

# Early Language Working Group

December 18, 2017, 2:30-5:00 p.m.  
Hawaii School for the Deaf and the Blind (HSDB) - Library  
3440 Leahi Avenue, Honolulu Hawai'i

## MEETING MINUTES

### Attendance:

Ed Chevy, Jennifer Clark, Carole Duran, Nikki Kepo'o, Coleen Momohara, Emily Jo Noschese, Gwen Palmer, Angel Ramos, Charlene Robles, Jill Taosaka, Julie Whitaker, Colin Whited.

Facilitator: Leolinda Parlin

Observers: Patricia Dong, Tabitha Ganitoen, Patricia Heu, Margaret M. Laracuenta, Steve Laracuenta, Dale Matsumoto-Oi, Keiko Nitta, Po Kwan Wong.

### 1. Introductions

Deferred until quorum.

### 2. Minutes – 11/09/17 and 12/1/17 meeting

Deferred until quorum.

### 3. Prioritization and recommendations for legislative report

Group needs to go over the accumulation of recommendations and clarifications to see if there is agreement and written ready for vote. The following items still need to be discussed.

*Table 1. Group Revisions to Recommendations*

Recommendation	Discussion	Revision
Implement a virtual one-stop resource to serve families 0 to 5. (15)	<ul style="list-style-type: none"><li>– Concerns that not all families have access to Internet and concern that “virtual” needs to have more clarity around what virtual means (not bricks and mortar) – i.e., web-based, phone, real person on the other end.</li><li>– Want to make sure that it is a person to person contact.</li><li>– Purposely deleted point of entry – sounds as if it is only one entry point, sounds militaristic.</li><li>– Question on who is going to be reading this? Is it for the general public or professionals? Answer from Facilitator: Legislature.</li></ul>	“Implement a comprehensive, culturally appropriate, family-centered resource to service families with D/HH/DB children ages 0-5 accessible via Internet, telecommunication, as well as in person.”

	<ul style="list-style-type: none"> <li>– Suggestion to change to family-centered that is accessible via web, phone, in-person.</li> <li>– Would like to include culturally based, Americans with Disabilities Act (ADA) accessible, appealing to families from minority groups.</li> <li>– Telecommunication covers a lot, even addresses access to transportation.</li> </ul>	
<p>Establish an opt-out referral system from all birthing facilities, all hearing evaluation programs, and primary care providers. (16)</p>	<ul style="list-style-type: none"> <li>– Started as passive referral opt-out. Need a better way to describe passive referral.</li> <li>– Only with regard to Newborn Hearing Screening. Does it require an opt-out?</li> <li>– Question on where the family centered resource is going to be housed – if it is under DOH, is HIPAA (Health Insurance Portability and Accountability Act) applicable? Because the child will be identified in the birthing facility, HIPAA is applicable to personal information, name, birthdate, address, etc.</li> <li>– Concern that this legislation is to catch as many kids whose families may not take the initiative to follow up. Families have the option to opt-out of the referral. If take out the opt-out option, then people will continue to do what they are doing.</li> <li>– Need to make information available to the public.</li> </ul>	<p>“There is an opt-out system that may be part of a work group.”</p>

	<ul style="list-style-type: none"> <li>– Opt-out allows referrals to happen unless parents tap us to say, “no, don’t contact me.”</li> <li>– Question on who is the referral to? EI? DOE? Or to the Family-Centered Resource? If it is to the state agencies, then referral can come from anyone. The parent needs to sign the consent for evaluation.</li> <li>– Recommendation that there will be an opt-out system and a working group may be established to make this happen.</li> </ul>	
Implement a mentoring program to include communication modalities, use of technology, family choice. (17)	Group agreed this was fine.	
Implement a web-based portal designed primarily for families to access an impartial curriculum and balanced resources on the array of communication options which would also include positive testimonials from local families. (18)	<ul style="list-style-type: none"> <li>– Question on who this is addressing, response: birthing centers.</li> <li>– Need to include Deaf-Blind.</li> <li>– Concern that virtual may be a concern for families who don’t have access to the internet.</li> </ul>	
Convene a work group amongst DOH, DOE and other qualified personnel to determine language evaluation tools to be made available. (19)		

Table 2. Group broke into two to work on wordsmithing and reconvened to go over as a whole.

Recommendations	Discussion	Revision
DOH and DOE collaboratively implement on-going professional development		

<p>opportunities on a broad range of topics relevant to D/HH/DB children and their families. (20)</p>		
<p>Provide professional development program such as SKI-HI to train and certify deaf mentors. (21)</p>	<p>Question on whether Ski-HI has other deaf mentor options. Response: No, SKI-HI has a curriculum for families and they have a deaf mentor training program.</p>	
<p>Establish parent-to-parent support. (22)</p>		
<p>Maintain a directory of local, formal and informal resources for families. (23)</p>	<ul style="list-style-type: none"> <li>– Question on what this is and how it is different from the family-centered resource. Answer from facilitator is that this is a physical directory and can include all directories both national and local. Group liked having local resources.</li> <li>– Question on what would be included? Would Deaf Santa at Pearlrige be included? Would this capture events? Would it just provide contact information? Could include events, personnel, agencies, programs, etc.</li> </ul>	<p>Maintain an accessible directory of comprehensive resources for families with D/HH/DB children ages 0 to 5.</p>
<p>Implement a statewide data-sharing system including but not limited to DOH Newborn Hearing Screening Program, Early Intervention Section, Children with Special Health Needs Program, DOH Home Visiting, and DOE. (24)</p>	<ul style="list-style-type: none"> <li>– Want to make sure to include all state agencies that have data.</li> <li>– Would EOEL be included in this?</li> </ul>	
<p>Develop positive public campaign on early language and literacy development for D/HH/DB families, professionals, etc. via social media, Public Service</p>	<ul style="list-style-type: none"> <li>– Want to make sure the message is positive and dispel myths.</li> <li>– Need to promote early language literacy development.</li> </ul>	

Announcements (PSA), seminars, workshops, etc. (25)	– Question on if this is just for families or the general public?	
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Work Groups Needs to be established:

There are still a few areas where Work Groups need to be established to spend more time on the topic such as recommendation #3 “Appropriate travel funds for statewide outreach specialists to serve neighbor island families and children.” Question on why just the Outreach Specialist was identified when there were several staffing positions that were discussed. Facilitator explained that this was an example of the workgroup that still needs to be work on the following topics: Data, Staffing, Mapping of Resources.

Not Finished:

Need to continue working on “Identify milestones for DB, Cochlear Implant, Hearing Aides. It was mentioned that Cochlear Implant companies each have milestones for children.

Group looked at options for decision-making process:

- 1) consensus (if one doesn’t agree, it doesn’t go in),
- 2) majority voting,
- 3) super majority (60% agreement needed).

Group decided to move forward with Super Majority which is 60%. Since the group had 12 members, had to have 8 members in agreement to move forward. Group then needs to go back and look to see if there is anything missing.

Group voted to agree to move forward on the amended statute for the Newborn Hearing Screening Program and needs to look at the amendments.

*Table 3. Group Voting Results*

<b>Recommendation</b>	<b>Vote</b>	<b>Discussion</b>	<b>Revisions</b>
Amend the newborn hearing statute to include follow-up evaluation and laws to follow-up reporting requirements (1)	All in favor		
Reinstate funding for the Systematic Hearing and Vision	All in favor		

Program in the schools (4)			
DOH and DOE collaboratively develop and implement ongoing professional opportunities on a broad range of topics relevant to D/HH/DB children and their families. (20)	All in favor		
Provide a professional development program such as SKI-HI to train and certify Deaf Mentors. (21)	All in favor		
Establish a parent to parent support network. (22)	All in favor		
Maintain an accessible statewide directory of comprehensive resources for families with D/HH/DB children ages 0 to 5 to include events, personnel, programs, and agencies. (23)	All in favor		
Implement a statewide data sharing system between Newborn Hearing Screening Program, Children with Special Health Needs Program, Early Intervention Section, DOH Home Visiting, and DOE. (24)	All in favor		

<p>Develop a “positive public campaign” on early language and literacy development for D/HH/DB via social media, PSAs, seminars, workshops, etc. (25)</p>	<p>All in favor</p>		
<p>Develop a specialized single statewide mobile program to provide early intervention services for children who are D/HH/DB. (6)</p>	<p>All in favor</p>	<ul style="list-style-type: none"> <li>– Question whether this was a specialized program or resource team? Response was that it was in reference to having Jennifer’s expertise available.</li> <li>– Question on how this connects to the geographic exemption which allows opt out for geographic programs.</li> <li>– Intent was to provide specialist for children who are deaf, hard of hearing in all areas. Needs to be looked at in conjunction with geographic exemption recommendation (#7).</li> </ul>	<p>Develop a network of specialized service providers to provide early intervention services for children who are D/HH/DB.</p> <p>(Only talking about EIS at this point.)</p>
		<p>–</p>	<p>Develop a network of specialized service providers within the DOE for children who are D/HH/DB.</p> <p>(Want to include ASL specialist, LSL specialist, Deaf Educator, Care Coordinator, etc.)</p>
<p>Exempt children who are D/HH/DB from referral to geographic programs</p>	<p>11 yes 1 abstain</p>	<p>– Intent is to level experience so a there will be a true statewide delivery of services.</p>	<p>Allow for exemptions for D/HH/DB children from geographic providers and allow</p>

<p>and allow for referral to D/HH/DB specialized statewide mobile program. (7)</p>		<ul style="list-style-type: none"> <li>– Concern that the reason the group was formed is to work to change the infrastructure not to continue to do what is already being done.</li> <li>– Recognition that there are inconsistencies amongst programs. Question if a mobile team is available, if one doesn't like the geographic team, can one opt out of the geographic team?</li> <li>– Concern that families also need savvy deaf care coordinator not just specialists.</li> <li>– Still want statewide services and still need training. Concern that the immediate need is that it is not uniform across the state, therefore need statewide options.</li> <li>– Concern that there are supports that are not meeting the needs.</li> <li>– Need to have uniform consistency: here's all the options. Families need to have the flexibility and to be able to see all the options available to them: care coordinators, SPN, speech. O/T may not be included in the language and literacy category although some could make the case that it should.</li> </ul>	<p>for referral to D/HH/DB specialized statewide service providers.</p>
<p>Convene workshops for families on what to expect to</p>	<p>All in favor</p>	<p>Suggestion to make sure it says "transition from DOH to."</p>	<p>Convene workshops for families on "what to expect" for</p>



transition planning for D/HH/DB. (10)			transition planning from EI for D/HH/DB.
Implement a comprehensive, culturally appropriate, family-centered resource to serve families with D/HH/DB children ages 0 to 5 accessible via the Internet, telecommunication, as well as in person. (15)	All in favor	Communication modalities - reference	
Require hearing evaluation for all children with speech language delay. (11)	8 yes 1 abstain	<ul style="list-style-type: none"> <li>- Question on term 0-5. Is it birth to kindergarten entry? Or up to age 5? Group decided it meant up to kindergarten entry.</li> <li>- Intent of this recommendation is to identify children not identified at newborn hearing. If a child has language delay, test hearing and rule out if it is a hearing loss.</li> <li>- Question on whether the group should add vision testing. If it is going to be a formal testing, then DOE may have concerns because of a new federal ruling that if DOE tells a parent they should do vision screening, then they have to pay for it. Discussion that DOE will have to respond to the recommendation in a similar fashion to the way DOH will have to respond to recommendations that</li> </ul>	Require hearing and vision evaluation for all children ages birth to kindergarten entry with speech-language delay.

		specifically address their population.	
Establish an opt-out referral system from all birthing facilities, all hearing evaluation programs, and primary care providers. (16)	All in favor		
Implement a mentoring program to service families with D/HH/DB across systems to include different communication modalities, use of technology and family choice. (17)	All in favor		
Implement a web-based portal designed primarily for families to access an impartial curriculum and balanced resources on the array of communication options which would also include positive testimonials from local families. (18)	All in favor	Want to add technology options so array of communication and technology options.	Implement a web-based portal designed primarily for families to access an impartial curriculum and balanced resources on the array of communication and technology options which would also include positive testimonials from local families.
Convene a work group amongst DOH, DOE and other qualified personnel to determine language evaluation tools to be made available for use by DOH and DOE. (19)	All in favor		

<p>Provide language milestones to families of children up to age 5 at special education eligibility meeting, each IEP meeting, and at preschool enrollment for Executive Office on Early Learning, and DOE Preschools. (12)</p>	<p>All in favor</p>	<ul style="list-style-type: none"> <li>- Can we just add in here spoken language, American Sign Language, and Cochlear implants.</li> <li>- Take out the preschools and say Pre-K programs because there are no preschools.</li> </ul>	<p>Provide language milestones to families of children up to age 5 at special education eligibility meeting, each IEP meeting, and at Pre-K Program Enrollment for Executive Office on Early Learning and other DOE Pre-K programs.</p>
<p>Implement a standardized protocol for transition meetings for D/HH/DB children which would include: facilitators who is knowledgeable in working with D/HH/DB, review of all communication options and where the programs are located, representation of all schools programs and DOH, representation from potential teachers from these schools/programs.</p>	<p>All in favor</p>	<p>Need to include transition from Early Intervention because transition is something different in DOE. Need to include the "all" as being outside the district. Need to include potential administrators but not teachers, teachers can't take off.</p>	<p>Implement a standardized protocol for transition meetings from EI to DOE for D/HH/DB children which would include: 1) facilitator(s) who is knowledgeable in working with D/HH/DB, 2) review of all communication options and where the programs are located, 3) representation from all schools/programs and DOH.</p>

(Lost quorum at this point.)

Missing:

- DOE Needs ASL specialists, cochlear implant, spoken language specialists. Concern that Spoken Language Specialists are not yet evidence based. Recommendation to pull language form the DOH section of recommendations.  
 "Develop a network of specialized service provides with the DOE for children who are D/HH/DB to include ASL, Cochlear Implants, deaf educator, care coordination, etc."

Workgroups:

1. Assessment

2. Resource materials mapping
3. Data and Reporting
4. Personnel (Staffing and Program Equity)

Group decided that it wants work groups established under the Task Force that has legislative oversight to make sure the work gets done. Leolinda to send to the group the list of work groups and group needs to decide whether it should be legislative or informal. Leolinda will send electronic draft for review to make sure it is accurate as opposed to doing grammar and wordsmithing. Group needs to make sure the language in the report is reflective of the discussions. Report needs to go in at the end of December 2017.

Follow Up:

- Group needs to vote on work group
- Group needs to vote on proposed changes to Newborn Hearing Screening Program Statute
- Leolinda to send draft to group
- Group needs to meet first week in January;
- Health Committee and Education Committee Chairs probably need to be briefed.

**4. Public Comment**

None.

**Future meeting**

A doodle poll will be sent for meeting for the first week of January to make sure enough members are able to attend to make quorum.

5:30 p.m. Meeting Adjourned.