children. The application of the higher estimates of \$400,000 per child could result in up to a \$3 billion savings to the State.**

Actions

1. Illinois Newborn Hearing Program and Hearing and Vision Connections will establish a parent-to-parent training to address the unique needs of families who have an infant or toddler who is deaf or hard of hearing.
2. Resources will be identified to establish a network of parents who are trained to offer support upon suspicion of a hearing loss.
3. Resources and funding will be available to support Illinois Newborn Hearing Program and Hearing and Vision Connections to provide up-to-date training for parent liaisons to serve families of infants and toddlers with a hearing loss.

EDUCATIONAL SYSTEM

The primary focus of the recommendations in this first report of the Joint Task Force is on infants and toddlers 0-3 years of age. The members of the Joint Task Force did identify, however, initial recommendations for the Illinois educational system in this report. The Joint Task Force will focus more completely on the education system for students who are deaf or hard of hearing during 2008.

Issue I

Law and policy currently do not ensure that communication and language assessment, development, and access are mandated elements of any deaf or hard of hearing child’s IEP or Section 504 plan.

Goal

Every student who is deaf or hard of hearing will have a Communication Plan as either a required component of the IEP or concurrent with the Section 504 plan.

Objective

The Communication Plan for each student who is deaf or hard of hearing will address but not be limited to:

- Primary expressive and receptive communication modes
- Opportunities for direct communication with peers and staff
- Student communication and language proficiency
- Classroom listening environment
- Classroom lighting environment
- Identification of accommodations and supports

Actions

1. ISBE rules will require a Communication Plan as part of the IEP of every child who is deaf or hard of hearing.
2. ISBE rules will require the development of a Communication Plan for any child who is deaf or hard of hearing and has a Section 504 plan.

Issue III

There is currently no uniform or required process in the Early Intervention System to provide non-biased information on all communication options to families of children with hearing loss.

Goal

All families of infant and toddlers who are deaf or hard of hearing and enrolled in Early Intervention will receive early, balanced and comprehensive information. This information will assist them in making appropriate language, communication and educational decisions for their children.

Objective

Scripted information/resource kits developed in partnership with Illinois Newborn Hearing Program and Hearing and Vision Connections will be available for presentation by a Developmental Therapist Hearing, including a non-biased discussion regarding communication options for children who are deaf or hard of hearing and their families.

Actions

1. Resources and funding will be available to support the creation, dissemination and updating of information for communication kits. Information will be left with the families to share with extended family and their community.
2. The Illinois Newborn Hearing Program in collaboration with Hearing and Vision Connections will conduct family and provider quality assurance surveys on the benefits of communication kits.

Issue IV

Families are the initial, primary and most important resource for all infants and toddlers. Illinois currently lacks a formal parent-to-parent network and support system for families of children with hearing loss.

Goal: Parent-to-Parent Support

A parent-to-parent network will support and assist families regarding their communication, social and emotional concerns. A supportive parent peer will be available for all families with infants and toddlers with a suspected or newly identified hearing loss.

Objectives

1. A parent-to-parent network will be available to connect a parent of a deaf or hard of hearing child, trained by Illinois Newborn Hearing Program and Hearing and Vision Connections, to a family of a child with a suspected or newly identified hearing loss.
 - a. A parent support network will be available to offer one-on-one contact to families with infants who have failed a hearing screening.
 - b. The Early Intervention program will offer parent-to-parent contact to families with infants who have been newly-diagnosed with hearing loss.
2. The parent liaison will be trained by Illinois Newborn Hearing Program and Hearing and Vision Connections to provide non-biased and culturally sensitive support to families regarding modes or methods of communication, assistive technology or educational programming, and to model parenting strategies that address the unique needs of a child who is deaf or hard of hearing.

Proposals

Issue I

When the Illinois Department of Public Health receives a confirmed diagnosis of hearing loss, the family is referred to Early Intervention and the Division of Specialized Care for Children. Families with infants who have failed the newborn hearing screening are referred to Early Intervention after a diagnosis of hearing loss has been confirmed, not after a failed hearing screening. This process imposes an additional requirement that causes a delay in the provision of services for infants and toddlers with hearing loss as compared to children with other suspected disabilities.

Goal: Timely Screening, Diagnostics and Intervention

In order to realize the maximum potential of every child in Illinois, Illinois will achieve the national goal for Universal Newborn Hearing Screening of 1-3-6: infants will receive a hearing screening by one month of age; infants who do not pass the screening will have a follow-up hearing screening or diagnostic hearing evaluations completed by three months of age; and infants with an identified hearing loss will receive intervention by six months of age.

Objectives

1. All infants with a failed or missed newborn hearing screening will be referred from the Illinois Department of Public Health (IDPH) to Early Intervention (EARLY INTERVENTION) no later than 45 days after birth unless information has been received by IDPH indicating the infant is:
 - a. Under direct medical management, or
 - b. Has been scheduled for a hearing screening or diagnostic audiological evaluation, or
 - c. Has passed. a hearing screening or diagnostic audiological evaluation.
2. Early Intervention will locate the family after a failed hearing screening, and provide assistance to families to:
 - a. obtain confirmation of type and severity of a hearing loss and
 - b. determine eligibility to obtain assistive technology and on-going direct services.
3. If a family or their primary care physician cannot be located, Early Intervention will notify Illinois Department of Public Health within 14 days. Illinois Department of Public Health will make the referral to Family Case Management to assist with locating the family.
4. State agencies will establish a process to collaborate and exchange child specific data and information. The process will provide seamless support for families without redundancy of services by sharing screening, diagnostic and intervention information for families and infants and children with hearing loss.

Actions

1. Legislative action is needed to authorize a process for the exchange of child specific data and information between all Illinois Newborn Hearing Program stakeholders and associated state agencies for the coordination of care while maintaining compliance with HIPAA and FERPA.
2. Resources and funding will be identified and directed to the Illinois Newborn Hearing Program, Early Intervention/Child and Family Connections, and Hearing and Vision Connections to support the staffing and communication needs of the Illinois Department of Public Health and Early Intervention for the seamless transmission of information within the national benchmarks.

Issue II

The provision and coordination of services to the families of infants and toddlers with hearing loss is often not conducted by a professional experienced in the field of hearing loss.

Goal: Knowledgeable Professionals in Deafness Related Fields/ Educated and Knowledgeable enrolled EARLY INTERVENTION Providers

All families with infants and toddlers with a hearing loss will have access to knowledgeable professionals within the Early Intervention system who can provide parent education related to hearing loss and support the acquisition of language and the development of communication centered on the family's choice. Illinois higher education programs will collaborate with the state Early Intervention system to prepare future professionals to enter the Early Intervention workforce. Ongoing professional development will be available to support this work force.

Objectives

1. Training programs for deaf educators within the State of Illinois, will work with the Early Intervention credentialing program to ensure graduates have the opportunity to complete appropriate training to enter the Early Intervention system as a provider after graduation.
2. Training programs for audiologists and speech pathologists within the state of Illinois, will work to provide adequate training opportunities for professionals to work with the 0-3 year old deaf or hard of hearing population.
3. The Early Intervention credentialing program will assist universities in reviewing current course content to identify coursework that meets the requirements for credentialing.
4. Early Intervention will work with training programs to recommend ways to fill any identified gaps in coursework which prevent future professionals from being automatically eligible for the credential to work with families of children with hearing loss in the Illinois Early Intervention System upon graduation.
5. Professional development opportunities specific to the needs of children with hearing loss will be available for Developmental Therapist Hearing, physicians, speech pathologists, audiologists and other professionals through workshops, teleconferences, and/or web-based learning.

Actions

Identify resources and funding sources to support:

1. training programs in making identified curriculum updates;
2. individuals and institutions to provide/take coursework needed to work with the 0-3 population;
3. Illinois Newborn Hearing Program and Hearing and Vision Connections to provide up-to-date training for providers who serve infants and toddlers with hearing loss.

Goal: Designated Service Coordination

All families of eligible infants and toddlers with hearing loss will be offered service coordination through the Illinois Early Intervention System by specially trained service coordinators. These service coordinators will be trained in the central roles of language acquisition and communication development in natural environments as well as appropriate service delivery options and referral resources for eligible infants and toddlers with hearing loss.

Objectives

1. Each Child and Family Connections office will have designated service coordinators for families of children with a hearing loss. The service coordinators will participate in detailed training provided by Hearing and Vision Connections, specific to service delivery for children with hearing loss. Hearing and Vision Connections will provide ongoing information and support.
2. Early Intervention, the Illinois Newborn Hearing Program, and Hearing and Vision Connections will have a list available of current designated service coordinators. Changes in designated service coordinator contact information will be reported by the Child and Family Connections to Early Intervention and Hearing and Vision Connections. Hearing and Vision Connections will revise and disseminate the list at least semi-annually.
3. Child and Family Connections staff will participate in on-going training modules specific to the needs of families of children with hearing loss. Training will be developed through the collaborative efforts of the Illinois Newborn Hearing Program and Hearing and Vision Connections.

Actions

1. The Bureau of Early Intervention will direct each Child and Family Connections to identify designated service coordinators for families of children with hearing loss, and support specialized training for these individuals.
2. Resources and funding will be identified and directed to Hearing and Vision Connections, the Illinois Newborn Hearing Program and the Child and Family Connections offices to support the specialized service coordination, development and implementation of training, and resource access.

Goal: Equal Access to Trained Service Providers Regardless of Geographic Location

Specially trained Developmental Therapists Hearing (DTHs) and Parent Liaisons who serve infants and toddlers with hearing loss will be compensated for extended travel to provide equal access to infants and children requiring services.

Objective

Parent Liaisons or Developmental Therapists Hearing traveling greater than 60 miles one-way will receive a travel stipend for providing direct services to infants and toddlers with a hearing loss and their families.

Action

Legislation will address the current limitation of Illinois' Early Intervention Services Systems Act (statute) which prohibits travel compensation.

Funding will be available to Early Intervention to compensate direct service providers for the extended travel to serve infants and toddlers with a hearing loss and their families.