

**COORDINATING COUNCIL FOR HEARING SERVICES
SEPTEMBER 29, 2008**

WHAT ARE THE STRENGTHS FOR HEARING SERVICES IN IOWA?

Group 1

1. Early Hearing Detection and Intervention (EHDI) Program (legislation enacted in 2004 mandated screening and reporting thus 99% screen rate)
2. Number of audiologists per student (best in the nation)
3. The way in which we set up the EHDI program to make referrals to EA to increase collaboration and avoid additional referrals.
4. Cochlear implant team at UIHC (internationally known). Iowa kids also have access to another implant team at Boys Town.
5. AEA's designed as regional system-infrastructure is there for an equitable program.
6. Various organizations, providers available to provide service or supports.
7. There are several opportunities in the state at this time to build on summer social opportunities for children who are deaf or hard of hearing.
8. There is a communication plan currently on the IEP. When used, valuable tool.
9. Starting utilize data to guide decision making.
10. Management of hearing aid and audiological services has been done well since appropriation was designated to IDPH.
11. Coordinating Council for Hearing Services in Iowa was assembled.
12. Current push for expanded curriculum and support of Deaf Child Bill of Rights.

Group 2

13. Identify newborns
14. Early access
15. AEA model
16. Individual education of system technology
17. AEA – consistent IEP forms
18. ISD socialization
19. ICN and explore technologies to connect students and education; allows socialization. Continuum of services – how are we providing services?
20. Transition issues? Some are good. ISD 4⁺ program.
21. Identify best practices, showcase, and success story. Impact on outcomes. Model programs. Social/emotional coaches. Site based program. Cedar Rapids Model promotes culture, community.

COORDINATING COUNCIL FOR HEARING SERVICES
SEPTEMBER 29, 2008

22. Kids who can be fluid and move between programs so that they have options and opportunities.
23. Co-teaching.
24. Iowa is above target for Reading and Math.
25. Improve in speech and hearing with limited hearing.

**COORDINATING COUNCIL FOR HEARING SERVICES
SEPTEMBER 29, 2008**

WHAT ARE THE WEAKNESSES FOR HEARING SERVICES IN IOWA?

Group 1

1. Lack of funding for EHDI program (unfunded mandate), as well as EA (early intervention services). EA receives a very small amount from the state that is directed specifically to CHSC (Child Health Specialty Clinics-Children with Special Healthcare Needs)
2. Need better coordination among providers
3. Lack of technology used (captioning, video relay service, etc.) in much of the state.
4. Lack of interpreters and the number currently seeking licensure is of concern if they do not pass the test to become licensed.
5. Lack of succession planning for teachers of Deaf or hard of hearing.
6. No teacher training program in Iowa for teachers working with Deaf or hard of hearing. (Board of Regents made commitment to add a vision (at UNI) and hearing teacher trainer program (at UI). Vision was added, but no teacher trainer program for teachers working with Deaf or hard of hearing)
7. Need a continuum of service options for children who are Deaf or hard of hearing (commitment to a continuum and resources to support the continuum)
8. Need a Summit to create awareness, increase networking, share best practice and provide training (could be held in conjunction with statewide conference for Deaf or hard of hearing teachers).
9. Inequitable services provided at AEAs across the state.
10. Academic performance outcomes for Deaf and hard of hearing children should be separate of children who have multiple disabilities.
11. Data –confusing and not always clear or complete
12. Mandate hearing aid and audiological services coverage by insurance companies for children.
13. Evaluation/oversight of service provision for programs with children who are Deaf or hard of hearing. Attempt to share best practice and correct or improve areas that fall short.
14. Communication to increase awareness of model programs, trainings available, etc.

Group 2

15. Follow through after identifying newborns.
16. Awareness of free early access.
17. If hearing not a priority.
18. Don't follow up with early intervention. Need early education.
19. Not all babies learn sign language and it will help.

COORDINATING COUNCIL FOR HEARING SERVICES
SEPTEMBER 29, 2008

20. Hearing parents have little understanding of DHH so need education of health workers to help parents understand.
21. Getting language models to children. Shared reading project doesn't have enough trainers. Not a choice of language models but coordination of language models.
22. AEA model – coordination is poor and so need central strategic planning system or coordinating council.
23. Availability of technology and shared resources. Coordinated pool of funding. AEA strategic plan for resources.
24. Socialization –coordinate activities.
25. Continuum of services so what is needed is there but connect regionally.
26. Lack qualified teachers and interpreters.
27. College systems embrace deaf education. Lack resources for teacher training. Incentive program?
28. Employment issues – underemployed; unemployed; culture clashes with business.
29. Transition problems – school to post school
30. Challenges of itinerant program in cultural training.
31. Some teachers won't team teach.
32. Number, access to interpreters, real time captioning, etc.
33. 2009 deadline – interpreters are not certified and will lose a lot of interpreters. So must get partnerships with four-year colleges. BA required by 2012. Recommendation – colleges develop a plan for interpreter training.
34. Compensation of qualified interpreters and teachers.
35. Academics – reading and math still need to improve.

**COORDINATING COUNCIL FOR HEARING SERVICES
SEPTEMBER 29, 2008**

**RECOMMENDATIONS
Group 2**

1. Early education on early language development and language models.
2. Socialization skills.
3. Colleges develop plan for interpreter training and teacher education.
4. Effective transition systems and cultural development.
5. Continuum of services.
6. Availability of technology for access.
7. Early 0-3 year habilitation program – multiple modalities; mandatory hearing tests and remediation; legislatively impact age of Medicaid funding for implants; advocate for availability of resources when service needs are identified.
8. Strategic planning for centralized oversight of local areas by the AEA.