



Meeting Minutes: EHDI Newborn Hearing Screening Advisory Committee

February 17, 2021

Minutes prepared by: Regina Marino (Minnesota Department of Health)

Location: Microsoft Teams Virtual Meeting

Attendance

Present:

Ingrid Aasan, Renae Allen, Kathy Anderson, Joan Boddicker, Nicole Brown, Mary Cashman-Bakken, Kirsten Coverstone, Laura Godfrey, Danelle Gournaris, Hannah Herd, Colleen Ireland, Abby Meyer, Gloria Nathanson, Jessica Novak, Sara Oberg, Elizabeth Pai, Anna Paulson, Cat Tamminga, Katie Warne, Terry Wilding, Jay Wyant

Absent: Tina Huang, Joscelyn Martin, Emilee Scheid

Agenda Item Minutes

1. Welcome and Announcements: Abby Meyer (Chair)

- Approval of the minutes from November 2020 meeting: no corrections, minutes approved
- Vice chair nomination & discussion: Joan Boddicker was nominated and has accepted nomination
- Committee voted to approve Joan's nomination

2. D/HH Related Legislative Proposals

- Dr. Darlene G. Zangara, Executive Direction of Minnesota Commission of the Deaf, Deafblind & Hard of Hearing presented
- Legislative meetings happening virtually instead of in-person and lots of informal hearings are happening. In the House and Senate, the House is focused on COVID expenses, increasing expenditures related to COVID and the Senate is focused on deficit/deficit recovery
- The Commission is interviewing for a new government relations director, who would take an active role in fostering and pursuing bills.
- Commission is monitoring 8 different bills:

Bill	Bill Description
1. Deafblind Intervener Bill	Expecting to introduce definition of Deafblind intervener. Bill that will be introduced. In the year or two after bill introduced, hoping that this language will be introduced
2. Monitoring the Minnesota State Academy	Focused on increasing their operations/maintenance funding so they can continue their services
3. Early Childhood Bill	Quick fix legislation that would allow for the parents to go into intervention program for child who is D/HH. Currently parents are only able to place after age 3, this bill proposes at the time of program selection, they would be able to select that from birth to age 3.
4. Certified Deaf Interpreters in the Classroom	Revise language and educational interpreting law. CDIs do not have formal interpreter training program, so cannot be listed as reimbursable for billing for IEP services. With revised bill, districts would be able to reimburse CDI salaries
5. Closed captionbill	Require that CC TVs as it relates to emergency communications and use that avenue to show the significance of showing CC all the time in public entities/public places. No additional funding in bill, but hoping that changes in language will foster more CC in public spaces and is turned on all the time
6. Right to language bill	Adding language in the maltreatment of minors bill. It is dated from 2018. Talks about a failure to teach a deaf child sign language, therefore the child experiences a gap in education/learning, it also states that it is a barrier and promotes language deprivation. Intent is not to reprimand, but to report that the child is experiencing language deprivation, then services would come into the child's life to support language development.

Bill	Bill Description
7. Teacher for the D/HH	Having a K-12 licensed teacher teaching D/HH students and promoting licensure. Need to pass at a level 4 above to obtain license for first time or maintain license. Teacher must do 30 hours of training on D/HH topics and passing with level 4 or above. Renewal period would be every 5 years. Concerns by teachers statewide. Teachers stating that their students are not native or fluent sign language users. Want a fluent signer to be teaching their D/HH student. Controversial bill.
8. Interpreter bill	Interpreter license to practice in the state of Minnesota. This aims to maintain a list of certified interpreters in MN and establish a grievance procedure. Very controversial. They are moving forward without the involvement of several organizations, so some organizations oppose it because of the lack of involvement. Info on website. Person leading this effort has resigned his support.

- Contact information and more information about the bills from Darlene:
 - legislative agenda - this is the list of bills we have a position on. <https://mn.gov/deaf-commission/legislation/legislative-agenda/>
 - the tracker, a list of bills we may or may not have a position on, but may have an impact on the deaf, deafblind, and hard of hearing communities. <https://mn.gov/deaf-commission/legislation/>
 - Legislative Recaps - <https://mn.gov/deaf-commission/legislation/legislative-recap/>
 - Can go to News and click on "legislation" under the Tags <https://mn.gov/deaf-commission/news/>
 - There is also a "Suggest legislation" page <https://mn.gov/deaf-commission/legislation/suggest-legislation/>
- Question Mary Cashman-Bakken: do you have an interpreter bill also?
 - Answer from Darlene Zangara: Yes, there is an interpreter bill. (see above table)
 - Comment from Terry Wilding:
 - MADC has withdrawn their support [for interpreter bill]
 - changes or revisions to last year's bill, so it seems that the bill that has recently been introduced is incorrect

- Question from Katie Warne: Language deprivation for any language (spoken or ASL), or just ASL?
 - Answer from Darlene Zangara:
 - Do not think it's been analyzed closely enough to really understand what language deprivation looks like.
 - The intent behind this bill is that there have been severe incidences of language deprivation where a deaf child does not have access to any language
 - Typically, those who are not receiving access to language, it does mean American Sign Language.
 - Comment from Laura Godfrey:
 - Minnesota Hands & Voices has come out against language deprivation bill
 - This particular bill is placed within the child protection
 - There is not a lot of resources at this time that would need if a family were reported to child protection because their language was not where it should be.
 - There is not a lot of supports in place that need to be before something like this would happen
- Question from Joan Boddicker: is there a place or a way to suggest different language for these bills, or that we agree/disagree with bills?
 - Answer from Darlene Zangara:
 - Recently asked to type up a list of resources for the D/HH. On Feb 25 at 3:30pm, will have 1 hour session on lobbying for teachers only.
 - Darlene will send more resources
- Comment/question from Terry Wilding: Language deprivation is a serious issue, and we see children that are experiencing gaps in language for a variety of issues. Have some students that may enroll here at the age of 8 or 10 and do not have a foundation of any language. Where would be the best place to address that and what different avenues or ways are you thinking? How we would be able to support our students better?
 - Comment from Laura Godfrey:
 - It is an issue but does not belong in child protection. Something that needs to be worked on
 - Comment from Darlene Zaranga:
 - Not CPS taking away child, but screening child/family and see if additional resources are necessary
- Question: Is the commission supportive of all the bills mentioned? Also, under this bill, if a child has listening and spoken language but did not learn ASL the family could be reported to child protection for language deprivation?
 - Answer from Darlene Zangara:
 - Not officially supporting or not supporting, on a quest for more information, have another meeting in March
 - Recommending we not support the bill
 - There are other places that are more appropriate than child protective services, and would like to guarantee that there would be a better system in place

- Do not know if social services individuals have the expertise or skill to be able to evaluate or analyze a language deprivation, and that is a huge concern for us
- Question from Abby Meyer: how these bills compare to bills that are already in place in other states?
 - Answer from Darlene Zangara:
 - Right to language/language deprivation bill are hot bills throughout the country.
 - Lots has been discussed in educational arenas
 - Has not been any individual that has gone to legislation to deal with it
 - The state licensure bill for interpreters: happening throughout the states.
 - The key to success with the other states and what they have voiced is that having a lot of collaborative efforts at the outset and that it does not look like a punitive piece for interpreters.

3. Early Intervention Referral Process

- 4 workgroups happening, each of the regions have their own activities. One of the topics is increasing collaboration and communication between educational service providers and clinical audiologists
- Two of the topics of this group is really focusing on is that idea of educational and clinical audiologists relationship building, getting to know each other, sharing information about what we do and how we do it differently and how to collaborate. In addition, some information sharing from clinic to school and school to clinic perhaps with individual children and families based on parent permissions.
- Children and families can be served better when we have this collaborative relationship and information sharing.
- Darcia described the typical referral process when a child is seen in an audiology clinic and identified as D/HH
 - That clinic may do their own process as far as clinical support follow-up recommendations, hearing devices if chosen, other program and medical specialty referrals and providing a beginnings book.
 - Report to MDH, connect to parent support, refer to EI via Help Me Grow
 - MDH processes initiated
 - Resources mailed to family, connect to parent support, refer to tribal/LPH
 - They connect to parent support and they refer to early intervention through Help Me Grow.
 - MDH does our processes where the family is mailed a binder and then we also make sure that they are connected to parent support if the audiologist has not done that already
 - We make a referral to their local public health nurse to connect them with services in their area.
 - All these groups may make a backup referral to Help Me Grow so as you can see there is a whole lot of ways that kids will be referred to Help Me Grow.

- The idea is that someone talks to the family because it is better if the family knows that they are getting referred to Help Me Grow when Help Me Grow sends it to their district and the district calls them.
- Help Me Grow notifies school district, school district contacts family to start their evaluation
- The parent may sign a district release form and then the school district needs to get the records from the audiologist.
- Privacy data practices, the report that has been sent to public health is not shared with the district. The district must get that from the audiologist as well.
- When the audiology clinic knows the child's school district which may happen after they get notified that the school district needs records, the parent may need to sign another release form from the clinic. The clinical records are released.
- The school district reviews the records and then finally the evaluation results meeting scheduled family and they can begin support under their IEP or IFSP
- Referral process may happen in different order, reducing some challenges and causing some challenges to arise
- Question from Terry Wilding: Is there a way for information to be shared with us at MSAD as well. We would like to support school districts in the process with resources and assessments.
 - Answer: May depend on how the school district shares information, and we can also look at the audiology clinic referral guidelines.
- School district post-referral activities: Referral could come also from backup referrals or other sources.
- Whenever a school district receives that referral under part C regulations the district has 45 calendar days to respond to the referral and have an IFSP meeting.
- Multiple things going on within the school district within this 45 day timeline
- 45 day timeline meant to ensure as few delays as possible for children and families to start receiving services
- They recognize that families have the right to drive the process for their children through active involvement, consent, signed permissions for releases of information, and people sharing with each other.
- Really respectful of the family's privacy and the child's privacy and the families are really involved and in charge.
- Workgroup is looking at this challenge of accessing clinical or medical reports or other outside sources in order to complete an evaluation and eligibility determination and have that IFSP meeting within a 45-day timeline.
- This is true for any child who is referred to part C or early intervention services or preschool specialist services.
- Clinical audiology reports are critical for eligibility determination and provide appropriate assessment tools and teams
- First step: getting release of information between clinic and school to document type of hearing loss and severity
- Clinics need to know which district the child is listed for

- They also need to be able to meet with the parent after they know this information to get that release signed, and then they need to know where to send the release to and how can they send it.
- There are lots of people involved to get one set of records for one child
- Also need to know how to send records (e.g., secured email, fax)
- If clinic cannot complete release of info, then school needs to complete it and get the parents that sign it
- Challenge: who can connect with family first
 - When and how parents can sign release of information
 - Also faced with when and how can we get the parents to sign this release of information especially now since not in person meeting with families in their homes.
 - Extra challenging with everything being virtual
 - If not sent in time for meeting with family, have to reconnect with audiologist of clinic or the medical records department and get another release signed
- Question from Terry Wilding: would electronic signatures be acceptable for this process?
 - Answer: Do not have electronic signatures set up through school district, working on it with the tech dept, a lot of people involved to get it set up on school district end
- Significant system challenges related to sharing information and reports while maintaining child and family privacy, resulting in increased burdens on clinical and educational audiologists
- Delays in receipt of clinical audiology reports creates potential delays in eval/assessment, eligibility determination and services
- Looking for feedback/input about:
 - what do the paperwork and release of information processes look like from your perspective, from the clinical perspective,
 - what do you think is working and what is not working?
 - are there changes needed to the current process guidance that this committee has released to our audiologists for referrals for early intervention
 - does this committee have new -- have ideas for next steps, and who could we reach out to better understand this?
- Lots of enthusiasm/interest among members in the chat: Jessi Novak, Hannah Herd, Terry Wilding, Laura Godfrey, Cat Tamminga
- Comment from Hannah Herd:
 - Challenging figuring out how to get records
 - It fails to get it out so IP in those initial appointments it is certainly one more thing to remember to grab the release of information form and fill it out while the parent is waiting there and have them sign it and understand what that means and who will be contacting them in the future.
 - And then have them sign a form
 - Feel that it is up to me to then call the school district and figure out to whom I should direct the records.
- Comment from Jessi Novak:
 - We also have the boundaries of our own HIM department.

- Challenges dealing with school district and explaining to families who are these individuals that will be contacting them
- It would be nice if from the school side that there was an easier way to go about everything
- Comment from Cat Tamminga:
 - there has been some movement in place in MN to make this an easier process
 - MDE, MDH, and DHS are working on releases in a number of ways right now. The reasons for signatures on both sides really goes to supporting families' rights to drive the process and decide who has access to their information

4. Program Updates

- MDE: [Part C Intervention Services for Infants and Toddlers \(Birth to Age 3\) with Sensory Loss: Recommended Collaborative Practices](#) - 12/23/20
recommended collaborative practices when providing early intervention services for infants and toddlers with sensory loss, including those who are Blind/Visually Impaired, Deaf/Hard of Hearing, or DeafBlind
- MDE: Document posted on MDE website to help to support collaboration amongst team members and to help ensure that families and teams have the right people at the table helping to support the process.
 - Posted on MN Department of Education webpage "Part B and Part C Resources" <https://education.mn.gov/MDE/dse/early/ecse/bc/index.htm>
- MDH
 - National EHDl Meeting: March 2-5 virtual. Funding 60 people from MN to attend this meeting.
 - NBS fee increase proposal: if approved \$42 to increase fee, Public Health Laboratory getting \$38 and CYSHN to get \$4
 - It will include funding for purchase of instruments, supplies, staff, to provide follow-up services and activities and implement some new testing.
 - There are three conditions that are fairly emergent, future conditions that the state is looking at.
 - Since last fee increase (July 1, 2013), six conditions have been added to NBS panel.

5. Closure

- Comment from Darcia Dierking:
 - Have found out from NCHAM that they are trying to recruit health care providers who may be interested in health care track at the national virtual EHDl conference
 - This is like a coupon code that NCHAM is providing for health care providers
 - Interested in how you think we should get that information out to health care providers.
- Comment from Abby Meyer:
 - Minnesota American Academy of Pediatrics
 - Minnesota Academy of Otolaryngology

- Send to Abby via email and she can forward it to her contact on the HD chapter champion and they might be able to include it in like one much their e-mail updates

Next Meeting

Date: May 19, 2021

Time: 1:00 – 2:30 pm Location: Virtual

Agenda items: submit proposed agenda items to ehdi@state.mn.us

02/17/2021