

Early Language Working Group

February 17, 2017, 3:00-5:00 p.m.

HawaiiUSA Federal Credit Union Conference Room
1126 College Walk, Honolulu Hawai'i

MEETING MINUTES

Attendance:

Working Group Members: Colin Whited, Jill Taosaka, Coleen Momohara, Ed Chevy, Danielle Ledo Glade, Julie Whitaker, Amanda Kaahanui, Angel Ramos, Charlene Robles, Colleen CidadeNikki Kepo'o, Jennifer Hokulani, and Emily Jo Noschese

Facilitation Team: Leolinda Parlin and Tabitha Ganitoen

Observers: Patricia Heu, MD, Dale Matsumoto-Oi, AuD, Linda Lambrecht

Introductions

Attendees introduced themselves by name and indicated which role they were representing.

1. Minutes – 11/21/16, 1/19/17

Documents were distributed. Members would like more time to review documents prior to approval and would prefer to have them made available via an online storage in advance to give time review. A question was asked if draft documents are made available on a shared storage system could comments be made and shared would this be compliant. A process is needed to review and integrate everyone's comments and thoughts.

2. Legislative report submitted to 2017 State Legislature

Document was distributed. Comments under section 1 apply to section 2.

3. Tools to assess and plan language development services

A draft matrix (Draft Tool Matrix) was developed to capture information related to tools to assess and plan language development services and shared with the Working Group for review. The matrix will be populated by Tabitha Ganitoen, the Hilopa'a project intern. The list of tools which form the basis of the matrix were captured from discussions from the previous meeting and via email contributions. Recommendations to the changes of the matrix are provided in Attachment A the transcript.

A second matrix (Deaf Resource Matrix) was developed to capture service level information related to staffing, qualification, location, and availability of resources along each phase of a child's involvement in Early Intervention and Special Education and shared with the Working Group for review. The Departments of Health and Education will be asked to populate the data. Recommendations to the changes of the matrix are likewise found in Attachment A the transcript.

In addition to the changes to the matrices, a request was made for an additional tool to capture informal, non-state resources available in the communities. In addition the following areas of interest were identified:

- Mapping out the number of children with hearing loss in all settings and programs
- Convening a Deaf Counseling Center within the current EI structure

A data discussion yielded the following points of information:

- Number of children born annually with hearing loss: 60-70 (data, Newborn Hearing Screening Program)
- Number of DOE Deaf Counseling Centers across the state: 17 Centers

4. Future meetings in 2017 – 3-5 p.m.

Next meeting will be April 21, 2017, 3:00-5:00p.m. at the HawaiiUSA Federal Credit Union Conference Room at 1126 College Walk, Honolulu Hawai'i.

5. Public Comment

There was no public comment.

Meeting Adjourned 5:25pm.

Friday, February 17, 2017 3:00 p.m. ELWG MEETING

Present: Colin Whited, Gabby, Jill Taosaka, Coleen Momohara, Ed Chevy, Dale Matsumoto, Danielle Ledo Glade, Julie Whitaker, Kristine Takekawa, Angel Ramos Charlene Robles, Leo Parlin, Po Kwan Wong, Colleen Cidade, Nikki Kepo'o, Emily Jo Noschese, Dr. Heu, Linda Lambrecht.

>>LEO PARLIN: How is everyone?

>>ED CHEVY: I just need to leave at 4:30

>>LEO PARLIN: Did you all have a wonderful Valentine's?

>>Yes.

>>LEO PARLIN: Did anyone see me walk in with my big bag? I had a box. But I didn't have a big bag? Okay. Does anyone have paper I can use?

>>LEO PARLIN: We have some new faces.

Why don't we start on this side.

>>JULIE WHITAKER: Hi. I'm Julie Whitaker. I am representing parents of kids who are deaf with cochlear implants.

>>NIKKI KEPO'O: I'm Nikki. I represent the parents for the deaf child who uses ASL only.

>>I'm Gabby. I'm a student with Pacific Disability Center.

>>LEO PARLIN: Welcome.

>>COLIN: Hi. I'm Colin Whited. And I represent deaf people who use oral language.

>>ED CHEVY: Hello. I'm Ed Chevy, and I am deaf. I have a deaf family. My mother, father, brother, sister, we're all deaf.

>>EMILY JO NOSCHESE: Hi. I'm Emily Jo. I'm representing a person who uses English as a second language, right? Yeah, is that correct? Yeah. Yeah. Yes, I am. Okay.

>>COLEEN MOMOHARA: Hello everyone.

>>COLLEEN CIDADE:

>>ANGEL RAMOS: I'm Angel Ramos. I am representing teachers, but I'm the principal at Hawaii School for the Deaf and Blind.

>>I'm Danielle. I represent my daughter. She's deaf and blind.

>>COLEEN MOMOHARA: Hi. I'm Coleen. I'm with the executive office on early learning.

>>JILL TAOSAKA: Program manager, Kapiolani central representing Department of Health Early Intervention.

>>CHARLENE ROBLES: Charlene Robles. I am representing early intervention specialists.

>>LEO PARLIN: So I think you folks remember Gwen. Speech pathologist. Gwen was no longer able to continue participation. I know. But she's available for calls and reference, but she's unable to come. So Charlene is filling in the position for EI. I still think now that Gwen is gone, we did lose an individual with a hearing -- no, we're good. We're still even. We're full. We're meeting criteria for participation, and we're meeting criteria for hearing loss.

Our guest today, we'll start with

>>DALE MATSUMOTO: I'm Dale Matsumoto-Oi. I'm an audiologist.

>>PO KWAN WONG: I'm Po Kwan Wong with the newborn screening program.

>>DR. HEU: I'm with the Children with Special Health Needs Branch.

>>LINDA LAMBRECHT: Aloha. My name is Linda Lambrecht. I'm representing the deaf community, plus I'm the president of the Hawaii School for the Deaf's alumni association.

>>LEO PARLIN: Oh, alumni association.

>>LINDA LAMBRECHT: Yes, I am.

>>Hello. My name's Tabatha. I'm a project intern.

>>LEO PARLIN: Okay. Come in the middle.

>>LEO PARLIN: The last thing I want to do is go through paper on a Friday afternoon, right?

Let's do the paper part quick so we can go through the discussion. So the top of your sheet, if you could review, it's the minutes from the short stack. The minutes from the last meeting is the first one on top. This has the summary for our discussion.

We discussed last time tools to assess and plan language development services. We did our two questions, right? What do we know? And what do we need it find out?

So I took our "what do we know" questions and grouped them together into themes. What we

heard was how babies learn. They started Day 1 visually, right? Hand over hand, some of our babies have access to deaf mentors. Then there was a list of tools that people identified that were being used, either the Department of Education and the Department of Health. I have more information to tell you after we get done the minutes about the tools.

Then we talked about how the tools are used. Some of the information that was shared was that for many of the tools, because they weren't normed on children who were deaf or hard-of-hearing, you really couldn't use the raw scores, that what they actually what they do is summarize it or interpret it. But you really couldn't come up with a score. So the tools were used to find general impressions of what the professional thought might be going on with the child, but nothing definitive.

Children who were oral or had cochlear implants could use some of the assessments. But children who were deaf-blind or had had multiple disabilities required different ways of assessing them. They were much more individualized, and it was dependent on the child or the professional's expertise to be able to gather information. Everyone felt that involving family input -- well -- oh, one point was made: How questions were used with families may generate inappropriate responses. So depending again how the person is asking the questions, you might get a false sense of what's going on with the child.

We also heard there were no assessment tools to measure ASL in toddlers or children under 5. Probably the earliest we could use them were kind of five-ish, kindergarten. Before that, there really weren't tools to give us the scores people were looking at. And there weren't adequate tools for children under 3. Many of the tools that exist weren't normed on a specific population. Like I mentioned earlier, which required it to be adapted. That really, we needed parent input to be part of the validation, either to help or maybe validate the findings the professionals may have. Those were the gaps in the tools. Gaps in personnel, we kind of got a very high-level overview of what the personnel looked like. Not real specific yet. But there are not enough professionals who can accurately use and interpret. That there are some resources in the DOE to specifically train personnel, TA maybe at a diagnostic team but not a district service team and it wasn't clear. It's not consistent across the state. So that being they would have access to the specialized resource. There's a lot of discussion about ASL designing that safely family classes are effective but not necessarily available statewide.

If we had to summarize towards the end of the day, because these lack of tools and personnel, it appears our kids are being underassessed, that the assessments may reflect a bias on the evaluator, with their comfort level or their understanding.

But in general, there's a limited ability to determine how much language or communication a child may already have. This is a baseline and how to compare to that baseline. This is for the babies, 0 to 5. We were able to do it better for the older kids but not the younger ones. Also, planning, what will be the next step in the sequence?

So the last discussion we had had really talked about that maybe we could think about looking at things in a different way. Multiple layers. Thinking about in a continuum. When we start thinking about the child as a total, as a whole, how do we begin to look at that child in the context of the development and use those tools to help us get there. Really think a little differently than the typical standardized kinds of tools. But think a little bit bigger to bring in all pieces of the family, the professionals, and the tools that may exist to get an idea of what's going on. Which is different than how people tend to look at it. That was -- we ended the day talking about that. We'll keep that on our mind. The second half of things, one of the things we need to know, discussion in the minutes had to do with what was going on elsewhere. There are specific conversations about the tools themselves. Like how they do it, who administers it, what's their qualifications. What kind of training it is. Questions about how the tools are implemented across the community. That was the recap of our last meeting.

Any thoughts? Anything you want to add about the last meeting? For those of you that were with us?

The next document in the handout was the minutes from the previous meeting. After that is the interim report, then the revised minutes from the very first meeting.

So we can spend time going through these today, or do you want to take a look at them and we can come back and look at the documents? It's up to you

>>JULIE WHITAKER: What are the Sunshine Act requirements? Is this something we could put on a Google document and comment on, or is that can't be done?

>>LEO PARLIN: No, we could put it on a Google document and comment on it. Sure.

>>JULIE WHITAKER: In a realtime situation I'd like to be able to sit and think and get people's comments and adapting my own PD. Could we consider that our homework assignment?

>>LEO PARLIN: How do you feel about considering -- you e-mailed it. We e-mailed soft copy. Look, reflect, drink, ponder, watch TV, make notes, come back and pull things in?

>>JULIE WHITAKER: I prefer that.

>>LEO PARLIN: Sounds good. Works for me. So let's go back to tools to assess and plan language development services.

There were a lot of questions about the tools. There was a lot of questions about the tools, and there was a lot of questions about the personnel. Okay. So I'm going to count personnel as part of the tool discussion even though we have other places to talk about it. Because I

think the two go hand in hand. I want to walk through the matrix and see if this is something that we would consider asking a Department of Health and Department of Education to complete on the resources. Okay? We're going to add, make changes. There's no ownership. This is my way to try to not kill trees, right, but try to figure out how it so that we might be able to create a tool to keep track of these things. So let's take a look at the first sheet. It's called a resource matrix. One of the things we heard last time was that for every child, specific particular need, it might be different. So the needs of a child who is deaf, a child who had a implant or someone who is using cued speech, they may require different kinds of expertise in part of their team. So was that a good correct assumption from what we said last time? That's what I walked away with, that it depended on who the kid was. And their situation really depended on who the personnel that might be involved in either assessment, planning, treat, doing the intervention is.

>>JULIE WHITAKER: I agree with that.

>>LEO PARLIN: Okay. So potentially then there could be one of these for each one of these kids. Now, go ahead.

>>CHARLENE ROBLES: I'm thinking from early intervention --

>>LEO PARLIN: It's all the same, yeah.

>>CHARLENE ROBLES: Because children who are deaf, hard-of-hearing, they're already eligible for services. And I get the part. So are we looking at for the treatment or are we looking at eligibility? I just want to make clarification.

>>LEO PARLIN: Let me jump to that right now, if you guys hang with me. If you take a look, this is a very ugly document. I apologize. So the corner is DOE 004. That's how we know who this document belongs to. Go to the fourth line. Skip to the fourth line for Charlene. What stages of support is there available? Now we're going to look at each piece of it. Is there a specific -- who's the lead for eligibility determination? So who is the person, what's their training, what might be their qualifications, how does that person be part of the eligibility determination team for a child who's deaf or has a cochlear implant? What we kind of heard was limited differences. Now for EI, it might be the same person. But because last time we heard there were like different bodies, we kind of want to see where they were. So if we broke down the pieces, like it sounded like for the DOE only certain people did eligibility determination, and they weren't involved in anything else with the kid. So breaking it down is who's involved in eligibility determination, who might be involved in that initial planning. Who's at the annual redetermination, right? Or annual -- sorry -- annual planning meeting. Who's at that redetermination? Does that same person come back or somebody else with that skill set come back to be determined? Who's available for technical assistant as needed. So that may be consultation. But who derives a baseline assessment and the progress

assessment?

So again, it sounds like I'm splitting hairs, but this was just to kind of see that when these resources are available, if they're only available for a part of the child's career in school or in early intervention, then we've got to kind of know where these specialized resources are available. Because it sounded like these specialized resources are not there a hundred percent of the time for every single kid on every island.

>>JULIE WHITAKER: Can I ask for clarification? The use of this matrix is to ask the DOE to populate a list of specialists? So this is an inventory of existing resources and that's what we would use this tool for? Okay.

>>LEO PARLIN: Don't go to the next page yet.

>>JULIE WHITAKER: If I looked just at your top line, there are so many variations. I can speak to cochlear kids because that's my wheelhouse. My cochlear kid can sign and she speaks quite well. So she's bilingual. I have other friends who have cochlear kids that are at HSDB, primary sign language. I have I have friends who have kids that only speak and listen. I think maybe distinguishing a little bit more -- I'm not sure if these categories stand alone. I think there's a lot of diversity and nuances. I think when we look through it further, maybe it takes care of itself. But maybe we would modify.

>>LEO PARLIN: We could take a second pass. We could ask for the information, look at it and say does that make sense? Maybe look for another area of granularity.

one of the things you mentioned that I thought about, you inspired me to think, is do we want a separate column for the Hawaii school?

>>JULIE WHITAKER: For?

>>LEO PARLIN: To separate it out from East Honolulu. You know, I think -- or do we say non-HSDB resources?

>>NIKKI KEPO'O: As far as what the DOE provides in resources?

>>LEO PARLIN: Yeah. Because we might -- it might offset the --

>>ANGEL RAMOS: There should be a category for HSDB.

>>LEO PARLIN: Yes. I'll make room for you guys on the paper.

>>ANGEL RAMOS: Thank you.

>>NIKKI KEPO'O: HSDB is supposed to in a sense be available to all of this, not just East Hawaii.

So if we're going to -- we should have it, or it's not identified in just a geological area. It would be completely -- because on outer islands, you are allowed to qualify to have your child come to HSDB.

>>LEO PARLIN: Where I'm saying make it a separate column is that the staff may not be involved in that eligibility determination on Molokai.

>>NIKKI KEPO'O: Honestly, the existing resources, I don't know. They weren't a part of my IEP planning. It's just I knew I was going to send him there. So I don't think they would be listed in anybody's area.

>>LEO PARLIN: We're going to make a separate. To be clear, because who might be filling this out may be more than one person and they're not in this room. They may interpret it that HSDB is part of Honolulu district so therefore those resources -- just to be --

>>NIKKI KEPO'O: When they're filling out this section, for example, if it was East Hawaii, what exactly are they listing? Is it a person's name as far as communication name? And then they would check off what that person does in that four -- fifth line? And what stages?

>>LEO PARLIN: Yeah. And multiple people, it might be multiple documents.

>>NIKKI KEPO'O: When it talks about primary identification are we going to identify?

>>LEO PARLIN: No. This is them telling us what their resource place is. This is just a tool to gather information, not to set expectation.

>>CHARLENE ROBLES: I'm trying to process this for early intervention to respond to it. The qualifications are standard across all early intervention programs. I think the thing that might be different is if there's a vacancy. Is that what we're also wanting to know?

>>NIKKI KEPO'O: Like a budgeted resources versus actual life resources kind of thing?

>>CHARLENE ROBLES: I mean because all of our early intervention programs have the program manager, the program support staff, an occupational therapist, a speech-language pathologist, a special educator, a social worker. And we have personnel standards for each of them. You know, the physical therapist. But when you look at it from a program, like the way this is laid out, then if at this given time we are trying to find out this given time what's the resource, it's possible the speech-language position might be vacant.

>>LEO PARLIN: Right. That's what we want to know. Because whether it's vacant one day or five years, I mean there's that -- even though it's a snapshot in time, we really want to know.

>>CHARLENE ROBLES: If there's a vacancy?

>>LEO PARLIN: Yes.

>>CHARLENE ROBLES: And do you want to know how long?

>>LEO PARLIN: What do you guys want?

>>JULIE WHITAKER: Yes, if it's been vacant for six months and filled in a few days, if it's vacant for seven years, yes, that's relevant.

>>CHARLENE ROBLES: I have to -- how I develop the data or the information. The other thing that could happen is sometimes the programs are contracting. They might not have an SOP hired in the program, but they might have contracted an SLP who's doing business on their own. So you want that information as well?

>>NIKKI KEPO'O: I think anything that would be available to a family now. If we were to have somebody that was to give birth and then they apply for early intervention services, what would they receive from early intervention as far as a staff that's either going to come to your home, the hospital, whatever it is it's going to provide to that family. I also think it needs to be focused on this, whatever this list of -- or I guess matrix for deaf/hard-of-hearing/deaf-blind if that family decides to take cochlear, all of these things at the top, not necessarily all disabilities. If you list down, okay, the communication need for East Hawaii is Joe Smith, but the primary qualification is they specialized in physical therapy, is that physical therapy involved a deaf child, or is it just general physical therapy? Our goal is they need to have the access. This is language access. Are we able to whoever's going to be there and whoever we list, able to address the children that fall under these categories or the families that are pursuing these categories. We want to make sure it's not like here's all the information. We have people, but these people actually can't service the families with deaf, hard-of-hearing, they just service some part of your child.

>>CHARLENE ROBLES: The focus is the communication?

>>NIKKI KEPO'O: Yes. So then maybe it won't be so difficult because it's maybe a smaller group of people. I'm not too sure. I don't know if it's like you have one position and that person's supposed to service all of the people, regardless of their communication style.

>>JULIE WHITAKER: I'm going to go with yes.

>>LEO PARLIN: Do you want to do it by program? Is that easier for you?

>>CHARLENE ROBLES: I think I'll see what we can do working with the template.

>>LEO PARLIN: Let's try.

>>CHARLENE ROBLES: And try and see. Then do the first pass if we need to add more or clarify more, we'll just work from there.

>>LEO PARLIN: Yeah.

>>NIKKI KEPO'O: I would hate for you to have to go through the whole list of people. You guys have a big department. It's a lot of work.

>>CHARLENE ROBLES: We have 20 programs. Do you want it by 20 programs? I mean you're looking at it if we're trying to align it with something consistent or DOE and what's the best way of looking at this, I guess.

>>LEO PARLIN: I think I'll answer, then we'll take Colin's question. If you do it by program, we can roll them up into communities. So we could see -- because I think that was part of the question is what's happening on the neighbor islands, what's happening in the rural part of the state or the islands. So whichever way is easier for you, but we can roll up if you get the bottom, we can roll up. I think the contractor, if the contractor has seen the kids, they got it. So we don't even know one or the other.

>>CHARLENE ROBLES: So I may approach it from the program?

>>LEO PARLIN: Yes.

>>CHARLENE ROBLES: I can use a description on where they're located?

>>LEO PARLIN: Yes. Colin?

>>COLIN: Based on what I'm hearing here -- based on what I'm hearing, it seems that there are different programs and services that families can use, and that's dictated by where they live?

>>LEO PARLIN: Yes. That's what we learned at the last meeting. And the example that was given was there was a very specialized speech therapist who was an assessor that was part of a diagnostic team on Oahu only, in one district, and that there was no other resource.

>>CHARLENE ROBLES: I just want to clarify. So early intervention, the programs are identified based on the geographical area and there is a core team. So those personnel that I mentioned, the OT, the PT, speech-language pathologist, social worker. Let me see. Special instruction, special educator. So that's part of it. Then we have our specialists in this case Jennifer, who's our hearing specialist. Then we're also contracting with Gwen to help on the cochlear side. So they are available statewide. So they help and support the 20 programs. Is that what you were asking? I'm just not sure.

>>COLIN: I guess what I'm going at is regardless of the child whether born in Waianae or

Waikiki, or Hana, in Maui, they should have access to the same services regardless of where they are, and what they want they should get. So based on this, what this says, I'm trying to figure out where the pukas are in the areas, the specific areas, and develop strategies to make sure all the pukas are covered. And that's what this is for; is that correct?

>>LEO PARLIN: Got it. Julie, then Ed.

>>JULIE WHITAKER: I think Colin's point is well taken. The boundaries are very strict. It's good you added Gwen along with Jennifer. That's newer. We have specialized people that go statewide. When we talk about availability of services being uniform across the state, yes, there are SOPs and educators across the state that will serve those regions. But you have some that are more or less experienced with hearing loss. For example, I was with east sultan. That was the first deaf kid they had. I had really gifted SLPs. They invested in learning one lesson ahead for Sophie and me using different cochlear programs to teach her in the way we hoped they would. Down the street, there were two kids with cochlear. They were working with a different specialists. They were replicating the same effort. How much easier would it have been to create a deaf specialist because there were three exactly at the same age at the same time. This program doesn't allow for that. I think that might be a useful observation in this process. We want to be sure we structure the questionnaire in order to pick up those nuances. I don't think anyone in early intervention is specialization, but the rules don't allow for it. That is more prominent in the DOE. Regardless of where you live, if your kid is bound for HSDB, they can get there. If you need an early learning education, it doesn't matter where you are. At least on this island you'll get to Kahala. But that doesn't happen in EI. Let's be savvy about structuring this questionnaire to fit both EI and DOE.

>>LEO PARLIN: Okay. Ed?

>>ED CHEVY: I don't know if I'm right or wrong. You want me to stand up? Okay.

It's been a long time that I've stood up. It takes me a long time to stand up. Wow. Okay. I don't know if this is the right person. I'm standing in the middle between DOE and DOH, Department of Health, Department of Education. Health and education. Then I'm looking at both sides. And the two have to work together. They have to.

My understanding is that DOH, when a child is born, the medical part comes first. But also the language is important as well when they're born. But it seems like that's on hold and they focus on the medical and the reasons and all of that. And language comes into play later. And I think it's better if the two of them work together and we have the medical, yes, but then the language as well at the same time.

And that's kind of a new thing to have for the 21st century and beyond, to change everything that's new. I think that would be really good. DOE and DOH, if they argue and they don't work

together, I don't think that's good. I think it's really important that they work together and see what's best for the child, the young child when they're born. You know, start Day 1. I think they really need to work together.

>>LEO PARLIN: Okay. Just quickly off of Julie's. If you don't mind me asking a question off of Julie's comment. On the DOE side we have programmatic placement. Like you were saying, if the school is unable to meet the child's need, programmatically they could be placed in another location, another school. Do we have that in part C?

>>CHARLENE ROBLES: Services are in a natural environment. We don't place them in any schools. We work with the family. This is where our specialists come in. In this case, our hearing specialist being Jennifer and then our recent add-on with Gwen. That's where they go out and support the programs and the families. I'm not sure if that's what you're asking.

>>LEO PARLIN: No, no. I think that kind of addresses Julie's comment. Her comment was the contracted staff was geographically bound. But if we have statewide folks that are itinerant, they're on top of the program.

>>JULIE WHITAKER: But the SOP and the educators, those are some of the common services. If you needed OT or PT, those would be regionally based. Then you have the cross-cutting Jennifer and Gwen.

>>LEO PARLIN: One of the things that holds us back from having children jump geography is the natural environment.

>>CHARLENE ROBLES: Natural environment.

>>LEO PARLIN: Issue with part C. Do you want to explain that a little bit, Charlene, please?

>>CHARLENE ROBLES: The natural environment?

>>LEO PARLIN: Why it's different than the DOE.

>>CHARLENE ROBLES: Because their services are family-focused, family centered. That's where the child is at. That's their place where they grow and learn. So the focus is for us to go out and work with the family or whoever the main caregiver is. Families have their own knowledge and skills, and we kind of heard that last time about experiences that each family has. So we work with their, where are they, what are their knowledge, what skills do they come with, what do they know about their child and how do we support them with what they want their outcomes to be.

>>NIKKI KEPO'O: I have a question. Each geographical area, they have a core group that basically handles all of it. Do you guys cross-train within, or assist each other, or are you not

allowed? What I'm gathering from what Julie said is you had three people all basically pursuing the same thing. Did they pursue it together, the three?

>>CHARLENE ROBLES: So from a larger system place, yes, we want to make sure we try to provide those opportunities for the larger cross-training that we can do with specialists, whether it's the internal educator or the speech-language pathologist. There's all kinds of topics that might come to Hawaii. So in that respect, yes. I think it also varies, because we contract our services. So of the 20 programs, three of them are Department of Health programs, state programs. The other 17 are contracted. So there's bidders in terms of you may have experience Easter Seals or Kapiolani Medical Center, United Cerebral -- they may have their own training. As an early intervention system, we are looking to look at our personnel development, because we see that it's being a very important piece. Not only for our children who are deaf, hard-of-hearing, deaf-blind, but all our children that we serve. So we need to be mindful of everyone. So how do we make sure that people come in if they're not in with certain skill set or knowledge, how do we make sure they have it? So those are things we're working on. We don't have all the pieces in place. It's not perfect yet. Have a lot of work to do.

>>NIKKI KEPO'O: Yes. The families appreciate that. There's an interest to make the system better. That was my point earlier. Is every core has its group of people that is standardized between all of them. So they'll have your standard qualifications. But that doesn't necessarily speak to the deaf and hard-of-hearing. What I'm gathering is that Jennifer and Gwen are the quote-unquote, qualified specialists to do that that's supposed to serve all of Hawaii. There might be more of a need for us to focus on funding needed to have positions of that level, because of the ratio of deaf and hard-of-hearing and deaf-blind children that have families that are not ready when baby comes and or unsure of what to pursue. I know it's like a -- it's a big area for all of us to talk about. But just for early intervention, I absolutely agree that it's a big pie that you're trying to deal with. And not that I want to make -- I don't want to make it more for you to figure out what to put. But just for what we're dealing with, what is really the resources for these families in that sense.

>>CHARLENE ROBLES: I totally agree. I just want to add. The thought process in having Jennifer and Gwen, and looking at our system, is how do we utilize these two who have such great knowledge skill, specialized, that when they go into the program to support, whether it's in East Honolulu or on Maui or the Big Island, they work in coaching our speech-language pathologist if they don't have. Or building that skill set trying to build capacity through that. I mean, it's not -- you know through that process they will --

>>LEO PARLIN: So Ed and then Colleen.

>>ED CHEVY: Good idea, Gwen and Jennifer. Thank you, Colin. Gwen and Jennifer, the two of them. But we need one deaf person in there as well. You know, those two are really good, but

I think we really need a deaf person, a professional deaf person as well to balance everything out. Those two are strong. If they had just one more, I think that would be really good, really helpful to balance things out. I think that would be wonderful.

>>COLLEEN CIDADE: I notice my name is spelled wrong, but that's okay.

>>LEO PARLIN: So sorry.

>>COLLEEN CIDADE: We're talking about money here. Interpreters, provided, you know, they go into the school. They have interpreter, the cost of that. But then if you go to the deaf school, it's fine. The deaf school, the money would be for reading and writing development. And I don't know, you know, my experiences growing up oral, I graduated, then my reading and writing came later. It wasn't so good. Then I, you know, my speech was okay, but the reading and writing came later. So I don't want the children in the future, you know, to have it later but they speak fine. And the parent are like, oh, they're fine, they're fine. But then their reading and writing isn't so good. There's a disconnect. There should be a parallel with the reading and writing or the cochlear or whatever it may be. I think it needs to be parallel. Not just focus on one thing at a time. So the matrix, what I see, reading and writing, if they're successful. The curriculum maybe you can set up from 0 to 3. For example, 0, one word, like "mom." Maybe they might sign it differently. I remember somebody did it like that. We had to show at the chin. Then they changed. Then at 1, "mom, please," go on to two words. You know, that kind of language. That would be developed. The same time we need to do writing, the same time sign. But I think it needs to be done together. My experience is I had no experience with that. It was not like that for me. You know, mom and dad just wanted me to talk. Blah, blah, blah, blah, blah. Then at 21, that's when I learned ASL and, boy, was I shocked. I'm thinking it's really important that you have -- if they go to a hearing school, that means you've got to pay for an interpreter. I don't know if they're really good in ASL. I don't know. That's my concern. However, at the deaf schooling the signing is really good. But then the reading and writing. I don't know. I guess that's my concern. You know, and I've seen various things. If the parents are deaf, man, are they lucky. You know, I feel like, oh, I'm so jealous. I wish my parents were deaf. You know, gosh, darn it. Anyway, all of that aside, don't forget in the back of your mind that the parents, the families, it's going to be their second language. Like you've got Marshalese, Japanese language. You know, that's their first language. Then they have a baby and, oh, my gosh. Plus, plus, plus. Then they get really shock. So they kind of withdraw because there's so much, so much information coming at them. You have to think about it for them.

So, yeah, I don't know. Anyway, that's kind of what I'm thinking.

>>LEO PARLIN: Okay. Julie then Ed.

>>JULIE WHITAKER: So I think Ed and Colleen brought up important points. It reminds us of

our early beginnings. We need in this form a way to capture things that don't exist in the DOE or DOH but they happen. They primarily happen because of movers and shakers. Jennifer connected me with Colleen as my deaf mentor and my husband with Ed as his deaf mentor early on. We had a number of sign language classes. Colleen taught me how to do hand over hand signing with Sophie. She taught me to do sign in a way that was deaf appropriate. She said sign stinky, she-she. She adapted signs for me. I still use those. I remember they were brilliant. The hand over hands signing things on mimic, I would have never thought of that on my own. These are resources we should pay for. We're not going to find it on this form. We need a grassroots, stuff that should be paid for form. That's -- the deaf mentor part is huge. The thing I think Colleen brought up -- I have mentioned this too. Until you get to a school like HSDB, you don't have good first language role models. I signed super good for a hearing person. I am one of the best hearing people signers that I have met for a mom. Yay for me. I suck at ASL. I should not be teaching ASL classes. I am not a good role model for my daughter. Ed and Colleen are. That's not going to happen organically with a normal hearing people. You know I studied to be an interpreter in California before I had a deaf kid. That's why I sign well. I'm still not the role model for language. These guys are here. This is the group in this row. I need to capture that because we need to find money for it. Grassroots version for it, please.

>>COLIN: I'm glad you mentioned that. Because I'm looking at the matrix at the top. It says oral, acute speech, total communication, sign language, ASL, spoken language, bilingual. I'm reading that list, and we had like 20 different contracts, right? Three with the state, 17 with different agencies and so forth. What's the breakdown of professionals who can work with each of those individual people, individual, like oral, TC, cued? Is there a balance? Or is it like 90 percent oral and just a small number of people who use sign? If it's not balanced, then we need to it reevaluate and make sure that we're giving those contracts so that there is a balance in the service options for parents and families. That's something maybe we should consider.

>>LEO PARLIN: Thank you, Colin. I think also, I don't want to limit us to the contracts. But having the state design them, we'll be able to make that balance. The issue for Gwen was to address kids with cochlear implants. But really the inventory, where is the puka. I think the other thing we have to lay on this is who are our kids and where are they and all that other good stuff too. Which is our next conversation about data we're going to have today.

>>NIKKI KEPO'O: I think Ed was going to say something. Were you going to say something?

>>ED CHEVY: One of the biggest things we need to really think about with what Colleen was saying -- yeah, thanks -- Colleen. The word "family" is very powerful. Family, if you want to break it down, the F is for father, mother, and I love you. Family. When you look at it that way, the problem that comes up is families that live in rural areas, outer islands, people that live Waianae, things like that, to drive all the way through these beautiful mountains to get there. You get there and there's one kid or one family. They say, oh, no, no. We're fine. We

don't need. We don't need you. If that's the case, where are they getting their resources? What are they doing? We have to really get into the family's mind and help them to understand. We're lucky to have these ladies over here to know how to start, how to get started. When we're looking at people who live in those rural areas, they're so disconnected. You know, you live in the city. You have resources. But these people over in Waianae or Big Island, going all the way through, you know, all through the farms and there's -- you get to the deaf kid. You see him playing out there. It's great for me to go to all these places and they give me my spam. I just want to know where these kids are going to go to get what they need. For many years I go to these places and I wonder where is that child now.

>>NIKKI KEPO'O: I think the other part is to maybe -- early intervention boils down to who's responsible at what phase of your child. So when the child is born, the medical is the first that we get contacted with. And a family has to then decide or fill out the paperwork in order to even connect to the early intervention services. So I know every department -- early intervention DOE is going to fill out their portion of it. Aside from us identifying the gaps, what phase is it? Is it being introduced? How are we approaching what is right for that family? Does Gwen and Jennifer simultaneously go to these houses and work together at the same time to see what that family is going through? Because the one part we haven't considered is the medical part of it and how influential they are off the bat of a child being born. Like Julie and I are strong individuals on our own. So we made our decisions whether you tell us what you think or not. We -- I don't know if she had the same experience, but for me, my medical team was -- I don't know if it's me. But kind of went with whatever I wanted. Nobody pushed me too much except for one specific person who is the only pediatric ENT in the State of Hawaii. That concerns me because they are the first. This is what parents rely on when you give birth. Is that these people are getting paid a ton of money so they must be the experts on. Okay, so what do I do next? It can affect what happens with early intervention. It will affect what services you end up really taking advantage of and even knowing. I know early intervention, we were blessed with Jennifer. But Easter Seals wasn't available for us on the windward side. I had to drive to another side in order for just connect with people there.

The geographical part, I know we can see where the gaps are. But aside from us just identifying what's going on is what is our plan?

>>LEO PARLIN: Okay. So baby steps. First we're going to have data. First you've got to see the puka. Then you do the analysis to do the assessment. There's still some process stuff. So in my personality is going run and get stuff for you guys. But I realize you're the task force. I'm your slave. So it's really having you guys direct how we want to get that stuff out. We've got to get the data first. What we don't want to do is go to the length to make the recommendation and it's based on anecdotal stuff. We want to say this is what we found out. This is what we know. This is what's missing. This is how we think this might be able to work.

>>NIKKI KEPO'O: I do want to point out something on how people fill it out, whether the Department of Health or Education. To be truthful and transparent on the real qualifications of the people we have. I honestly don't want to list somebody that we believe has those qualifications but are not that person. And I -- in my experience on both sides is you can be confronted with somebody who claims to have all these skill sets, claim to be able to do these things and us, not knowing what we're looking for, is going to completely trust in that, and that person doesn't deliver what we should have got. So somebody like Emily Jo who is certified, qualified, has the credentials versus somebody who said they're qualified and said that this is what they know. For us hearing people, they do a bunch of signs and we're like, wow, this person is a sign language expert. That's the part that concerns me. Julie took courses. I never did. People are like your signing is amazing. No it's not. If I was in a room full of deaf people they'd laugh at me half the time. It's really important as a family that we're not given the wrong information assuming that this is the right.

>>CHARLENE ROBLES: I agree. I mean, I totally agree. I think we need to know what is our resources. This is an area we have decided to focus on. We know our speech-language pathologist needs to be licensed. But that could mean a lot of different things. I mean, somebody who's skilled in working with children who are deaf/hard-of-hearing. I mean somebody who is great in -- there's all these specialized. I get that. I think that's really important.

>>NIKKI KEPO'O: Thank you.

>>CHARLENE ROBLES: I agree in terms of that transparency. It's not going to help our system.

>>NIKKI KEPO'O: Yes. Thank you.

>>LEO PARLIN: Okay. I heard a so.

>>JULIE WHITAKER: That was me. So I think Nikki brought up something important. To tying it back to grassroots and why she and I might even be here, early language availability for kids. I particularly have a heart for ASL. I'll be honest. It's a little bit of a bias, even though I'm a cochlear mom. What Nikki highlighted before we get the eligibility. The first part of the phase is eligibility determination. Before we get to that and services kick in, there's a whole suite of newborn providers. I would like to inventory what training and knowledge they have or they're given as a part of this exercise as well, because that.

>>LEO PARLIN: Okay. In particular, newborn hearing screening program.

>>JULIE WHITAKER: That's for example. So medical personnel in hotels that are working with initial screening and initial consult, What are you going to do. Audiologist, ENTs. Sometimes that precedes. For me, it did. I got pretty far down the medical route before I got to EI. Which

was okay for me. That has a lot of impact on people's choices. If you only follow the medical model, chances are you'll go cochlear implant.

We want to find an opportunity to offer parity. What can we do to?

>>LEO PARLIN: I hear where you're going with that. I chose not to start there on the matrix first for a couple of reasons. If you don't mind, we can have this discussion? Is that okay?

With the Department of Education, the Department of Health, we have statutory regulatory to go get stuff. With the medical community, it's going to be a little bit more different. Strategically, I want you guys to think about square peg, round hole. Does it make sense to try to force a skill set and a competency on a group of professionals we really don't have, we would need statutory over to do something that is not in their -- in their wheelhouse, right? So we're pushing against them as opposed to trying to derive additional resources to meet the need.

So for example, I've been talking to folks, just kind of outside of the task force in the medical community about what do they know, what do they understand, how do they counsel families? And they don't know much. They don't know anything. They make the referral and hope somebody else does it. Okay?

So if you think about your PCPs, they're generalists. They're not specialists. The number of kids that may come through their practice with hearing loss is so small is they probably forgot the last time they had a kid and who it was. It's so much easier for them to connect to early intervention and newborn hearing screening and avoid having the conversation about these are the things you should consider, here's the balanced choices to move forward. That they're not -- that information is not readily at their fingertip. Even if we did require annual training, the frequency of the kids coming in, right? So that's one way to do it, to standardized and mandate on an annual basis people have to be to CME to understand the benefits of oral. We can do all that. How effective is that as opposed to other things you guys could think about to provide the same level of support to give the balanced perspective to families in a much more non-adversarial, easier way of doing it? I think there's other solutions you guys could come up with that doesn't require trying to make a leopard change their spot. I had a conversation with a cochlear implant surgeon who did the first cochlear implant in the state of Louisiana who was actually at the first cochlear implant surgery ever. He was outside of Hawaii. I figured I could talk to him and not make anybody feel guilty because I'm having this conversation. I said, look, the parents are saying the surgeons are not giving them balanced options. Nobody's ever talking that you can have a full-time job, pay taxes and be deaf. Nobody ever tells a parent of a two month old that. What do you think about it? We had a very long conversation. As I was listening to him I was realizing we're telling a guy who's a surgeon not to do surgery. Is that fair to him? If every cell in his bodies says one thing?

>>NIKKI KEPO'O: Coming from a parent side of it, I'm that person that would cut the hole and fit the peg in. But I know that's not always effective. So my concern is that -- it's not that I would want --

>>LEO PARLIN: You've got 252 pediatricians in the state. That's not the family doctors.

>>NIKKI KEPO'O: I understand that. To get to a surgeon, you have to first be referred to that surgeon. They're being referred to at the get-go. It's not like we are not referred to them. What we're not getting referred to is access to the language. That is where I agree with you. We cannot force them to do something that is not within their scope, and they're already busy as it is now. I don't think we're trying to ask them to change.

>>LEO PARLIN: We can change the referral process.

>>NIKKI KEPO'O: The referral process and their -- to remind them not to pose their opinions on the family. It has to be -- and I don't -- I don't -- I personally don't like walking on eggshells with anybody. I prefer to be transparent and just tell people exactly how I feel about it. But not all parents are like that. That concerns me when a parent is very distraught. Then the person is telling them you have to do this. Well, we've set this -- it was so easy to have my process set up for me than it was for me to find resources. That is where my concern is. Is, oh, like this. I didn't even have to research. Here's your appointment. This is what you're going to do. Here's all the information. For me to find out about ASL, I had to research that. So what I'm trying to say is it needs to be unbiased in that pursuit so that the families has the opportunity to do whatever they want to do but is not influenced in that decision making.

>>LEO PARLIN: Correct. So I think there is an opportunity. What we can change with the documents is that next step. So you guys think about what would that unbiased entity look like, what would it sound like, smell like. If you could design, right, that next step, what would that look like? Because that could be the in-between. Once you go there and get all your information, then you have choices and could take the next step to the surgeon or not or, you know, EI, whatever the case may be. It sounds like if we can put something in between, almost like a buffer, right? From that point of identification, that point of the PCP, to this wonderful resource. Then you've got choices and options. You know what would that look like?

>>JULIE WHITAKER: Can we ask the early intervention folks what's the average age in EI when service delivery begins? Is it 3 months, 2 months? 6 months?

>>CHARLENE ROBLES: As soon as they're referred to us, we pick them up. Age-wise, I mean, I think.

>>LEO PARLIN: Do you want to talk about Po KWAN?

>>PO KWAN WONG: The national standard is all the children who should be screened within

one month of age. If they do not pass the screening complete the evaluation by 3 months. And if they have confirmed hearing loss, then they should be enrolled in early intervention by 6 months. However, what all the programs are trying to do is to not wait -- you know, trying to do it earlier, not waiting that one month. So we are trying to have a lot of the children who are referred actually by the audiologist as soon as they are identified.

>>LEO PARLIN: So but like 98 percent of the kids are in services by six months, right? Early intervention?

>>PO KWAN WONG: Not really. So I do not have the figures in front of me. So I think -- but I was kind of working on it in 2015, those who are enrolled -- you know, I'm not talking about how many who are deaf. But those who are enrolled in early intervention, we have probably -- actually, it was pretty good. We have about 70 percent of those who were enrolled by six months.

>>JULIE WHITAKER: That's good to know. Six months of language deprivation before language services begin. Once you get services, the level of ASL is extremely slow -- call that a year of language deprivation. Let's say some of these kids who get cochlear implants give them -- 15 months of language deprivation is detrimental to how many years and how much cost to Department of Health and -- we can target what we change that's Department of health. I get it. I understand it. It's not good enough. What we're trying to do is introduce language as early as possible. The ASL curriculum and ASL resources, one, are not funded and there for 0 to 3. Also, they're referred too late if we're starting at six months. It's way too late.

>>NIKKI KEPO'O: I think to add on --

>>ANGEL RAMOS: I'm curious. How many babies are born deaf every year in Hawaii?

>>NIKKI KEPO'O: 150.

>>150.

>>LEO PARLIN: That sounds high. No. No. That's not it.

>>ANGEL RAMOS: No, I don't think so. 55.

>>COLIN: 55.

>>JULIE WHITAKER: Are you counting hard-of-hearing or deaf?

>>ANGEL RAMOS: Six, zero.

Deaf, deaf.

>>NIKKI KEPO'O: Just deaf?

>>ANGEL RAMOS: Yes. Deaf only.

>>NIKKI KEPO'O: I don't know.

>>PO KWAN WONG: About 60 to 70.

>>NIKKI KEPO'O: That's just deaf. Not deaf hard-of-hearing.

>>PO KWAN WONG: Permanent hearing loss.

>>Every year, you would say? Wow. Okay.

>>NIKKI KEPO'O: I think it was 95 percent are born to hearing families.

>>ANGEL RAMOS: So that means if you've got 60 babies born deaf yearly, we have 17 centers. All those centers, we would need to teach all those babies to sign, right?

We need to make sure that they have someone, one or two people there, you know, how to identify and make sure that they are qualified. That's the key to the services. You know, many people say, oh, I sign. But P-LEASE. My goodness. They can't sign at all. How do we make sure that they're qualified? That's the question.

>>LEO PARLIN: Nikki.

>>NIKKI KEPO'O: Adding to the newborn hearing screening, because I know there's like data still being collected. But I think part of it, too, is there's a pamphlet that's given. I don't know if there's additional resources that are offered that is separate from EI. But like Julie said with the whole language part of it, a lot of us don't -- a lot of families don't -- or a lot of hearing people take for granted spoken language. It's just natural for us. So we don't realize that even when a child may not be paying attention, they're still learning the language. But it's -- and I think it's with a lot of families who are just not aware. You don't even realize the small nuances of something. That's why we would want a deaf mentor from the very beginning. People who weren't born and raised with it, you completely forget about that part of just the simple stuff. Your hands are constantly moving in front of the child or whatever you're doing. Now that I watch videos, I notice small things that I didn't notice when he was that age. I didn't know he was doing the sign at that time. We don't know what to look for. So I know that EI does a lot of things and newborn hearing screening is trying to refer. Like Julie said, they're still in that process of all of us trying to get what we need, there's that gap that we really have to take more seriously because we're losing out so much as a family on the language. I don't know if that's another matrix, to tell you the truth.

>>JULIE WHITAKER: Maybe categorywise language need, I almost want to do something a little different for ASL. I don't know. The same way we're adding HSD as a category maybe ASL needs to be addressed a little differently. ASL and not just sign. I think we have EI providers that have some signing capabilities. Over the years they picked up some sign, but it's not ASL. That's what we want to highlight as being different.

>>LEO PARLIN: Okay.

>>ANGEL RAMOS: As an administrator, it's very hard for me to justify one specialist for four years for five children. So there's 60 deaf babies born. 20 centers. Three children per center. I don't know. Would that justify having a specialist at each center? I don't know if that's cost-effective. See where we have several centers for specialists to work with the deaf babies. Other centers, maybe they need -- somebody can go to that center to work with them, just like we have some at the hospital, the specialist. Then they have another specialist in another area. So if we have a specialist to work with the babies who are deaf, that would be really good.

>>NIKKI KEPO'O: I wanted to add I think the other problem is that -- and I know that Po Kwan -- I'm sorry. I just used the -- I know that Po Kwan might have more information. But the call back, when a child is born, the family still has to decide that they make use of the early intervention services. Even though 60 children maybe born, not all 60 families are pursuing resource from EI. So when Julie and I are talking about the first phase of it, that's kind of affecting how much the specialists are quote-unquote, needed in the state. Because not 60 people are pursuing these locations. And you may have in one location 40 of the 60 that now because of the geography part of it. Only that -- they can't sent be somewhere else because of the natural living environment or whatever might be the limitations for that. So I think the EI is -- like the second phase. But the first phase is how do we get the deaf community into the home so we can get qualified ASL, the language part into the family. Whatever the family decides to pursue as far as their mode of communication is one component. But having the access to that language is so important for us, because we don't know anything about it. So I honestly feel like when it -- when a newborn or the audiologist identified that the child is deaf, then what is something that can be immediately brought into the family while they're going through the process of whether or not they want to seek out services? Funding for a specialist for EI might not be as important as funding for that grassroots environment when the child is born. How do we get the deaf people there right at the beginning? So that we can learn those hands over hands thing.

>>LEO PARLIN: The Department of Health has applied for a grant. You haven't heard back yet?

Our next meeting is in April. We'll know by April, right? We will know by April if the state has a grant. At that April meeting, we can share with you the design of what we're going to want to do for the newborn babies who screen positive and then in particular the loss to follow up

what that outreach is going to look like. We've got a conceptual framework for that. Once -- it would be good to talk about if we get approved and it gets funded, yay, we can kind of share with you the state plan. If it doesn't get funded, we can share the plan and maybe think about how it might happen. Does that work?

>>NIKKI KEPO'O: Yes. So when they're born then they go to EI, when they transition to the Department of Education, whoever was missed in that first five years of life, or three years since they can go into schooling into the DOE at 3, if they chose not to pursue any of these options or opportunities and then they go to the school, they're delayed at that point. So what are we going to -- for the Department of Education, even though they'll have a list of things, I sometimes feel that for HSDB as an example, when they get a child who's family doesn't commune, you're now asking the educator at that school to go all the way backwards to try to give them some sort of foundation. They're going to have to teach the basic alphabets when they enter at 3 years old. I feel like that's a lot of pressure. That's a lot of responsibility on that educator who might have a child that had the language and they're coming in. So you have two 3 year olds, one with the language, one without the language. One with the language is already at that level. The one without is delayed. You have a teacher who has to figure out her curriculum for both those students. How are we going to support, or what is the mechanisms? I hear from Charlene they're already evaluating that. I don't know if anybody from DOE is here.

>>LEO PARLIN: KUI. She's preschool. If she has them early.

>>NIKKI KEPO'O: Just that. Where on the DOE side do they support schools like HSDB to provide the resources in order to help those kids and their families to get them to the level that they need to be. Because like Colleen said, you want them parallel. We are going to lose people. We're going to have people who don't want to do nothing. Even if they want to go to school, they don't do anything anyway. And the kid is going to be like this. I don't know how we let Kristine know when she's filling out the matrix a child that is educationally ready to enter, versus not.

>>LEO PARLIN: Okay. So I wrote that down. We've got it on the record. I will share with you that one of the things the Department of Health is looking is doing focus groups and -- with the families who choose not to get plugged in. So the child is positive for hearing loss, but they don't want EI, they don't want anything. If we can figure out what's going on with the families, I think that will help us shape some of the -- I think strategic planning and program planning. Why? Why -- you know, because I think that can inform some of the intervention.

>>NIKKI KEPO'O: I think we need to -- we have the HSDB program on the side. To have schools that have existing programs and their level of what they have available for total communication. Is their ASL available at that specific school, or is it something that's more oral focused? I speak for HSDB side of it because my son goes there. For kids who go to other schools, like Waimalu is always a highly recommended school to send the child to. They have

people who sign. I don't know if they're ASL qualified. But that environment is available for the child. Move over to someplace like Aikahi, they used to have somebody. They no longer have it, but they're still considered a total communication. So I -- my child wouldn't thrive at that school even though they quote-unquote, have that curriculum. It's one of those things I just -- I know they're not here. But they have to be transparent when they give that feed on this, that these people they say are in these programs are actually qualified.

>>LEO PARLIN: All right. So trust -- right? We're going trust. That we can get a response. We assess. And we determine.

>>JULIE WHITAKER: Can we look at that. One of my gripes early on is there isn't language curriculum. I think I muddled the conversation. There are different forms of sign. The concern I have is do we note there's a deficit. There's only one specialist. Not a lot of language resources for children to learn the sign system of their choice. When we go to DOE, if you go to HSDB they're teaching language models. When you go to another school like Aikahi or Waimalu, what's the circumstance? I don't think they're teaching sign language, whether it's ASL, sign English. I think you're learning from a total communication educator. If you're already in a language deficit, not investing in language instruction I think is a gap. We're not going to find it. If you just say language lead we're not going to find the gap. I want to know what are the language resources. Do you offer sign language curriculum? Who is your specialist? It's not just the person. I would say same thing for communication at top. We're focusing on lead. But I think it's resource. A resource can be a class. It can be a guest instructor. It can be seminars given to parents. I think you'll find big gaps. HSDB is the best of it in terms of focusing on language development.

>>LEO PARLIN: Okay. Got it. So I think trying not to do too much of a deep dive but I think deep enough you can find in that area what's the predominant curriculum. There may be these clusters of excellence, but is that available to everybody? It's still that kind of --

>>NIKKI KEPO'O: Like we talked about in the last meeting. Is identifying the actual qualifications meets qualifications that are adequate and in line with that role, not just, oh, I have a specialist that does ASL. Do you know what ASL's supposed to look like? I don't know. So it's a little difficult for me to be completely trusting that they say, oh, we've got this and this, knowing that these people aren't qualified. And then it be listed as data.

>>LEO PARLIN: I got you.

>>JILL TAOSAKA: Should there be a list to indicate what they have if you're checking data? Not just the --

>>NIKKI KEPO'O: That would be something maybe Emily Jo, I don't know if you know because you are certified. What would be a list of credentials to say I am ASL educator or specialist?

>>EMILY JO NOSCHESE: There's the ASL-TA. You would have to take the certification through that organization. ASL-TA.

>>COLIN: ASL, LA. Having a certain score?

>>I think above 6, I want to say or six or eight. 6 or 8. The ages are 6 or 8. Sorry.

But as far as being certified and recognized as an expert user, ASL-TA.

>>LEO PARLIN: Okay. So we can put it on the checklist, anybody in the area, ASL-TA certified.

>>JULIE WHITAKER: Who issues that certification?

>>COLIN: It is the ASL-TA. American Sign Language Teachers Association. That's the credentialing body for teachers of sign language.

>>NIKKI KEPO'O: In your opinion, what's the level of qualifications for that communication access? They had that chart from Kristin how you can be an interpreter.

>>JULIE WHITAKER: HQUS. Certification program for local.

>>NIKKI KEPO'O: That's for interpreters.

>>COLIN: Yes. Interpreting is different than someone who can teach ASL. So interpreters may be very fluent and very knowledgeable in sign language, but they're not teachers. There's a big difference. I know some specialists say I'm a certified interpreter, but that doesn't mean you're qualified to teach sign language. That's a very fine line we have to be careful on.

>>LEO PARLIN: Angel?

>>ANGEL RAMOS: I just want them to repeat what they're saying. ASL-TA is for teachers. You won't find many non-teachers who have that credential. Audiologists wouldn't have. Speech-language wouldn't have it. Jennifer is very unique. I mean, her signing capabilities are very, very good. She doesn't have it either.

>>EMILY JO NOSCHESE: But you could. She could take it.

>>JULIE WHITAKER: She was an interpreter too. Before teaching, she's an interpreter. Language skills, because, right.

>>NIKKI KEPO'O: This part would be specific for teaching. If they're going to write down who they have as a qualified teacher at the school, that that teacher have that qualification. I know. That's -- that's my point. Is if they're not qualified with that, then maybe they're not qualified. And we need to look at the school system on the DOE -- the DOE side, okay. You think that

that person is okay, but they're not really okay. You know?

>>ANGEL RAMOS: Personally I think it would be much easier if we had a few centers, two, three, or four, who had specialists that the other centers could borrow to help them out in their areas. To make sure that person is there and is qualified in each of those centers.

>>COLIN: An example could be your school, Angel. You have three or four people who teach ASL. They could put the word out. Hey, if you need somebody to teach ASL, contact us. We can come help.

>>ANGEL RAMOS: We have one center on Maui who services all of Maui. Another center on Big Island services all of Big Island.

>>JULIE WHITAKER: Back in the day, HCDB was the Hawaii Center for Deaf and Blind. I saw that as being a resource for the State of Hawaii. Now you're the Hawaii School for the Deaf and Blind, meaning you're your own school. Do you have the ability to become a multi-region center where you could send out your teachers using your own budget? Would that require some kind of change in legislation? Just curious.

>>ANGEL RAMOS: At this time the answer would be no. Something that we could work on, but you know change happens very slowly. For example, pretty soon we're going to be having a regional consultant who's going to travel around Hawaii to provide services, support services to all of the schools. We want to help all of the schools in Hawaii, not just on Oahu.

>>JULIE WHITAKER: So there's another example of a structural barrier. So within EI we have regional requirements with one of our best language resources, HSDB. We have structural barriers. It's good to have that inventory. Maybe that's something we can discuss performing.

>>LEO PARLIN: Cool. Okay. I want to go -- Colleen?

>>COLLEEN CIDADE: See, look COLLEEN.

I have such a great vision. I'm just imagining if you all on the hearing side, who were born hearing may or may not be a problem. On the other side also could happen in the reverse. Hold on. Wait a minute. Wait a minute. I'm getting way off the point over here.

What I was thinking, I'm just imagining woman in labor, I know this child's going to be deaf or hard-of-hearing, or deaf-blind. Baby's born. They take him away, do what they do. A week later the doctor says, hey, you know, your baby's deaf.

Cry, cry, cry.

>>EMILY JO NOSCHESI: No, no, no.

>>I am sorry. Your child has failed the screening.

No, what if they just said your baby's deaf?

>>COLLEEN CIDADE: Okay. So after that they do a hearing test, yeah? Not in my time they didn't. You about now finally they've got this technology. Emily Jo, don't interrupt me.

Okay. They say here you go. Your baby's deaf. So of course the doctors, the early intervention, all those people are going to throw all this information at you. Mother and father are overwhelmed. So they head to the bar and they're drinking their feelings and they're feeling really depressed. This is the first time they met a deaf person, and it's their baby. Maybe they go through a few days of that. Then you know how they have therapy for AA? Make they have something like that with EI, some kind of counseling, get together. Get a deaf person in their role. You get somebody in the cochlear implant role. The speech. Get them all in. An oral person. Get them that information before they have to make their decision. That would be great. It's just something I wanted to throw out there. Save these kids. You know, it's not for me to decide. It's not for me that I want this. It's for the kid. I think maybe some kind of counseling or therapy or something for them to let them know everything's going to be okay. We can all go to the deaf school, get a tour, get an idea what's going on there. We can go to Waimalu, take a tour. Go to Kahala. But look at what's going on there. Take all these tours and let the parents get a feel for all of these things and try to determine what would be best for my child. You know they're protective. Plus, location. Depending on where they're born or they move from, they have Chukese parents. You know what I mean? Just that -- I don't know. That's what I want to put that out there.

>>NIKKI KEPO'O: We want the same thing.

>>ANGEL RAMOS: You want to suggest deaf counselor center instead of the EI program? Within the.

>>NIKKI KEPO'O: No, before.

>>LEO PARLIN: Before, right?

>>NIKKI KEPO'O: With it.

>>ANGEL RAMOS: Within it. Yeah.

>>JULIE WHITAKER: This is where that informal analysis. Not being formally sponsored out of DOH or DOE. This stuff happens. We have people in the community that will say if you're interested in cochlear implants, go see Julie. If you want to talk -- go see this mom. It happens. But it's not a part of the program. It doesn't hit a hundred percent. It would be nice. I think the school tour is a huge thing. I think people. COLLEEN and Ed were involved with a parent

who was willing to host this.

>>Vacation.

>>JULIE WHITAKER: Also, when I first reconnected with COLLEEN, they taught me sign language when I was in my 20s. I was a young woman. At almost 40 I met her again at another mom's house where she was providing mentoring and providing support. We had to find a mom that was willing to host. It just so happened we had a strong military mom presence. They're very good at getting people together, hosting people. Fabulous. We have yet to see that happen again. It really took a couple of real movers and shakers and somebody with a huge house. We need a center that will host it. We need a professional that will plan it. We need deaf people. The deaf community always supports us. We just need a place to hold it, and more consistently. Because I feel like it was a blessing for my family to have Nikki and the other, you know, probably 7, 8, families. We didn't cry. We celebrated. We potlucked. We ate a lot.

>>NIKKI KEPO'O: We still eat a lot.

>>And mutual respect.

>>JULIE WHITAKER: Yes.

>>Yes. That's really important. Mutual respect.

>>NIKKI KEPO'O: And I don't know how maybe COLLEEN and Ed would know, and Linda, how do we get more involved from the deaf community to participate? There is this unspoken difficulty too, where there are some people who are not as supportive to our modes of communication. So how do we get in contact with more of people like you guys? Because I'm a little jealous that Julie got to have you guys right off the bat. I didn't get to have you guys. All the small things like the hands over hands and all of that, oh, my gosh how amazing that would be for our family if we had that. If we had more deaf mentors like you guys who really invest in the child and it's not just about I'm going to tell you what to do. It's, no, I'm just signing. That's all we're doing today. Just signing. Like Colleen said, the experience has to be positive. As mothers giving birth, we're already highly emotional. If our experience is going to be scary, it's going to making everything scary for a while. I think it's a great idea to have a counseling center or people that come that are in every one of those areas that offer a positive environment and saying oh, come see us. We're like the happy go lucky circus of mom's.

>>JULIE WHITAKER: It doesn't take a year either -- go ahead.

>>ANGEL RAMOS: I'm wondering. Is it possible to have deaf counseling center within the current EI structure? Is that a possibility, you think, Charlene?

>>CHARLENE ROBLES: I would have to look at what our federal regulations are and what is part C. So I don't -- I cannot answer right now.

>>LEO PARLIN: Are there other examples of other kinds of family counseling I guess within part C. Because if it happens for another, then it could happen for deaf. Is there other family support, family counseling, family training. Family training, right?

>>CHARLENE ROBLES: It's a service. Family training and counseling, it's provided by our mandated services. So --

>>LEO PARLIN: Potential. So there's a place holder potential? It wouldn't be too far out? I mean obviously we'd have to look at resources, but it's still within the kuleana potentially.

>>CHARLENE ROBLES: Potentially. I mean I'm kind of cautious. I want to take a look at it before I make it seem like it's a --

>>LEO PARLIN: Maybe we can check that for next time. Okay.

Can I just do a time check real quick. Sorry --

>>TABATHA: 4:48.

>>LEO PARLIN: So we're not going to get to the data. We're going to make a data request before we leave. Anyway, the rest of this is these are the rest of the tools that were identified by DOE and DOH and what they're using, as well as other tools that are potential tools. So they're separated between potential tools. Then Nikki shared some -- I separated out the tools that were specifically general developmental milestone kinds of things. To really just focus those that are focusing on language communication, language development. What we're starting to do -- probably going to freak out. Tab has already started to like using this inventory doing research. What are these tools? Are they checklist, is there standardized assessment, how much is it, who uses it, what's the qualification? So this can be bumped up against the qualification thing as well as looking at other inventory. This is sharing with you. This is the inventory. As I mentioned what's currently being used, that page 1 of the formal tool matrix, those are the tools currently used by DOE.

And then when you get to -- DOE or DOH. By the time you get to page 3, those are the other ones that people had included as potential. So we'll work on pulling that information. Is there anything else about the tools you want to know besides what kind of tool is it, who is it for, what are the ages of it, who can administer it, what's their qualifications? Is it an observation parent report?

>>JULIE WHITAKER: Can we write down who's using?

>>LEO PARLIN: Okay.

>>JULIE WHITAKER: If anything is primary, I'd want to know what's primary versus randomly, not secondary, whatever.

>>LEO PARLIN: Okay. Help me figure this out. On the DOE, what they had shared with us is that the therapist may pick this one and that one of the currently used list. So they may use several at one time for one kid but maybe not another. It's almost like an arsenal. You know they have an arsenal of tools they can pick and choose from.

>>JULIE WHITAKER: This was a big brainstorm. We had people in the EI community throwing out everything they had in every workshop.

>>LEO PARLIN: We're only taking the ones that are being currently used. From the DOE and the DOH. Everybody else is on the potential tool list. That's the difference.

>>NIKKI KEPO'O: What I wouldn't mind knowing is, still, on that level is who -- I guess maybe the area that's using and if they have any existing data that can be shared.

>>LEO PARLIN: Data like what?

>>NIKKI KEPO'O: Okay. Say we use the CSD ASL checklist. Where is this being used? California school for the Deaf is my assumption. How long have they been using it, and what is the data that comes back from it? I know it's an assessment tool, but is it used just at the deaf school only? Do they use that for families?

>>LEO PARLIN: So the problem with some of that stuff. When you're talking about the public domain, there's not going to be one -- unless it's restricted that this tool is going to be used in this environment, they're probably being used in different locations.

It doesn't require a licensed person to do it or not. It would be very difficult to find out if this particular test is only restricted to X environment and Y environment. Because if it's part of a battery, when you think about the clinical guys when they go out, they've got their toolkit. They're going to pull it out. There's the guys that use the BONDO.

>>LEO PARLIN: It's a guy thing.

>>NIKKI KEPO'O: For mechanics, they use it on cars to cover dents.

>>LEO PARLIN: So to really get a clear where is it being administered, unless they've actually locked it down, you usually lock it down by the license or who can administer it, not by the setting too much.

>>NIKKI KEPO'O: Because I don't have any -- and I know we're going to rely on the

departments too. But because I don't have the skill set to know what is actually adequate, how are we going to judge which ones should be something that's standardized?

>>LEO PARLIN: That's actually clinical judgment. I think the issue with the thing was to figure out, for example, some of the things that you said was parents should have more input in this. If this data thing comes back and says none of these have parent report, then you're saying, hey, you know the tools you're using don't have my voice in it. Right?

So I think what you can do as far as from guide someone's clinical practice is limited. But how you would use this, is again, if everything comes back and says it's only for kids 6 to 15, you do the gap analysis, where's the 0 to 6, right? The potential tools are great. I think it's good to make a recommendation to have the departments look at it. But it's up to them to decide what they're going to do. This again is something they could potentially look at. There's stuff they are doing where you could weigh in does it meet my kid's need? Is my voice in there? If the population comes back it's only been normed on hearing kids, are we okay with that?

I think again, you're 6,000 feet ahead of us. We've got to do the analysis first to make the recommendation.

>>NIKKI KEPO'O: Is it possible for us to include who would be the people to recommend and decide? So for example, HSDB -- I know we're using that heavily in this. But you have qualified ASL people. So somebody on the administrative of DOE may look at something and from their own personal experience or their qualifications might not be able to really know whether or not this tool is useful for deaf or hard-of-hearing because they themselves are not deaf-educated certified. So is there a component you would have where maybe we can't do the clinical recommendations, but will they use the right resources to really pick that right assessment tool?

>>LEO PARLIN: Let's explore those options. Again, until these things come back, and if they tell us -- like, for example, there's some clinical tools you have to be a psychologist, you have to be a Ph.D., you no can. Until you see what these things look like, if they're locked into a provider type, they really shouldn't be using it off label. The janitor shouldn't be using the tool because he's not -- right? Let's push about the tools and the qualification and, you know, getting the biggest bang for our buck, what's being used in the school.

>>NIKKI KEPO'O: So this assessment tool is going to be filled out by the Department of Health?

>>LEO PARLIN: No, no. Tabatha is sitting down. She's going through each one. See, because okay the cool thing about the assessment toolings, they actually come with user guides. They tell you who can do it, when can do it, what does it look like. There's a lot of these inventories. When we're trying to present in a couple of different situations, Dr. Heu and I are trying to "I'm not going to tell you what tool to use. But let me share with you a list of tools to make your

best judgment." These side by side comparisons really speak to -- for example, if the tool is \$50,000 as opposed to free, that may mean something.

>>NIKKI KEPO'O: Can we add something like the founder or the creator of that assessment tool?

>>LEO PARLIN: I'm sorry. Yeah. Go ahead.

>>ANGEL RAMOS: I'm sorry. Ladies first.

>>NIKKI KEPO'O: I was curious if we can add a column for -- I know it has a link on here.

>>LEO PARLIN: Try change contact to like the originator?

>>NIKKI KEPO'O: I'm curious who -- yeah.

>>LEO PARLIN: If it exists. Sometimes these things are owned by a testing company.

>>NIKKI KEPO'O: Okay.

>>LEO PARLIN: It might be hard to find the actual creator. Can we do both? We'll try to find --

>>NIKKI KEPO'O: That would be great.

>>LEO PARLIN: Sorry. WAHINES talking.

>>ANGEL RAMOS: Okay. So this discussion, is there another reason why -- I'm sorry -- why the center should be -- for this discussion maybe they can know exactly what the assessment tool they're using. Maybe there's a -- that's another reason why we could have a center.

>>LEO PARLIN: Yeah. That's great.

So we just put an example on that first one, like the kind of information that we would get back. So on this, the RCSL, this is something that the early education and literacy lab at Gallaudet sponsors. Would that be helpful? We're just going walk through. This is what we would get at it.

>>JULIE WHITAKER: So if we had a tool that was more general purpose but that was being adapted or used for a deaf and hard-of-hearing where maybe it wasn't developed for that, the population would be all children but adapted for hearing loss?

>>LEO PARLIN: When you're saying adapted, it wouldn't be on here.

>>JULIE WHITAKER: These are already deaf hard-of-hearing inventories.

>>LEO PARLIN: We're going to find out. This is what they're telling us we're using. Now we're going to go find out. If it's adapted, if somebody is using an off label.

>>JULIE WHITAKER: That's what I want to know. Are we rigging it to make it work or is this the real?

>>LEO PARLIN: No, this is going to be the labels. After we get the labels, then we'll see who's using off label.

>>COLIN: Quick question. This is not set in stone. Define other resources as estimates they could be added, yes?

>>LEO PARLIN: Yeah. So -- what page is that? On page 3, in the middle where it says "potential tools," you can just keep adding to that. I think we need to figure out how Tabatha can get college credit for this matrix, because it's going to be pretty valuable after it's done. Then again, the general developmental tools are at the end of the document. Because, you know, I think that's less of a priority in -- you know we can still do that, but I think it's less of a priority because we know it's based on all kids. They're great, but let's do -- we want to go see what we do have that's based upon our population of kids and see what we come back with.

>>NIKKI KEPO'O: I'm just curious and maybe have a question. Does anybody know if there is somebody that would have adequate deaf-blind or deaf-plus resources that can be added? Because we don't have a big deaf-blind community in Hawaii, but we do have some, like Daniel. So do you know of anybody?

>>LEO PARLIN: When we were here last time Jennifer Tarnay had said there really aren't tools. You've got to go off label and it's a lot of individualized assessment. So there's really no nice, standardized tool to work it. We can put the -- Angel is shaking his head.

>>ANGEL RAMOS: I don't buy that. I think if we contact Perkins in DC, Perkins School, they have deaf-blind too.

>>LEO PARLIN: Okay.

>>ANGEL RAMOS: And the FRA school.

>>EMILY JO NOSCHESE: Florida.

>>ANGEL RAMOS: Florida School for the Deaf, they have over 300 students there. So I'm sure that they would have evaluations and resources.

>>LEO PARLIN: Okay. Perkins is in DC?

>>ANGEL RAMOS: Perkins? Is it Washington state? Where?

>>NIKKI KEPO'O: Massachusetts?

>>JULIE WHITAKER: Washington state? Helen.

>>NIKKI KEPO'O: Helen Keller?

>>COLIN: Helen Keller National Center and also National Family Association for Deaf-Blind. They have wonderful parents who have deaf-blind children who are very successful. Some deaf -- and deaf families with deaf-blind babies. So they've got a lot, very good resources available.

I'll just text you that.

>>LEO PARLIN: All right. Cool. We will get on there. Okay. So real quick, in our moments that we have left, we're supposed to have our data discussion, right, availability of data on language development and literacy. I will write as fast as I can. And Ann is going to type as fast as she can. What data do we want to see if we can get? So remember next month we have a break. We are reconvening in April. We've actually got some time to do some leg work to get the data requests out. So what data do you want us to try to chase down?

>>NIKKI KEPO'O: I think the data collected from the newborn hearing screening is important.

>>LEO PARLIN: Okay.

>>NIKKI KEPO'O: Because it'd show geographically where our kids are and a loss to -- loss to follow up so we know what's happening in that transition being born where we're seeing age gap as a family. On the EI side I would love to see data that's from -- there's these charts that I saw when we were a part of it, that kind of like graded our children on about where they were. But I don't know if they were language-specific. I don't know if Jennifer.

>>LEO PARLIN: The BATEL.

>>CHARLENE ROBLES: Some might use what is called the help chart. It's not something that's used statewide. It used to be something that we used to use statewide. But we needed to figure out. It was used for eligibility, but we needed to utilize a standardized tool, so we moved to the BATEL. The help chart is really a curriculum from development from birth to 3.

>>LEO PARLIN: So could we pull out the scores from the BATEL -- the communication, the language ones?

>>CHARLENE ROBLES: Yeah, it would be a very -- it's not that simple. Like our system is not -- it's multiple pieces. So I would have to identify who are all the children. I mean what are

we -- if we're looking for all the children --

>>NIKKI KEPO'O: Is there something Jennifer them do as far as when they give feedback on their assessments when they're dealing with the families? Do they have anything, any kind of data they collect?

>>CHARLENE ROBLES: I will have to talk with Jennifer. Because our data would be eligibility data.

>>NIKKI KEPO'O: Okay. Not necessarily where that family is as far as their progression.

>>LEO PARLIN: Or where they exit. There's no exit.

>>JULIE WHITAKER: DOE has entrance. Those two are adjacent. You may not have it out of DOH. But shouldn't DOE for kids that do matriculate for those services.

>>CHARLENE ROBLES: All I can say is from my experience, and I don't want to speak on behalf of DOE because I do not represent them. I know they have eligibility. So I don't know what kind of data they have.

>>LEO PARLIN: What would you be interested in?

>>JULIE WHITAKER: I want to know language delays. So how many kids are -- how many kids, do you have the number of kids that exit EI and the number of kids that enter DOE or at least assess the DOE so we can see what the gap is between the transition if you lose some? Then I want to know the scores, what language developmental levels and are they delayed. And I want to know what the cost of delivery of services are for the next two years. Because we're going 305. That's the limit of where we're at. I want to demonstrate cost. The cost for language deficits are extremely expensive difficult services to deliver in the DOE. I'm trying to make data that will get us funding later. So that's --

>>LEO PARLIN: So the data that is publicly available -- there's stuff we can ask them for and there's stuff we can actually get. Right?

So we have the eligibility information by special education category, if they're in the preschool. But the speech to language kids, we're not going to be able to carve out how many of those are. They're either going to come in with a sensory disability. Those will be the deaf kids, right? But if you're talking about just straight speech delay. We're not going to get the both. We're not going to see of the kids.

>>JULIE WHITAKER: Kristine doesn't have that? She has the whole population of kids receiving services in Hawaii, right? She's the deaf -- hub. I don't know what her title is. She can't get to that granularity. You only have language delay statistics or deaf statistics but not both.

>>LEO PARLIN: We can ask her. It's going to be -- how is she going to know who those kids are? If they're in multiple disability, we're not going to know the multiple disability that includes hearing loss.

>>JULIE WHITAKER: Kristine's kids are deaf first, right? So if you had a kid that had -- that was placed in a general special education setting, that happened to be a little bit hard-of-hearing, but that wasn't primary, that went necessarily be in Kristine's -- or is it? Do they live in both?

>>LEO PARLIN: You can only have one special education eligibility category.

>>NIKKI KEPO'O: So everybody in special ed regardless --

>>LEO PARLIN: That's how come they have that nice category called multiple disability.

>>COLEEN MOMOHARA: Basically what happens is when you go through evaluation, then you need to determine eligibility, you need to specifically choose the most appropriate at that time, what looks like the eligibility category that the child would be needing a service, you know, being eligible for services. But you don't necessarily capture everything. It could be really -- I mean it could be a child with some delays, language, motor and everything. But let's say emotional issues are so much more prevalent. The child will be eligible under an emotional disability kind of category instead of the language and motor delay just by virtue of how the process works.

>>LEO PARLIN: Most of the 3 year olds are in developmental delays. So a child with Down Syndrome who also is deaf is probably going to be a developmental delay and not in sensory disability.

>>COLEEN MOMOHARA: So it's not as clean as that. I don't know how she can extract.

>>LEO PARLIN: We can ask her. The thing is, what kids is she tracking as opposed to kids that would have hearing loss or they're confounded elsewhere.

>>JULIE WHITAKER: I just asked Colin, if you are a deaf child's with Down Syndrome and you're placed at HSDB, what's your category? Is it going to be deaf or Down Syndrome?

>>ANGEL RAMOS: Deaf, deaf plus.

>>LEO PARLIN: Multiple disability. It's going to be.

>>JULIE WHITAKER: So multiple disability is a category?

>>LEO PARLIN: Yes.

>>NIKKI KEPO'O: Say my son goes to the school and he didn't get language. So he's delayed in

the language, but he doesn't have any other disabilities. He's just part of that multiple disabilities?

>>LEO PARLIN: No, no. If there's nothing -- so it's where he fits. He's deaf and also language delay, he's probably going to be in the -- he's going to have like a sensory disability eligibility category as opposed to developmental delay, unless he's got gross motor stuff and fine motor stuff going on. Right? It's what else is happening with the kid.

>>COLEEN MOMOHARA: Actually, the way the law works, that eligibility selection is really just to determine eligibility.

>>LEO PARLIN: Just get him in.

>>COLEEN MOMOHARA: That the child has a right to access IDEA services. Once that point is passed, where the child ends up and what location what type of services, we have nothing to do with that. It's not supposed to do have anything to do with that. From that point out what the law looks at are what are the needs and strengths of the child. You develop the program, IE goals and objectives. Then it's where the services can be delivered. That determines in the DOE is determined by the type of classroom placement or special education placement or general education placement. It has nothing to do with even the school. It's a type of placement, educational placement the child will receive from that point on, in essence the IEP closes in terms of it -- the meeting officially is we determine where that placement would be like, general ed, special ed classroom off a public school campus, those types of things.

From that point on, in actuality, the location is a whole other thing. Remember at one point you had mentioned, okay, that child is placed in this particular classroom with a whole bunch of other kids? That classroom is actually a location issue that is determined by the administrator, the spokesperson for the DOE. That classroom is not the same as educational placement. So that's part -- that's why I was saying one of the things that we probably need to do is provide that kind of informational -- information out there for parents. Because the two are very confusing. Even special ed people, even the school level people get confused. The school would think that Angel has, that is a location decision. It is not a placement. The educational placement specifically on IDEA, the ranges go from general education classroom all the way to a more restrictive setting, which is maybe like a place off campus. The further you move away from the general ed population where there are children with no disabilities is considered more restrictive.

>>NIKKI KEPO'O: Do we have that data that's tracked where it goes from those that fell in the general that went all the way back to this, is that data we have? That we can get? Do we have data on people's IEP goals and objectives? Do we track that anywhere?

>>LEO PARLIN: No.

>>NIKKI KEPO'O: So basically every family for themselves kind of thing?

>>CHARLENE ROBLES: I'm not sure. I can't speak for them. I don't know what happens. There is data at some level in terms of possibly placement, percentage of placement. But who they are, who's in a special education classroom -- because then it's not only that. It's the amount of time that they're in there too. Yes. It might not be broken down by a specific -- we might not be able to find out of all the children in special education classrooms throughout the day, how many of them are.

>>NIKKI KEPO'O: Deaf.

>>CHARLENE ROBLES: Deaf. I don't know if that's possible. Kristine might know that. It's not as clean as that.

>>JULIE WHITAKER: We hear statistics about -- I've heard frequently the average reading level of a graduate who is deaf upon graduating high school is something on the order of fourth or fifth grade. How do we pull those statistics? It's a national statistic I hear all the time. What are the data points?

>>LEO PARLIN: We can check on that. I think the testing data, they're only at certain years. We're not going to have it for that 0 to 5, preK. We're --

>>CHARLENE ROBLES: It's one of those tests that.

>>LEO PARLIN: Third grade, 10th grade, standardized state assessments. Right.

>>NIKKI KEPO'O: Do we want to ask for national information then have state data kind of thing? It sounds like Hawaii by ourselves, we're not going to have --

>>LEO PARLIN:

>>COLLEEN CIDADE: They would have information on hearing kids.

>>NIKKI KEPO'O: Yes. I think Hawaii's not going to have adequate information or data for us. Whatever we can get, get. But then look at another state that may be a little further along the lines of language access and see where their levels are? Or any kind of historical data from that sort?

>>LEO PARLIN: Okay. I can try.

>>JULIE WHITAKER: That's an interesting proposal. So we are not the first LEAD-K bill to pass. This is the foundational thing that was called in the earlier days. Was it LA, California folks were first? Have we networked with them to see what they're capturing with what their initiatives are? That might be an interesting exercise to do something comparative. That's a

big state.

>>NIKKI KEPO'O: I know they have a huge deaf community there. Very supportive group of people.

The other part, Hawaii-specific, what we can use is the Hawaiian language community also has their own assessment tools in which they took the English version and truly translated it into a Hawaiian assessment tool. So they had some sort of exception that was given. Right now we use a standardized state version at the school. I don't know.

>>LEO PARLIN: There's alternate assessments. Special education has a whole other --

>>NIKKI KEPO'O: It's not ASL-specific. Special education is completely different than the language itself. Do we have the opportunity, or is there a way for us to address that these assessment tools that exist and the data we're going to collect does speak truly to the language deprivation or the language issues we have for deaf, hard-of-hearing, deaf-blind children. I don't know if that's something we have.

>>COLIN: Seems like we can't, because if we have language delays, then they were put in a different category. So how do we measure? They wouldn't even be included in the datasets of the deaf children, right? Because you said you put them in language delay.

>>JULIE WHITAKER: I can't imagine Kristine doesn't have.

>>COLIN: Is it the majority?

>>LEO PARLIN: When you're talking about all ranges of hearing loss, is she just talking about deaf kids, hard-of-hearing? Again, where is that kind of -- where does that go? I don't think she tracks every single kid.

>>JULIE WHITAKER: She probably can't track every kid with a version of hearing loss. She probably has a population of we're indicative of. It's not going to be perfect data, but I'll take it. We caveat that with exactly who she tracks so we know it's not comprehensive of every single child, but it's a decent sample. That's the best we get we'll take it, right.

>>NIKKI KEPO'O: I think Marissa had information. Is that something she did herself?

>>COLIN: We wrote the bill for this group. You know? We found the data included in the DOE. They did their annual federal report, part C, for IDEA. They send that. So that report talks about children who are hearing impaired and they had about 40 percent literacy rate.

>>14 percent.

>>COLIN: So how would they get those figures? And more, where? Where does that come

from?

>>COLEEN MOMOHARA: Kristine might be able to get that.

>>NIKKI KEPO'O: Now that you say that there's all this different levels, is the information that we got not broken up so what we were using is not really that accurate?

>>LEO PARLIN: I think it's accurate for who it's counting. It just may not be representative, right? Because again, the multiple disability, those kids are going to be plugged into, you know, that other category.

>>NIKKI KEPO'O: And I think datawise, not right now.

>>LEO PARLIN: I.

>>NIKKI KEPO'O: When what we have to see when we're collecting the data is acknowledge the data cannot identify if the children had access to the language prior to entering the DOE.

>>LEO PARLIN: Correct. That's not going to happen.

>>NIKKI KEPO'O: So that is something that I think -- again, like how Ed said, there needs to be a partnership of information being shared. Somebody would necessarily be able to get at that? Or is it something that's kind of out in left field?

>>LEO PARLIN: I think these are really good ideas. I think it's good for us to percolate and come back and say again, what are you going to use the data for? When you asked you have to have a good concrete reason. Some of the stuff you're sharing, the bottom line is do we have a baseline to measure progress? Are we able to measure progress? And are we making the progress that we want?

So I think it's that what and how discussion. I think the group of the task force, you guys come up with the what and let the state come up with the how, the how --

>>CHARLENE ROBLES: I just want to clarify.

>>LEO PARLIN: Part B.

>>CHARLENE ROBLES: Yes, I want to make sure we were clear.

You mentioned part C. I think you might have meant part B. Because DOE is B and early intervention is C.

>>COLIN: My bad. Yes.

>>CHARLENE ROBLES: I just wanted to make sure because people won't misunderstand. Because you're referencing the APR data.

>>COLIN: Yes. Thank you. Thank you for clarifying. Thank you very much. I think that all of us, we agree the data is extremely important and will be able to tell us where to make the changes or -- so I'm happy that we're talking about this. Because if we can't get the data now, then we can't make recommendations on how, you know, it will be easier to get all that, once we get all that information.

>>LEO PARLIN: One last question before we go. This is a COLEEN. For the EOEL preschools. Executive office on early learning, if we have any kids.

>>What? Colleen. The interpreter's mistake.

>>COLLEEN CIDADE: I have no clue what that is.

>>LEO PARLIN: If we have kids in the DOE preschools that have hearing loss, it would be more like a 504 kid.

>>COLEEN MOMOHARA: Offhand, I don't think so. But I can check.

>>LEO PARLIN: Because you know we have the 504. It might be nice to know if we got kids with appliances that are in the preschools, yeah?

>>COLEEN MOMOHARA: That, I can find out.

>>LEO PARLIN: Okay. All right. Man, you guys, Friday night life. I don't know how you guys -- they're going to be exhausted when they go home.

>>NIKKI KEPO'O: No. We're going to go have wine now.

>>LEO PARLIN: What a thought. Everybody else? We should go Chinatown. Thank you so much. April, are we here in April?

>>Tabatha. I can send it in and let them know.

>>LEO PARLIN: We will reserve and let you know where it's going to be in April. We've got to check the schedule.

>>JULIE WHITAKER: Can we plan for the Maui mom? She couldn't call in because she didn't ask in time, right?

>>LEO PARLIN: In order for us to do the -- okay. This is like all the -- put 'em on the computer. The only people who can use have conferencing is somebody that has a disability. When

CARRIE, was pregnant she had a disability. Now that she is no longer pregnant, she no longer has a disability.

>>JULIE WHITAKER: But if you open up a public site in Maui.

>>LEO PARLIN:

>>AUDIENCE: Can we do that?

>>LEO PARLIN: Yes. She's a teacher.

>>JULIE WHITAKER: We could use a DOE facility, right?

>>LEO PARLIN: I don't know if she's still maternity. We haven't heard back yet.

>>JULIE WHITAKER: I guess we can't switch members. I feel like the neighbor island representation is missed.

>>LEO PARLIN: Yeah. Understood. Yes, Colin.

>>COLIN: So is there any possibility that anyone could fly in -- not every meeting, but maybe one or two meetings?

>>LEO PARLIN: Right. It's just -- it's just her. She's the only one from the neighbor island. So I really -- I think the department has offered to fly her in. I think the timing kind of sucked because of the pregnancy and stuff.

>>JULIE WHITAKER: We can all take turns holding the baby.

>>LEO PARLIN: Right. That's a great idea. And do the baby signs, right?

>>JULIE WHITAKER: Yes.

>>COLIN: Smart, you. Very good.

>>LEO PARLIN: So we're going to clean up the matrices. I'm going to get it out to the agencies. We're going to put together our data request. Then we're going to e-mail you all your pink reading for review. So everybody have a safe wonderful two months. So see you back in April, and we'll let you know for sure. We're going to shoot for our Friday night life in the afternoon. Thanks, everybody.

Public comment. Sorry. Last time I blew it. Any public input at this time? Any public comment?

>>DALE MATSUMOTO: None. I didn't get anything.

>>LINDA LAMBRECHT: I'm new. I'm just kind of learning. I have maybe in two months I might share some stuff.

>>LEO PARLIN: Okay. So Tabatha make sure you make sure I make sure I ask for a public comment two months so I don't violate the law. Thanks, everybody. Yay. (5:25 p.m.)