

# CREATING A STATEWIDE FAMILY CENTERED EARLY INTERVENTION PROGRAM

Karen Hopkins  
Roy Fowler

**“Without continual growth and progress, such words as improvement, achievement, and success have no meaning”**

**~Benjamin Franklin**



# Program Descriptions

- Child Development Services
- Maine Educational Center for the Deaf and Hard of Hearing



Maine Department  
Of Education

Office of Special  
Services

Child Development  
Services

Part C

Part B

Birth-2

3-5



# Maine Child Development Services

- Lead agency for children with special needs 0-5.
- 9 Sites throughout the state, with several satellite offices
- On average, Maine CDS serves approximately 1,100 infants and toddlers through Part C/Early intervention services



# Maine Child Development Services

- CDS utilizes Routines-Based Early Intervention (McWilliam, 2010)
- Each site has a full team which consists of special education teachers, PT's, OT's, SLP's, and social workers



# Maine Educational Center for the Deaf and Hard of Hearing

- **MECDHH** is the state deaf education agency that provides early intervention through Grade 12 information, support and educational programs for deaf and hard of hearing children throughout Maine.
- **Early Childhood and Family Services – (ECFS)**
  - Provides information, support and resources statewide to any child with a suspected or documented hearing loss 0- 5.
    - Early Intervention
    - Daycare and Preschool Consultation and Coaching
    - Transition support –
      - Early Intervention to Part B
      - Preschool to Kindergarten



# ECFS Team

- **Highly qualified supportive team of professionals**
  - Early Childhood Deaf Educators
  - Teachers of the Deaf
    - ASL Trained
    - LSL Trained
  - Speech Language Pathologists
  - Deaf Mentors
  - LSLS trained SLPs
  - Special Educators
  - Cued Language Providers
  - Educational Audiologist
- **Deaf/Hearing Team**



# Memorandum of Understanding Maine's Lead Part C Agency and Maine's Lead Agency for Deaf/HH Education



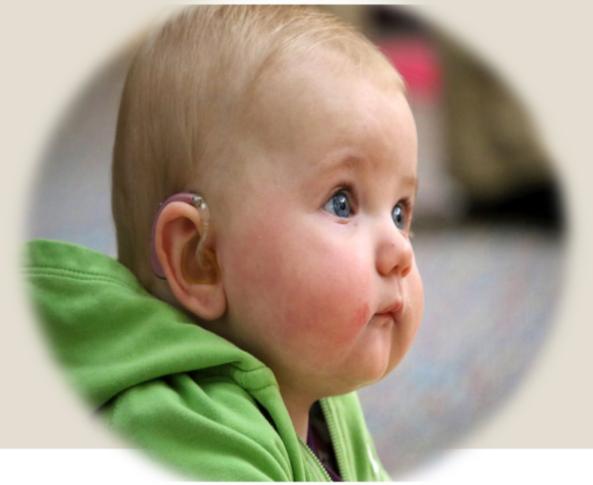
## Purpose

“To develop one family-centered early intervention program for families who have deaf or hard of hearing children in Maine.”



# Prior to the MOU

- Families were often referred to one agency or the other, sometimes both.
- Services were often provided based on who connected with the family first.
- Services often ran parallel to one another, with very little communication.
- Double the burden on families
  - Intake, evaluations, appointments





*Steps* ALONG  
THE  
*Journey*

# Development of the MOU

## Two state agencies

- History and connections
- Change in leadership
- Meetings
- Facilitator
- Identifying issues
- Agreeing to disagree
- Focus on commonalities
  - shared perspective
  - Developing a joint process
- Understanding roles



# Joining the referral process

- One referral point
- ECFS routed referrals to CDS
  - Education of referral sources of Maine's EI process
  - Trust in the process



# Building one early intervention team

- **Infants and Toddlers Age 0-3 who are deaf or hard of hearing:**

**Each CDS site assigned ECFS TOD/SLP**

**ECFS fully integrated member of EI team**

**Participates in:**

- Weekly teaming sessions
- Eligibility evaluations for infants and toddlers who are Deaf/HH
- IFSP development

**Supports families as:**

PSP, consultant to PSP or join PSP in home visits when requested



# Building a team of support

**ECFS professionals from MECDHH are embedded into the EI team in each Child Development Services site.**

**They are available to:**

- Review and interpret audiological evaluations.
- Join the service coordinators at “Welcome” visit
- Participate in multi-disciplinary team evaluations (BDI)
- Complete Routine Based Interviews (RBI)
- Attend IFSP meetings
- Serve as Primary Service Provider, Consultant, or complete joint visits with PSP as needed.
- **MECDHH Early Interventionists – Fidelity checks for RBEI**

# Ensuring support and early information

**Each family who has a child who is deaf or hard of hearing will have an ECFS Early Intervention Specialist as either a PSP OR 6 visit consult.....when any of their outcomes relate to:**

- Early Communication
- Attachment and Bonding – especially if impacted by the child's hearing levels
- Understanding their baby's hearing levels and the impact
- Communication Approaches Exploration
- Technology Options Exploration (hearing aids, cochlear implants, FM systems...)
- Understanding the impact of a conductive hearing loss
- Other outcomes related to hearing levels, deafness etc....
- Writing a plan for communication with their baby

# Immediately After MOU Implementation

- **Training**

- Routines Based Early Intervention
- Coaching
- Battelle Developmental Inventory

- **First Steps....**

- Getting to know one another...
  - Coffee chats
- Joint Visits
  - MOU explained
    - ALL CDS Sits visited
    - ECFS team meeting- part C technical advisor

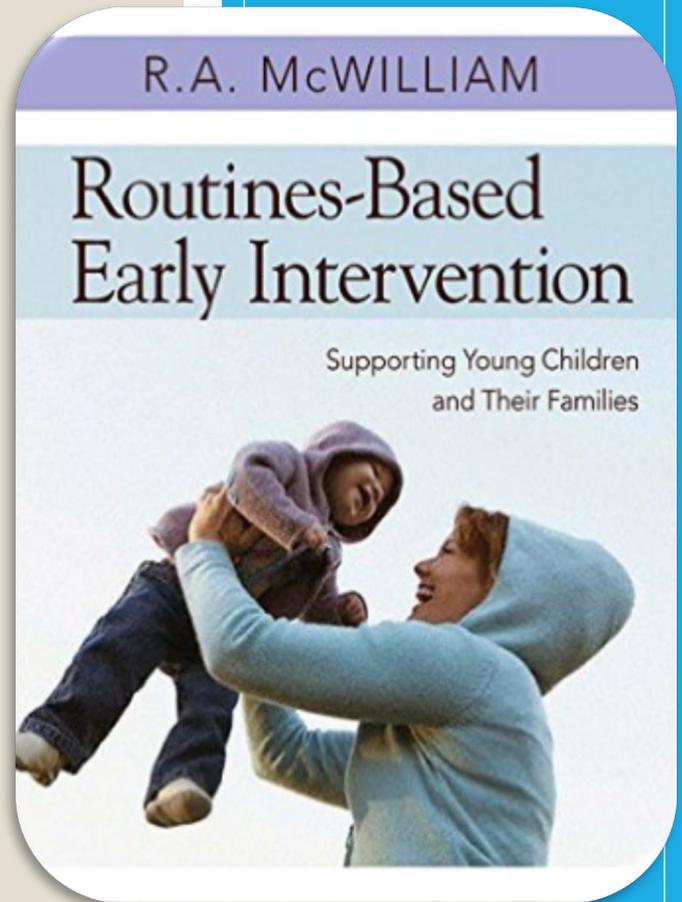


# Immediately after MOU Implementation

- **Slow to start...**
  - Figuring out roles
  - Figuring out strengths and needs
  - CDS staff accessing ECFS for joint visits
  - Seeing the value
  - On going /On the job ...meaningful training



- Fully understand the family ecology
- Conduct a child and family needs-assessment that identifies the family's concerns and priorities
- Develop clear IFSP outcomes, based on family-identified concerns and priorities, which increase the child's functioning within daily routines
- Build caregiver capacity, through coaching, in the child and family's natural environment
- Empower the caregiver to be the primary change agent in their child's life



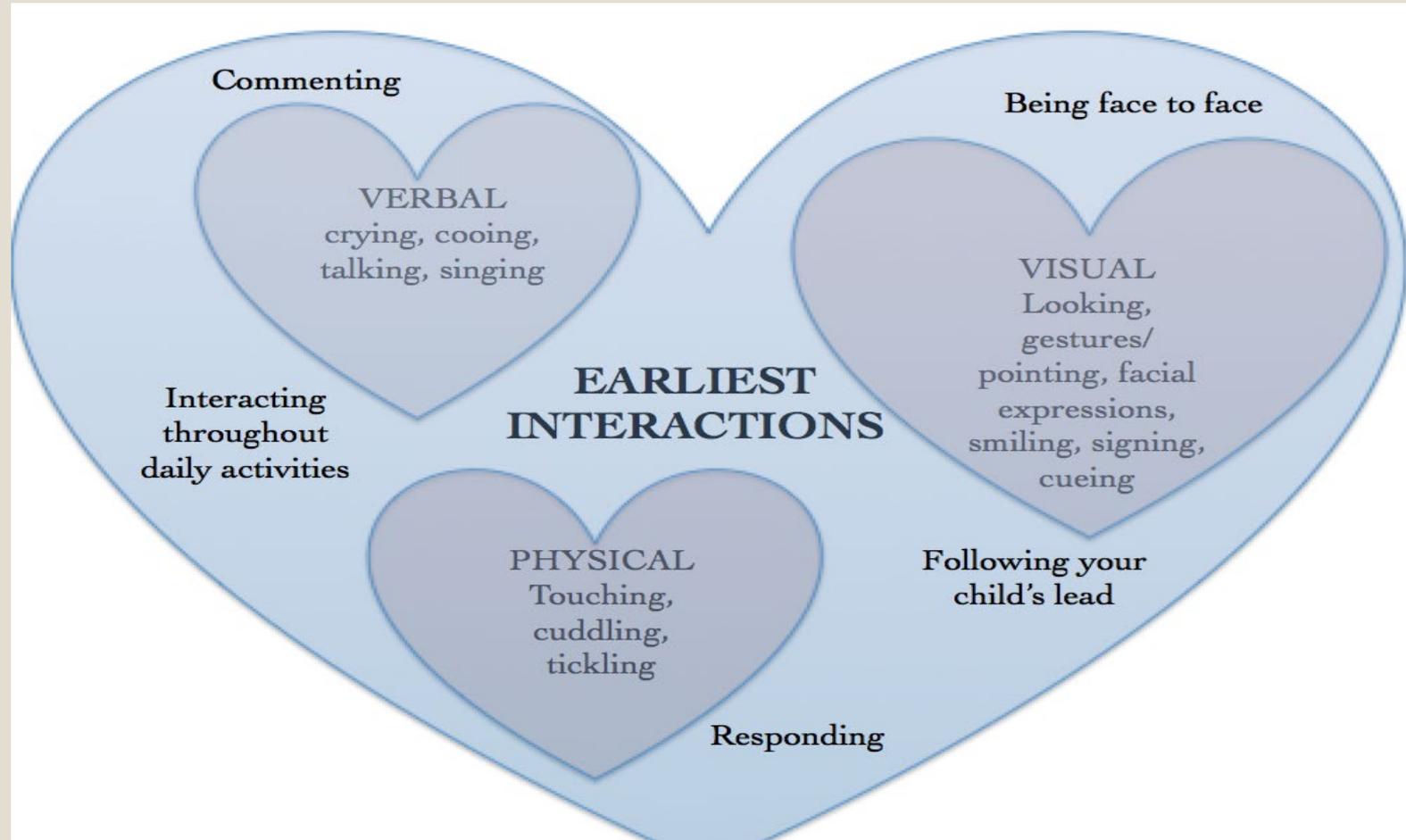
## 6 Visit Process

*After intake, evaluations, and the initial IFSP, families begin their process with an early interventionist who supports the family through the initial exploration of communication opportunities while honoring the early bonding process of families with their babies.*



# 6 VISIT PROCESS – (Visits 1-3)

## Earliest Interactions

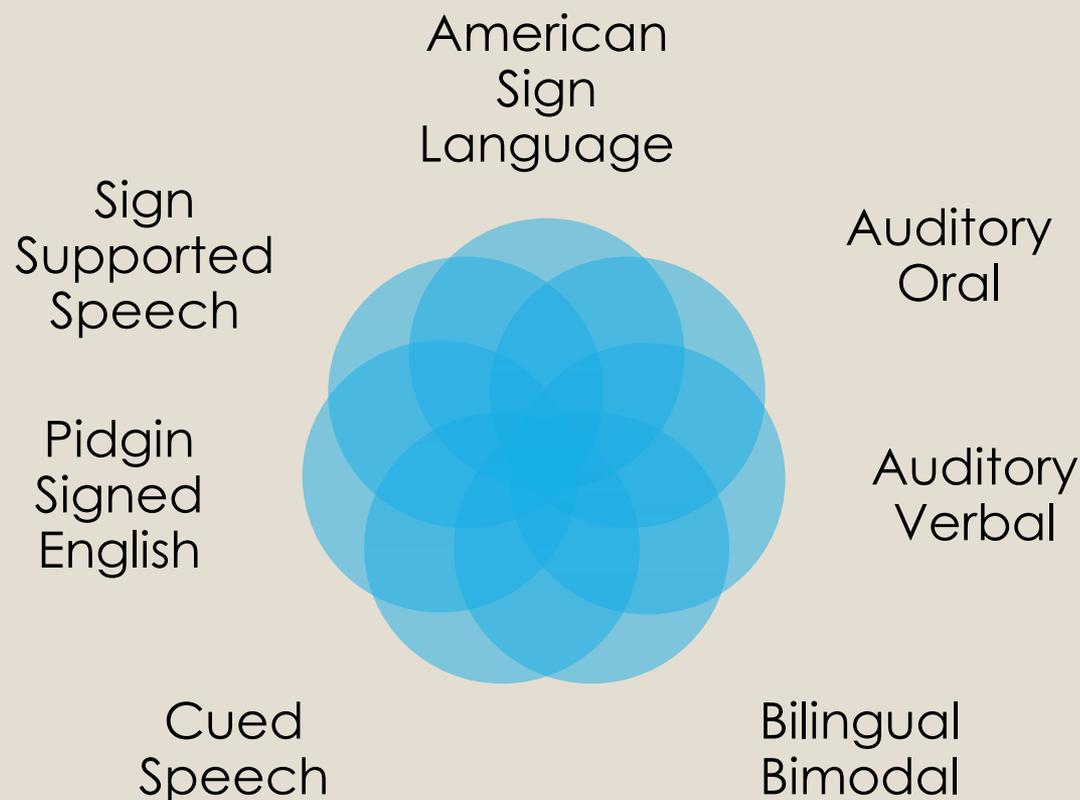


## 6 VISIT PROCESS – (Next Visits 4-6)

Explain, demonstrate, compare and contrast communication opportunities the family has expressed interest in exploring.

Explain the role of professionals who work with children specific to each communication opportunity.

Utilize Part C coaching opportunities for joint visits with professionals to provide more in depth information about specific opportunities.



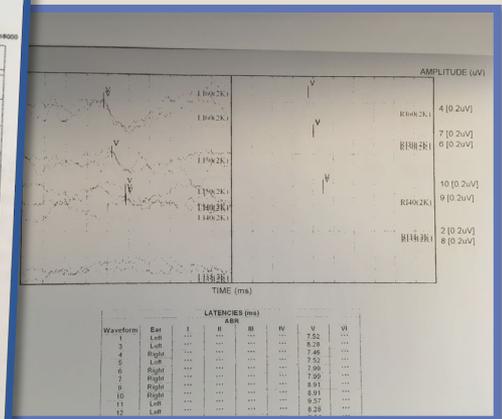
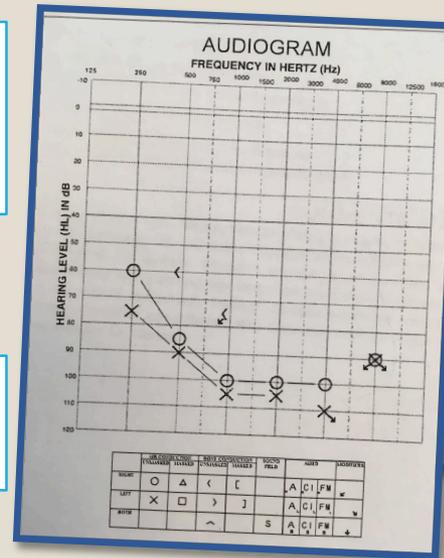
# 6 VISIT PROCESS – (Next Visits 4-6)

Explain child specific hearing assistive technology and equipment management.



Provide child specific resources regarding hearing levels and implications.

Review outcomes and complete a communication plan.



# Webs



# Communication and Language Opportunities

- The concept of “informed choice” reflects the fundamental belief that families need comprehensive, meaningful, relevant and evidence-based information from professionals in order to make decisions that are most appropriate for their child.” (Young et al., 2006)
- Role of Deaf and Hard of Hearing Children and Adults is critical
- Role of parents of Deaf and hard of hearing children is critical



# Joint Visits

As families look deeper into various communication opportunities, we bring in specialists, Deaf adults and other parents to offer their perspective. This provides families the opportunity to journey through different options and explore.



# Communication Plan

## Part C Communication Plan

### I. Consider the child's home language and communication.

Step 1. We use the following (check all that apply) as the primary language in our home:

Receptive	Expressive	
<input type="checkbox"/>	<input type="checkbox"/>	American Sign Language (ASL)
<input type="checkbox"/>	<input type="checkbox"/>	Signed language other than ASL _____
<input type="checkbox"/>	<input type="checkbox"/>	Spoken English
<input type="checkbox"/>	<input type="checkbox"/>	Spoken language other than English _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

### II. Consider the child's language and communication opportunities.

Step 2. We would like information, at this time, on the following communication opportunities:

<input type="checkbox"/>	American Sign Language
<input type="checkbox"/>	Auditory Oral
<input type="checkbox"/>	Auditory Verbal
<input type="checkbox"/>	Bilingual Bimodal
<input type="checkbox"/>	Cued Speech
<input type="checkbox"/>	Pidgin Signed English (e.g. Manually Coded English, Signing Exact English)
<input type="checkbox"/>	Other, please explain: _____

### III. Consider the advantages and limitations of each option.

Step 3. We have considered the personal advantages and limitations of each communication option we are exploring for our family.



- Considering the home language
- Considering the child's language and communication opportunities.
- Consider the advantages and limitations of communication opportunities.
- Consider the personal journey to communication.
- Consider statewide resources and supports.
- Consider language and communication development.

# Later Visits:

## Ongoing Support

- PSP, consults, or joint visits
- Before each IFSP the ECFS professional will:
- Complete assessments
  - 6 month assessment
  - Outcome data
    - Child/Family
    - CDS site
    - State
    - National
- Review Communication Plan



**Ongoing language assessment and progress monitoring provides a framework for reviewing the family communication plan and outcomes.**

**“All families will have the opportunity to meet Deaf and Hard of Hearing Adults”**



### Deaf Mentor - Family Training

- SKI HI program
- ASL Family Training
- Requires Ski Hi Deaf Mentor training and certification

### Deaf Guide Program

Deaf adults from various backgrounds

- Personal history
- What they have learned
- What insight can they share with new families
- Answer questions

“All families will have the opportunity to receive parent to parent support”

~**Guide By Your Side Program**

- Collaborative Program with Maine Hands & Voices
- Grant funded
- Formal training for Parents
- Annual Conference



Individualized Approach...each child and family are different



# Reflecting Together

It is important to allow time for families to explore...reflect...change...question...

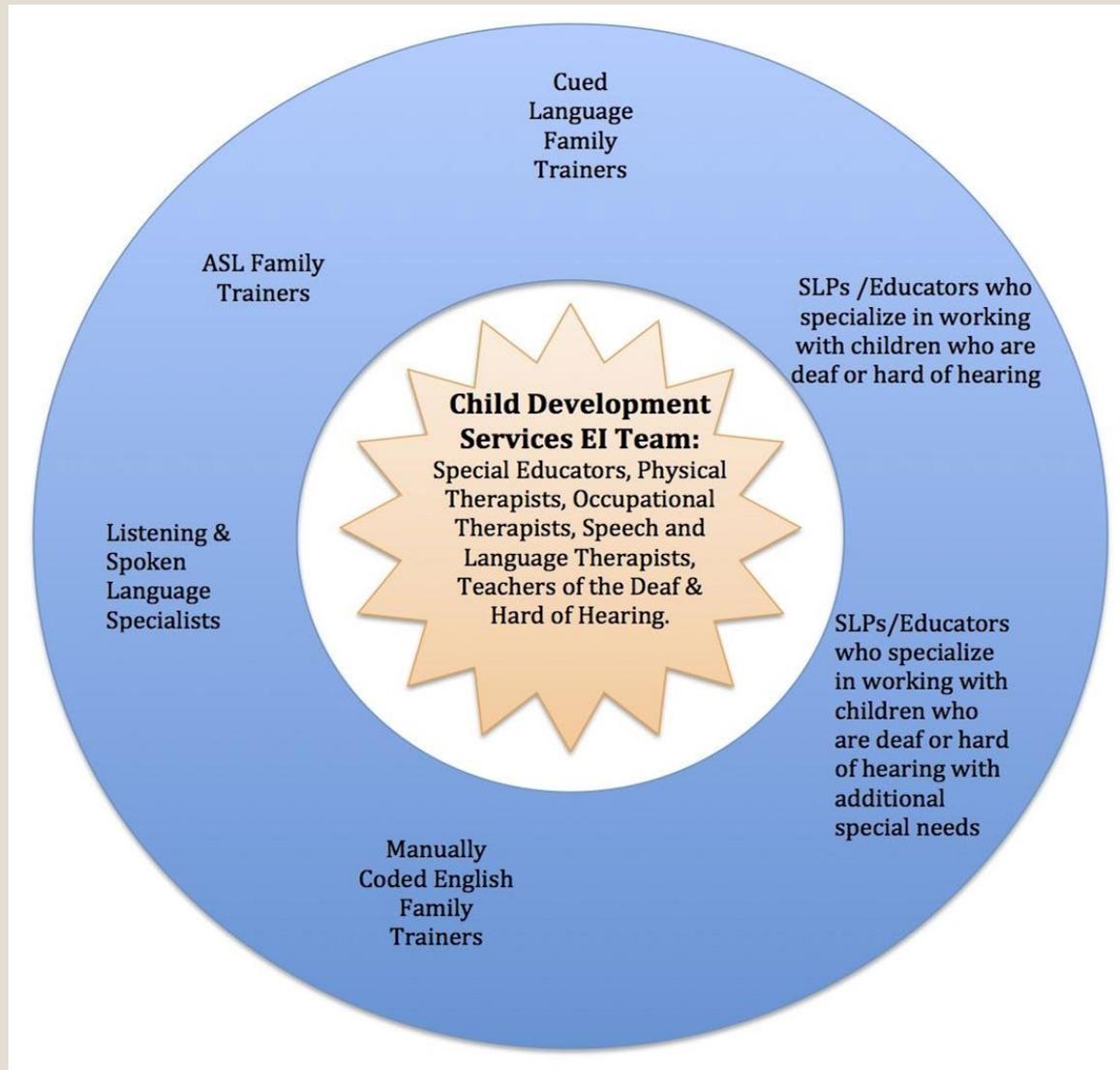




# Pilot Year

- Challenges -Interpreting MOU – responsibilities
- Buy in
- Timeline – CDS different from ECFS
- Recognizing need for early information and support (NHS)
  - Firmed up 6 visit process and how ECFS is involved with families
  - Recognizing training approaches and opportunities
  - Team member – resource – consultant to each other
  - Shared core competencies
  - Found kids
  - Statewide consistency and collaboration
  - Family centered – one team
  - Family has access to a full team of EIS

# Community of Practice



# Reflection.....

- Laid the groundwork for functional and respectful working relationship between all
- More appropriate services for children and families
- Both CDS and ECFS are happy with results
- Having one system is the magic..



## What's Next?

- Communication approaches exploration process
- Part B Communication Plan Process
- Formalizing Communication and Language Webs



How can you build a statewide system?



Lets fill your tool box together



# Accept that this is a process and a motto of “trial and error” is needed

- **Start small**
- Sometimes facilitators help
- Bring all perspectives to the table
- Be open to change
- Set up regional focus groups
- Be ready for several meetings
- Set short term and long range goals
- Parent Perspective
- Deaf/Hard of Hearing Perspective

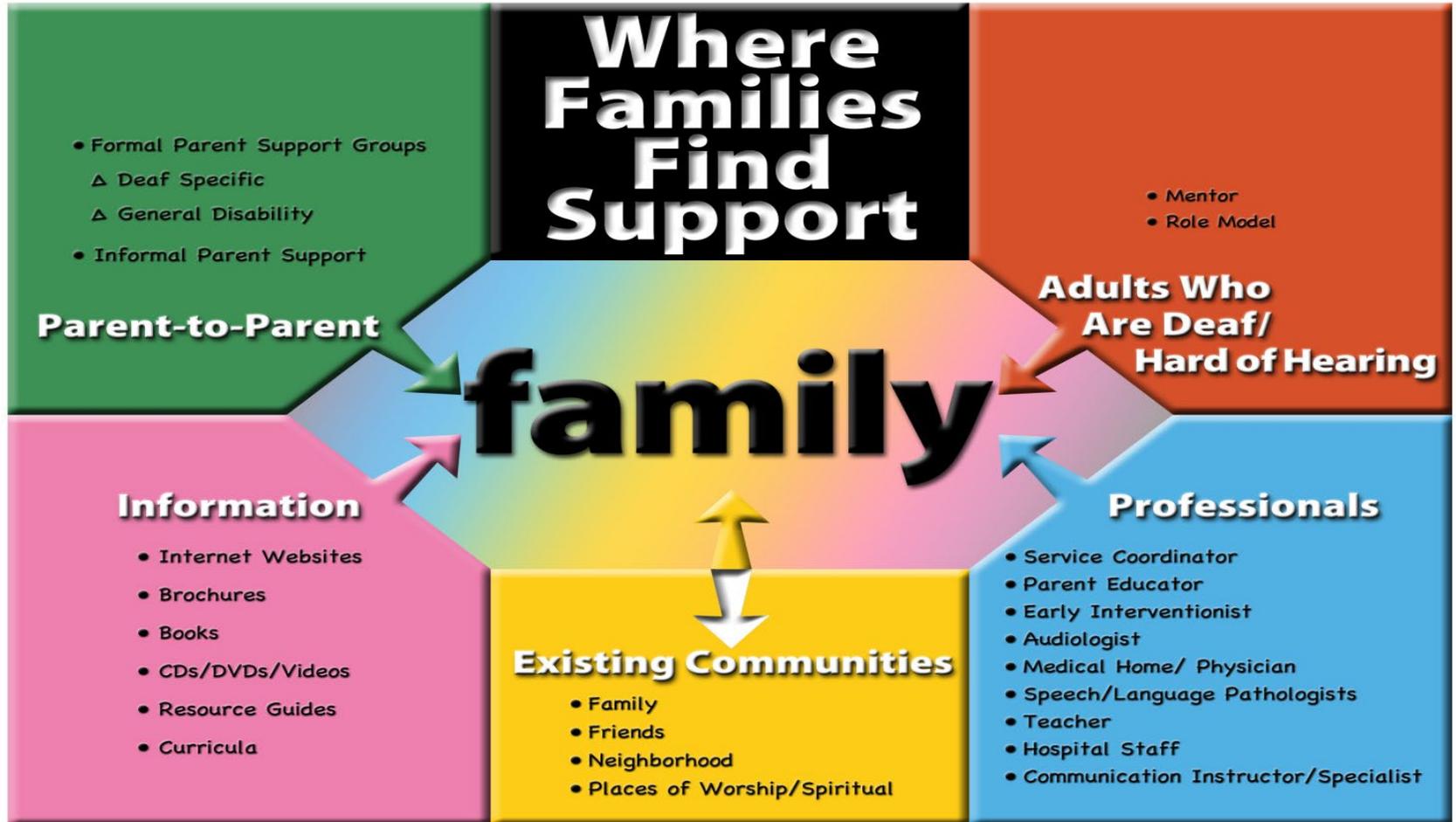
# Start with what is in place already.....

- Part C System
- Where are the EI providers
- Find your “experts” and identify your “champions”
- Find your “open minded team”
  - Build a team that will be the first point of contact

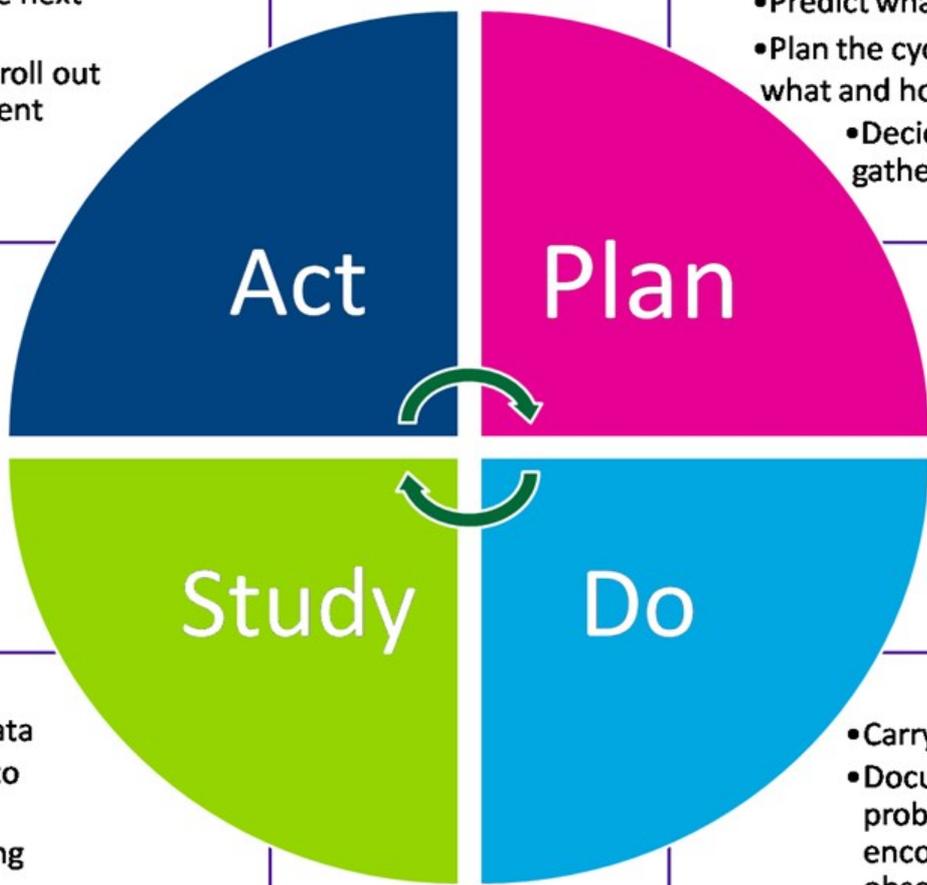
# Professional Development is critical

- Train ....train....and train some more
  - All opportunities
  - Deaf/HH perspective
  - Medical perspective
  - Culturally sensitivity
  - Hearing levels
  - Adult learning
  - Home visitation

# Look at where families get support – bring them into the process



- What changes need to be made to the next cycle?
- If no changes, roll out the improvement



- Set improvement goals
- Predict what will happen
- Plan the cycle (who, where, what and how)
- Decide what data to gather

- Fully analyse data
- Compare data to predictions
- Examine learning

- Carry out the plan
- Document any problems encountered and observations
- Gather data



## A final thought from a parent...



“What we really want, really need as parents, is opportunities to contact other families with deaf children, help in making regular contact with adults who are Deaf and Hard of Hearing, information that is accurate, honest, unbiased and fair, and then the emotional support to make decisions.....”

# Thank You!



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# Questions?

