
Language and Literacy Outcomes for Children Who are Deaf and Hard of Hearing in the State of Georgia

Preliminary Report to the Governor and General Assembly
September 2020

Presented by the Georgia Commission for the Deaf or Hard of Hearing
as required by OCGA § 30-1-5 (h)



Co-Authored by:

Stacey Tucci, PhD

Georgia Department of Education
State Schools Division
Language and Literacy Initiative Director

Sherri Nighbert

Atlanta Speech School
Access to Language Initiative
Parent Navigator Director

Jessica Bergeron, PhD

Georgia Department of Education
State Schools Division
Director of Mobile Audiology Program

Louis J. Erste

Georgia Department of Education
State Schools Division
Chief Policy Officer

Kelly Jenkins, MBA

Georgia Department of Education
State Schools Division
Language and Literacy Initiative Consultant

For more information:

Georgia Commission for the Deaf or Hard of Hearing

Mr. J. Comer Yates, Chairperson

<https://dhs.georgia.gov/georgia-commission-deaf-or-hard-hearing>

Eugene Rhee

Manager, Limited English Proficiency and Sensory Impaired Program

Office of Communications

Georgia Department of Human Services

404.657.5244 (O) 678.918.6282 (M)

Eugene.rhee@dhs.ga.gov

Table of Contents

Rationale for Report and Legislative Charge4

Executive Summary5

Georgia’s Children Who Are DHH Key Transactions Map8

Georgia’s Ecosystem for Children who are DHH9

Atlanta Speech School’s Access to Language (AtL) Parent Navigation Program 10

Auditory Verbal Center’s Response to COVID via Teletherapy 14

GaDOE’s Division of State Schools - Georgia Mobile Audiology Program.....15

Literacy for Learning, Living and Leading in Georgia (L4GA) Grant Award19

L4GA Year One Literacy Plan25

Conclusion28

Appendix A: Appointees for the Georgia Commission for the Deaf or Hard of Hearing (GCDHH)29

Appendix B: Appointees for the Multiagency Task Force.....30

Appendix C: Appointees for Stakeholder Advisory Committee31

Appendix D: O.C.G.A § 30-1-5 [HB 844 (2018) signed as Act 462 (2018)]32

Rationale for Report and Legislative Charge

On May 8, 2018, HB 844 was signed into law as Act 462 and amended Chapter 1 of Title 30 of the Official Code of Georgia Annotated (OCGA) by revising Code Section 30-1-5. This legislation was sponsored by Representative Penny Houston and Senator P.K. Martin, both longtime advocates for Georgia’s Deaf and hard of hearing (DHH) community. The revisions stipulate ten, key deliverables listed below which aim to improve the language and literacy outcomes for Georgia’s children who are DHH. One of the key deliverables required by this legislation is for the Georgia Commission for the Deaf or Hard of Hearing (GCDHH) to deliver a report to the governor and General Assembly annually in order to measure progress towards age-appropriate language and literacy outcomes for children who are DHH:

A report detailing the provision of early intervention (EI) and school-age services and the language and literacy outcomes for children who are Deaf or hard of hearing between the ages of birth and eight years shall be completed on or before September 1, 2019, and a similar report shall be completed on or before September 1 every year thereafter. Such report shall be jointly authored by the Department of Public Health, the Department of Early Care and Learning, and the Department of Education and approved by the commission (GCDHH) and the advisory committee. The commission shall make the report available to the public on its website and present this report to the governor and General Assembly no later than September 15, 2019, and every September 15 thereafter.

OCGA § 30-1-5 (h)

Below are the key deliverables stipulated by OCGA 30-1-5.

OCGA 30-1-5 Deliverable	OCGA § 30-1-5 Reference	Status
1. Changes to the GCDHH	(b)(1)(A)	Complete
2. Establishment of Multiagency Task force	(c)(1) through (4)	Complete
3. Establishment of Stakeholder Advisory Committee	(d)(1) through (3)	Complete
4. Georgia Testing Identifier (GTID) process and implementation	(g)(1) and (2)	Ongoing
5. Web and print based parent/professional resource	(e)(2)	In process
6. Create List of Developmental Milestones	(e)(1)	In process
7. List and Implementation of Biannual Language and Literacy Assessments	(e)(3)	In process
8. Development and Implementation of an Individualized Child Report (birth to literacy)	(e)(4)	Not Started
9. Interagency Collaboration, Provision of Seamless Services and Data Sharing from birth through high school graduation	(g)(1)	Ongoing
10. Annual Legislative Report	(h)	Complete

Executive Summary

The Problem

This report shall serve as a preliminary report in light of the ongoing global pandemic. A subsequent report will be published when the capacity of the state departments responsible for authoring this report return to a more typical level.

Today in Georgia, only 42% of all students are reading proficiently by the end of third grade¹. This represents a 5% increase in the number of students reading on grade level from the previous academic year (37% in 2017-18²). While Georgia has seen a moderate improvement in reading scores for the general student population, the DHH student population has not realized the same reading achievement. For the 2018-19 academic year, 85% of children with a primary Special Education (SPED) eligibility of DHH did not achieve reading proficiency by the end of third grade³. While on grade level reading scores for children who are DHH have inched upward incrementally during the last four academic years -- 2015-16 = 10% (14/138); 2016-17 = 13% (18/137); 2017-18 = 14% (18/131); 2018-2019 = 15% (20/130)⁴ -- the rate of change has not kept pace with the improvement among the general student population, and the overall percent of on grade level reading scores for children who are DHH is only one-third that of the general student population. The Georgia Milestones assessment scores for English Language Arts (ELA) are not available for academic year 2019-20 due to a statewide shift to a virtual instruction model for the last three months of the academic year which prevented the administration of in-person standardized tests. Additionally, the Georgia Department of Education (GaDOE) has petitioned the United States Department of Education (USED) to halt standardized test administration (including the Georgia Milestones assessment) for the 2020-21 school year as a result of the pandemic's continued impact on in-person schooling. At the time of this report, USED has not ruled on the GaDOE's petition.

For children who are DHH and their families, the shift to virtual instruction and teleservice delivery models has created additional access barriers for key transactions from diagnosis to early intervention to school services. Georgia professionals from the public and private sectors are working diligently to address previously identified barriers outlined in the OCGA 30-1-5 Year 1 Report as well as those newly identified barriers resulting from the pandemic.

This preliminary report will outline four programs currently focused on meeting the language and literacy needs of DHH children statewide: (1) the Atlanta Speech School's Access to Language (AtL) Parent Navigator Program, (2) the Auditory Verbal Center's Response to COVID-19 via Teletherapy, (3) the GaDOE's Division of State Schools – Mobile Audiology Program, and (4) the Literacy for Learning, Living and Leading in Georgia (L4GA) Grant. A more comprehensive report including data from the Department of Public Health (DPH), the

¹ Georgia Milestones ELA, 2019. https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Assessment/Documents/Milestones/Statewide%20Scores/Georgia_Milestones_Spring_2019_State_Results.pdf

² Georgia Milestones ELA, 2018. https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Assessment/Documents/Milestones/Statewide%20Scores/EOG/Georgia_Milestones_Spring_2018_State_Results.pdf

³ Georgia Department of Education, *Grade 3 Milestones End of Grade English Language Arts Assessments for Deaf or Hard of hearing Students Receiving Special Education*. School Year 2018-19 Milestones End of Grade Assessments. Total number of third graders tested was 120 with 18 testing at or above grade level and 110 testing below grade level.

⁴ OCGA 30-1-5 Year 1 Annual Report - Language and Literacy Outcomes for Children who are Deaf and Hard of Hearing in Georgia (2019). <https://dhs.georgia.gov/organization/about/language-access/georgia-commission-deaf-or-hard-hearing-gcdhh>

Department of Early Care and Learning (DECAL), and the Department of Education (GaDOE) will be submitted at a later date.

The Solution

Serving the DHH population can be challenging given its low incidence, which is compounded by geographic location and significant socioeconomic barriers. However, research clearly shows that children who are DHH who have been identified in early infancy, enrolled in early intervention by six months or earlier and who have received appropriate early intervention services will be on a path to later academic success in the school-age years.⁵⁶ The goal of OCGA 30-1-5 as amended by Act 462 (2018) is to create an individualized, *child-focused* ecosystem that supports a seamless provision of services for children and families as they move through the seven key transactions necessary for age appropriate language and literacy outcomes (as described below).

As stated in the Year 1 report, Georgia’s children who are DHH have both the ability and the right to achieve every educational outcome that children with typical hearing can achieve. However, this achievement is dependent on equitable access to early diagnosis and appropriate early intervention services. While 96% of Georgia babies who were born in 2017 were reported as screened for hearing loss by one month of age, only 32% of the babies identified as needing a full diagnostic hearing exam were reported to have received the exam by three months of age.⁷ Without a diagnosis of hearing loss, children and families are ineligible for most federal and state-supported early intervention services. Furthermore, just 41% of babies born in 2017 and diagnosed as DHH received a home visit from an early intervention specialist by six months of age.⁸

The first program discussed in this report, Access to Language (AtL), is focused solely on supporting parents as they navigate the early transactions from the newborn hearing screening in the birthing hospital/center through diagnosis, the early hearing orientation home visit, and enrollment into early intervention (the first four transactions in the DHH Ecosystem). The second program featured is the Auditory Verbal Center and its response to the COVID-19 pandemic utilizing tele-therapy to ensure the continuation of services for families seeking a spoken language outcome for their children. The third program, Georgia Mobile Audiology program is focused on providing audiological care to children birth to high school graduation across the state with a targeted focus on the early transactions and specific geographic and socioeconomic areas with limited access to audiological professionals; Georgia Mobile Audiology also provides professional learning/training and collaboration opportunities to professionals statewide. The fourth program, Literacy for Learning, Living and Leading in Georgia (L4GA) Grant, is focused on implementation of the OCGA 30-1-5 deliverables as well as providing direct support to the Atlanta Area School for the Deaf (AASD) and Georgia School for the Deaf (GSD) students and teachers in regards to the implementation of evidence-based literacy instruction, administration of appropriate language and literacy assessments, and data-driven instructional decisions and school-level and district-level programmatic decisions.

⁵ Moeller, M.P. (2000). Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*, 106(3), E43.

⁶ Yoshinaga-Itano, C., Sedey, A.L., Coulter, D.K., & Mehl, A.L. (1998). Language of early- and later-identified children with hearing loss. *Pediatrics*, 102(5), 1161-1171. <https://www.ncbi.nlm.nih.gov/pubmed/9794949>

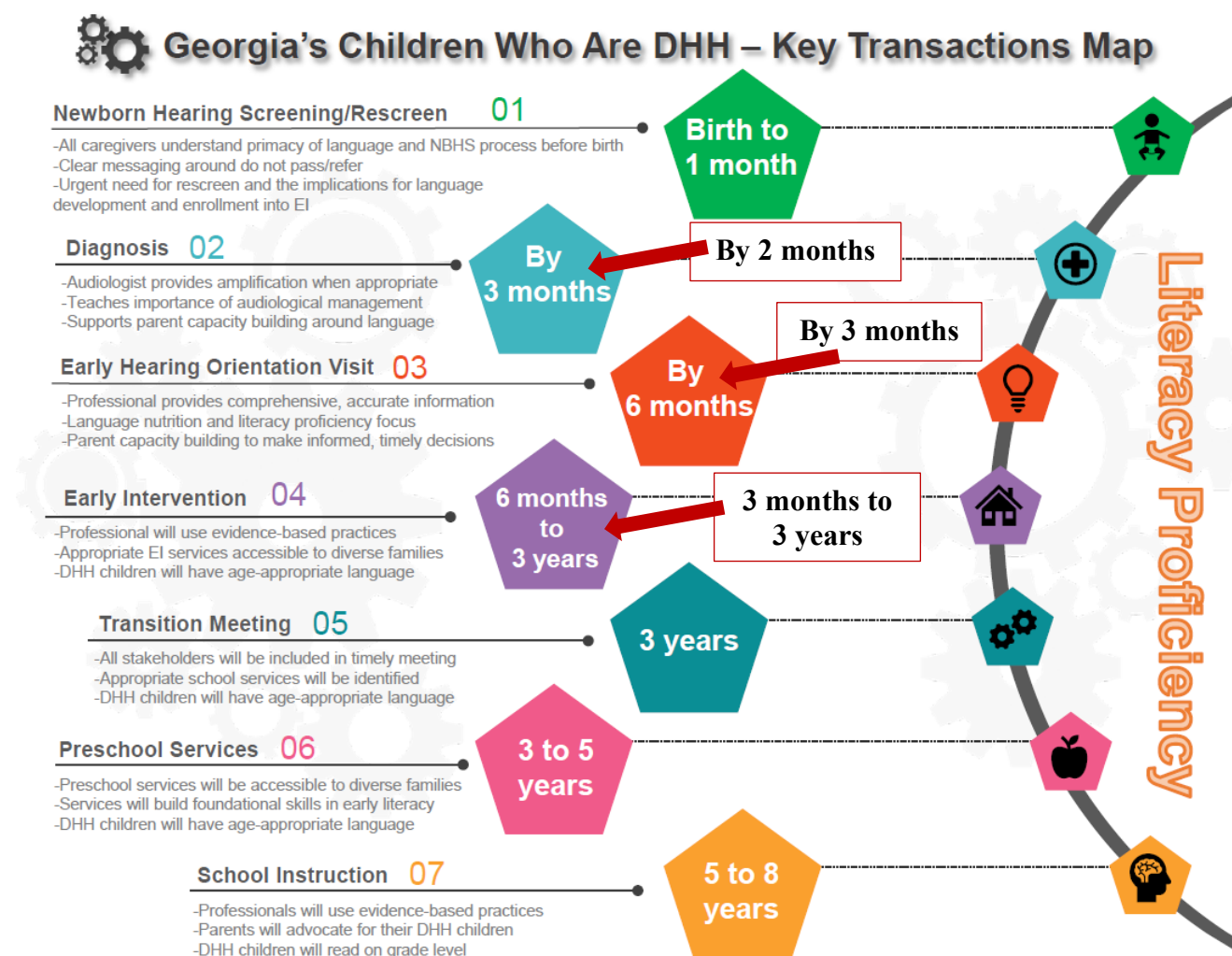
⁷ State Electronic Notifiable Disease Surveillance System (SendSS) for newborn hearing screening/rescreen, diagnosis, and EHOS visit data

⁸ Babies Information and Billing Services (BIBS) repository for Part C early intervention enrollment data

Far too many Georgia children who are DHH do not achieve age appropriate language or on grade level reading proficiency largely due to a lack of access to services. Georgia's success is dependent upon equitable, timely access to appropriate hearing screenings and audiological care, educational settings and educational professionals who use evidence-based instruction and curriculum/intervention materials. The above programs are working to remedy that lack.

Georgia's Children Who Are DHH Key Transactions Map

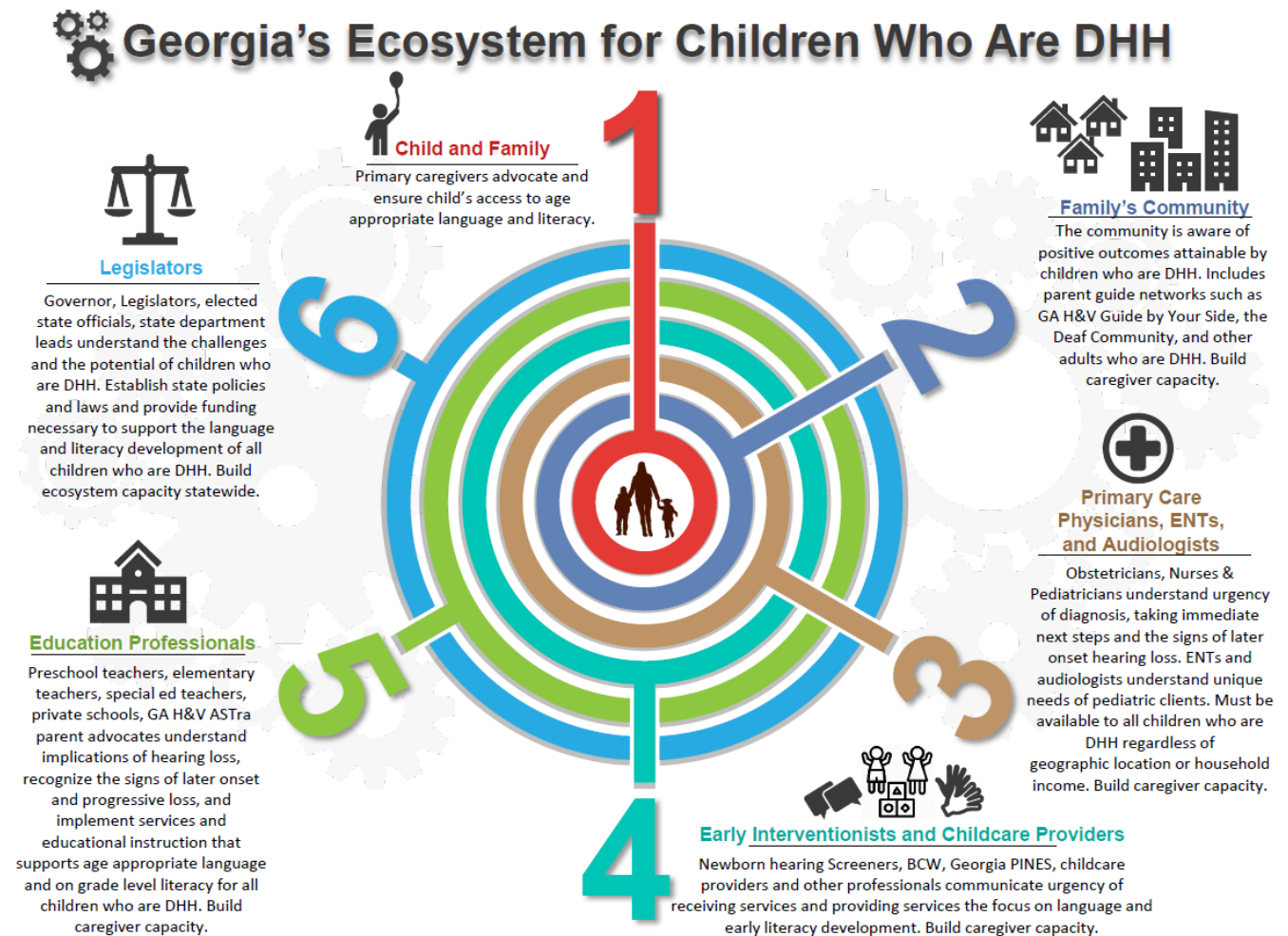
The transaction map below provides guidance for families on their journey from birth to literacy. Seven key transactions are identified based on best practices (as determined by the Joint Committee on Infant Hearing (JCIH), the Centers for Disease Control (CDC), the Department of Public Health (DPH), the DECAL, and the Department of Education (DOE) and are presented in chronological order along with a brief description of what should occur within each transaction as well as the critical period for completion. It is important to note that the JCIH has determined that an accelerated scheduling of the first three transactions (from months 1-3-6 to months 1-2-3 instead) is shown in the graphic below because it is likely to provide enhanced outcomes for children who are DHH.⁹ Early Hearing Detection and Intervention (EHDI) is currently following our federal partners using a 1-3-6 benchmark but will transition to 1-2-3 once the Health Resources and Services Administration (HRSA) and/or the CDC indicate that these will be used.



⁹ Joint Commission on Infant Hearing – JCIH (2019). Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs - Executive Summary. Retrieved http://jcih.org/JCIH_2019_Executive_Summary.pdf

Georgia’s Ecosystem for Children who are DHH

The Georgia ecosystem for children who are DHH is comprised of many public and private resources and influencers available to assist children who are DHH and their families. For the purposes of this report, an “ecosystem” is a community of interacting agencies, influencers, resources and supports with the child and family as its focus. Currently, not all Georgia families have equitable access to ecosystem services and resources. When evaluating improvement opportunities, it is important to consider every influencer. These influencers must be working together to deliver comprehensive, appropriate, and consistent information and services that place the *child and the family* at the center of the work.



Atlanta Speech School's Access to Language (AtL) Parent Navigation Program

Access to Language (AtL) is an initiative designed by the Atlanta Speech School, funded by the Oberkotter Foundation and partnered with the Talk With Me Baby (TWMB; www.talkwithmebaby.org) initiative at Grady Hospital. Currently, caregivers are often left to determine what it means when their baby does not pass the Newborn Hearing Screening (NBHS) and what the appropriate next steps should be for their family and their child. The AtL program introduces a knowledgeable Parent Navigator. This Parent Navigator guides families through the process of inpatient hearing screening, outpatient hearing screening, diagnostic testing and intervention to ensure that all children who are DHH fulfill their potential for age appropriate language and on grade level literacy.

Problem

Research shows that children who are DHH can achieve age appropriate language and literacy outcomes if they experience an urgent and effective process of screening, diagnosis, and intervention of hearing loss.^{10,11,12} Efforts to promote age appropriate outcomes through intervention in language and literacy significantly reduces the cost for special education and social services to both children and adults who are DHH.¹³ However, many families in Georgia face barriers to accessing a streamlined and effective transactions process; children in lower socio-economic locations have significantly disproportionate, but *preventable*, delays due to later diagnosis and later entry into early intervention¹⁴. The process for navigating through the DHH ecosystem of early identification and intervention is often confusing for families. In the DHH Children's Language and Literacy Outcomes Report (2019), follow-up for babies in Georgia was reported at 32% for diagnostic by 3 months and 41% for enrollment into intervention by 6 months. The report also identified that there were several categories of "loss" as it pertains to follow-up, including children "lost by the ecosystem", diagnosed but never reported, and/or children in private settings (pg. 14). The Parent Navigation program provides more support to families than the current ecosystem (i.e., EHDI Coordinators). Parent Navigators are linked to more available resources – including social/emotional, medical, educational, and transportation – which increase the rate of follow-up from screenings to diagnostics to enrollment into intervention. The Parent Navigator will meet families after they experience a "do not pass/refer" (i.e., failed) inpatient newborn hearing screening and support their inclusion in the Georgia DHH ecosystem on an accelerated timeline.

Solution

Children from the Atlanta Metro Area born at Grady Hospital are at high risk for attrition, or loss to follow up, after a "do not pass/refer" (i.e., failed) inpatient newborn hearing screen. After this screen, the infant's results are reported to the EHDI surveillance systems for follow-up. Currently, children are not routinely screened as outpatients at the birthing hospital (i.e., the second screening after the referral from the inpatient newborn hearing screen), and family

¹⁰ Yoshinaga-Itano, (2014). Principles and Guidelines for Early Intervention After Confirmation That a Child Is Deaf or Hard of Hearing, *The Journal of Deaf Studies and Deaf Education*. <https://doi.org/10.1093/deafed/ent043>

¹¹ Moeller, M.P. (2000). Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*, 106(3), E43.

¹² Yoshinaga-Itano, C., Sedey, A.L., Coulter, D.K., & Mehl, A.L. (1998). Language of early- and later-identified children with hearing loss. *Pediatrics*, 102(5), 1161-1171. <https://www.ncbi.nlm.nih.gov/pubmed/9794949>

¹³ National Center for Hearing Assessment and Management, NCHAM (2010). <https://www.infanthearing.org/>

¹⁴ Lederberg, A., Easterbrooks, S. R., Burke, V. (2014). Age of Identification and Intervention for Deaf and Hard-Of-Hearing Children in Metro-Atlanta. Unpublished manuscript. Department of Educational Psychology in Special Education, Georgia State University, Atlanta, Georgia.

information still needs to be sent to Children 1st for reporting reasons. This is where the AtL Parent Navigator program can offer assistance. With access to contact information and in-depth knowledge of the DHH ecosystem, the family is guided to opportunities to complete key transactions that are presently missed (e.g., outpatient hearing rescreen). Additional follow-up support for diagnostic testing and transition into early intervention will be provided as these are key transactions to successful outcomes for children who are DHH.

Benefits to Families

1. Child will access language much earlier as time between appointments is decreased
2. Family will have a single point of contact for support in scheduling and for general inquiries
3. Family will be educated on the importance of early intervention
4. Transportation will be provided to eligible families for all related appointments for 3 years
5. Families will receive guidance navigating insurance processes
6. Families will be introduced to available services

Current Status and Outcomes of the Project

To date (from June 2019), the AtL has served 67 families through parent navigation services and 15 professionals through coaching and training on the NCHAM infant hearing and evaluation procedures. The AtL project purchased a diagnostic testing machine to support same-day diagnostic services at the Fulton County Health District Clinic. The Fulton County Health District Clinic receives the largest number of referrals for follow-up screening in the state of Georgia. In addition, the AtL project data have revealed important information about the parent navigation process from screening to diagnostics, by elevating high impact variables that were previously unknown or providing data in under investigated areas specifically in regard to vulnerable families.

Transportation

Out of the 67 families that received parent navigation services, almost half requested support for transportation (n=29). While lack of transportation is a known access issue¹⁵, the AtL team was surprised by the high rate of families needing transportation support to ensure access to medical services. All of the families in the AtL program were Medicaid recipients and in theory had access to Medicaid's nonemergency medical transportation. With so many families still requesting transportation services, it is important to note this discrepancy in transportation access; further investigation should be prioritized.

Program Perceptions

The AtL project collected qualitative data using focus groups, interviews, and surveys. Topics included parent perceptions of the parent navigation services and parent feedback about the process as well professional feedback.

Families reported feeling supported by the parent navigator on various issues including (a) confusion or uncertainty about the type of assessments to request after the initial screening, (b) lack of insurance (the parent navigator provided information on clinics that accepted no insurance or low insurance coverage), (c) general discomfort with medical professionals, and (d)

¹⁵ Social Determinants of Health Series: Transportation and the Role of Hospitals (2017). <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>

uncertainty about how to schedule an interpreter for their visit. Families reported being reassured with the audiologist on staff at The Health Department who conducted follow-up assessments; Fulton County contracts with a licensed audiologist and accepts Medicaid and uninsured patients.

Professionals reported feeling encouraged by the ‘single point of contact’ with the families. This was especially helpful when a families’ contact information changed between the hospital screening and the follow-up visits (i.e., the parent navigator stayed in consistent contact with the families between appointments). Professionals also reported an appreciation for having a parent navigator available to the families immediately after diagnosis because the medical professionals do not necessarily have time built into diagnostic appointments to provide family counseling and ‘next-steps’ types of support.

The parent navigator reported challenges around engaging with families who frequently changed their contact information (e.g., phone numbers), who were hesitant to engage or interact with medical professionals, who used a language other than English, and who may have had disabilities.

On-Demand Resources and Support

The parent navigator reported using a variety of resources to support families including the Talk With Me Baby curriculum (www.talkwithmebaby.org), the Hearing First website at www.hearingfirst.org, and personal knowledge as a parent of a child who is DHH. The parent navigator also utilized resources from the following agencies or programs: Georgia Mobile Audiology’s audiologists and Family Engagement Specialist, audiologists from Children’s Healthcare of Atlanta (CHOA) and Pediatric ENT of Atlanta (PENTA) as well as other local providers, local early intervention providers at the Atlanta Speech School and the Auditory Verbal Center, GaDOE Division of State Schools Georgia PINES, the local Head Start program, Dr. Stacey Tucci (Director of GaDOE’s Division of State Schools Language & Literacy Initiative), and various other social services resources. The parent navigator’s use of these comprehensive resources to collectively support the family journey suggest that the process itself is disjointed and the information that connects different parts of the ecosystem is not readily available in one place. In the scenario of the AtL project, the parent navigator served as a connection between transactions and gathered necessary resources for “on-demand” support for the families. Without a parent navigator, families must research and learn information for themselves which adds stress to an already urgent time.

Outcomes

The AtL project currently reports 0% loss to follow-up for the families who participated in the program and were enrolled by 1 month of age. All infants met their 1-month screening, 3-month diagnostic, and 6-month enrollment benchmarks. Two families did not participate in the program because they could not be reached after they left the hospital. Five families were not enrolled in the AtL program by 1 month, but they met all subsequent benchmarks where applicable.

Evidence from the Research

The work of the AtL project suggests that a parent navigator (1) supports connections between transactions in the DHH ecosystem, (2) acts as a single point of contact between families and

professionals, and (3) provides on-demand resources and support for families at a sensitive yet urgent time. The parent navigator position is a promising approach to reduce loss to follow-up between screening and enrollment into intervention, especially for vulnerable families.

Adult learners who need to understand a significant amount of information in a short period of time can benefit from the on-demand support known as Just In Time Learning (JIT) in the research literature. JIT learning refers to “only using effort when it is needed, instead of ahead of time”. This means gaining new knowledge or skills only when you need them ... or ‘on-demand’ training ...that recognizes that people do not need to learn the same skills or access the exact same information at the same time” (Andriotis, 2018). The parent navigator position can provide this type of “on-demand” support to families in need. Several elements of the JIT learning approach are applicable to the parent navigator’s role in the DHH ecosystem and may describe the potential success of the approach while also providing clues to sustainability.

Benefits of JIT learning (*adapted from Andriotis, 2018*):

- **Improved access to up-to-date information that can be provided at low cost** – as information on audiological assessments, insurance, or early intervention changes, a parent navigator can immediately provide accurate information without expensive changes to brochures or websites.
- **Accessible information on the go** – adult learners can improve their knowledge and skills on their time whenever they are available rather than reserving a specific time frame that may not work for a busy family.
- **More confident and engaged learners** – JIT learning puts the control back into the learners’ hands. Families may be more confident and self-assured when they know that the information they need will be at their fingertips when they need it most.
- **People learn better when they have to learn** – when people have an immediate need to apply a new skill, their focus and determination to learn is stronger.

Summary

For the AtL project, further evidence is needed to determine if the parent navigator and “on-demand” learning is the key variable to the success of the program. A few things to note:

- Anecdotal evidence and reports suggest that having a single point of contact and access to resources is a promising approach to reducing loss to follow-up between the outpatient hearing screening and enrollment into intervention.
- While a gold-standard statistical analysis has not been completed, preliminary data suggests that the JIT approach is an effective way to support families who need to make informed choices in a short period of time.

The effort required to coordinate the vast amount of information (e.g., resources, support, agency and program contacts) needed to usher families through the DHH ecosystem suggests there is an immense need to develop a ‘one-stop-shop’ resource for families. Additional investigation into methods for streamlining the key transactions should also be a priority.

The Auditory Verbal Center's Response to COVID-19 via Teletherapy

As stated earlier, public and private entities have come together during this time to bridge the gap in services during the COVID-19 pandemic. The Auditory-Verbal Center (AVC), based in Atlanta, currently serves 115 families who are seeking a listening and spoken language outcome for their children who are DHH. 63% of the families served by the AVC are on Medicaid.

In order to support the Governor's stay at home order, the AVC fully transitioned to providing teletherapy services using a HIPAA compliant Zoom platform on March 1, 2020. The AVC has been offering teletherapy options since 2012; this previous experience of a hybrid delivery model (i.e., in-person and tele therapy) supported an accelerated transition to fully virtual delivery model. During this transition, no client sessions were missed.

In order to ensure equitable access for their families, especially those utilizing financial aid, the AVC accomplished the following:

- Equipped four family homes with Wi-Fi
- Provided full scholarships for families who lost their jobs or with exceptionally high insurance deductibles
- Distributed 27 "Telekits" (\$600/each) which include a speaker and tablet for teletherapy practice
- Distributed 115 external speakers (\$160/each set) to every child so the therapist could clearly understand the audio output and monitor children's articulation and progress
- Provided hearing aids for 11 children via the state loaner hearing aid bank
- Provided hard copy materials needed for each session via mail so that they would arrive 2 days before each teletherapy session

During the time of exclusive online teletherapy, the AV Center noted better attendance and fewer cancellations. For instance, if a sibling was sick, a family could still participate in a tele-session. Transportation barriers, which were previously an issue, were eliminated - improving ease of access to many patients. Additionally, the tele-therapist was able to observe the home environment allowing them to give suggestions about environmental sounds in the home (e.g., TV volume) that made it difficult for their child to communicate. One challenge, however, was that it was more difficult for the professional to monitor and modify parent behavior during coaching sessions.

GaDOE's Division of State Schools - Georgia Mobile Audiology Program

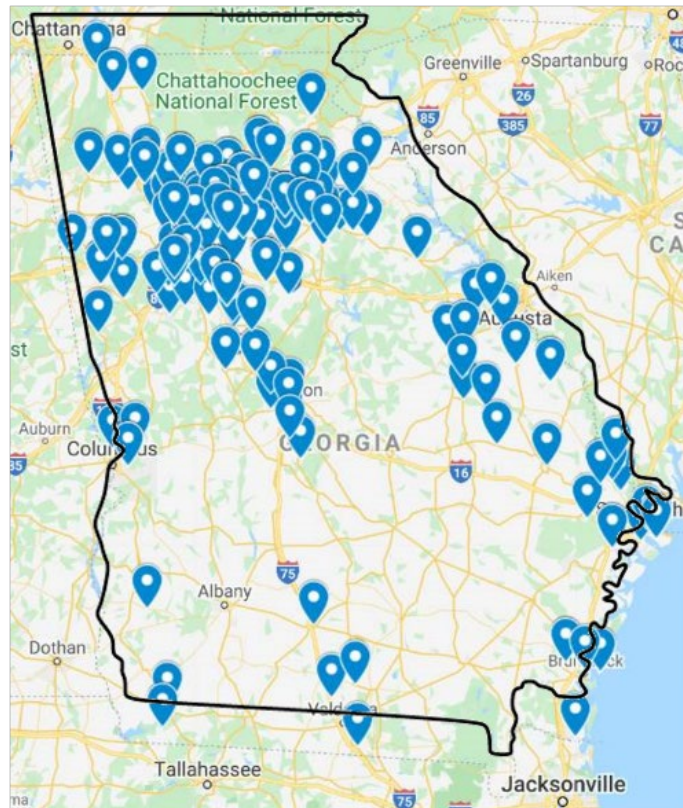
Georgia Mobile Audiology (GMA) provides comprehensive audiological testing and services, including family education, to children who do not have access to pediatric audiologists due to a shortage of these professionals in the state. With the new, fully equipped mobile audiological clinic, the GMA team serves children of all ages from 0-22 and engages with families and professionals in areas that are not currently fully accessible. The GMA team is collaborating with the Georgia Public Library Service Directors, the DPH, and various school systems to reach the highest need areas across the state. Families in Georgia face shortages of services due to (1) lack of audiologists available within a 25-mile radius, (2) lack of health insurance coverage, and (3) lack of availability of certain types of audiological services or testing. Find out more about Georgia Mobile Audiology at www.gamobileaudiology.org

GMA has a full-service mobile audiology clinic housed in a solar-powered vehicle as well as portable testing equipment that can be used to bring services directly to communities where there are shortages.



Quick Facts about the Mobile Audiology Clinic

- The fully equipped mobile audiology clinic is solar-powered and can recharge anywhere where there is sunlight. Because of its solar capacity (and yellow color), we've nicknamed it "Sunny".
- Before "Sunny" came, Georgia Mobile Audiology used portable equipment to test children in and outside of Atlanta.
- **From December 2019 up until March 2020, the GMA team screened or tested 101 children for hearing loss.** In some areas, this meant a 5% increase in testing services in less than three months.
- The GMA team is excited to "get back on the road" starting in October 2020.



GMA Response to COVID-19:

In response to COVID-19, a Georgia non-profit – the Jason Cunningham Charitable Foundation – started a hearing aid battery program for children in need and they asked

Mobile Audiology to distribute the information through our network. **The GMA Team was able to help more than 307 Georgia families** since the stay-in-place order began in March 2019. To the right is a map of family requests for batteries. Requests were made completely online, and batteries were delivered directly to front doors, so families were not risking their health by leaving their homes to ensure their children could hear.

More information about the shortage of pediatric audiologists:

A recent report (2019) from the American Academy of Speech, Language and Hearing comparing the population of each state and to the number of audiologists in the state **ranked Georgia #44th out of 50 states** as it relates to accessibility and availability of pediatric audiologists – while our neighbor Tennessee was ranked #7. This could be due to the lack of university programs for audiology in Georgia. All our neighboring states except South Carolina have two or more university audiology programs, including Alabama (2), Florida (3), Tennessee (4), and North Carolina (2).

Georgia Mobile Audiology created a map of pediatric audiologists in the state of Georgia so that families and professionals could quickly find the location, contact information, website, types of

assessments offered, ages seen, and what type of insurance is accepted. Visit the map of audiologists here at <https://www.gamobileaudiology.org/find-an-audiologist>. The map demonstrates a saturation of services in the Atlanta Metro area, while in certain other areas of the state families would have to travel prohibitively long distances to receive services for hearing aids or certain types of assessments. Georgia Mobile Audiology reduces the need for some families to travel such long distances.

The shortage of pediatric audiologists can also contribute to a scarcity of resources and knowledge about audiological supports. GMA created a monthly newsletter to share resources with the professional and family community. Families and professionals can subscribe to the newsletter and receive it in their email inbox.

Family Support Services

Georgia Mobile Audiology offers family support services including at-home activities that are free of charge and can be found online: <https://www.gamobileaudiology.org/habit-cards-1>. These resources provide instruction on daily “habits” that support the development of early skills for young children. The program also offers parent navigation services. Parent navigation is a concept we adopted from the *Access to Language* program and it fills an important gap in support from the newborn hearing screening to diagnosis, and then to intervention. We are planning to continue collaborating with *Access to Language* and to expand our Parent Navigation services. Our Family Engagement Specialist also works in collaboration with the DHH Outreach Liaison to provide troubleshooting support for audiological devices for schoolteachers.

Networks and Professional Learning

Georgia Mobile Audiology created two networks that have been necessary to the success of our work.

Georgia Pediatric Audiology Network

The Georgia Pediatric Audiology Network (G-PAN) was created because university programs often fill the role of convening for pediatric audiologists and, as stated above, Georgia does not currently have a university program. G-PAN is a cloud-based network that works to convene pediatric audiologists who serve children in Georgia. The pediatric audiologists can have online discussions about practice, insurance billing, and other relevant issues, including professional learning opportunities. So far, **79 pediatric audiologists are members of G-PAN**. In 2020, the organizers of GMA collaborated with University of Georgia to create the first ever pediatric audiology conference. The conference had to be postponed because of the pandemic but was rescheduled to Spring of 2021. Read more about the pediatric conference here: <https://www.ugapediatricaudiologysymposium.org/>.

Georgia Educational Audiology Advisory Committee

Georgia Mobile Audiology created an Educational Audiology Advisory Committee to organize the educational audiologists and better represent rural audiologists across the state.

The group has met four times to date and rewrote the educational audiology section of the GaDOE Special Education Curriculum, Instruction, and Assessment Implementation Manual (2020)¹⁶. The Committee will continue to meet three times a year to inform and standardize practice for students with hearing loss in schools. We developed this program because the rural counties typically did not have audiologists full time in their schools; rather they contracted with local clinical audiologists who may not have the expertise to support educational audiology.

Professional Learning

By request, **the GMA Team has provided training and coaching to 107 professionals** on the following topics:

- Newborn Hearing Screening
- Follow-up infant evaluation
- Educational audiology
- School-aged hearing screening training

Since the COVID-19 pandemic began, GMA is transitioning all its professional learning to a virtual format. By 2021, participants will be able to sign up for trainings online and received a certificate of completion and continuing education credits.

¹⁶ GaDOE Special Education Curriculum, Instruction, and Assessment Implementation Manual (2020). <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/Implementation-Manual.aspx>

Literacy for Learning, Living and Leading in Georgia (L4GA) Grant Award

Introduced in 2016, L4GA is a unique approach to improving literacy that pairs community-driven action with research-proven instruction. In its first round, funded by a federal Striving Readers grant of \$61.5 million, 38 school districts (school district map can be found at <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/L4/Pages/Literacy-Grant.aspx>) partnered with early learning and care providers as well as community organizations to implement community efforts and improve classroom instruction. By working together, schools, early learning providers and caretakers, and community leaders are moving the needle on literacy – in 2019, third-grade students showed significant gains in English Language Arts and grade-level reading.

Georgia was awarded a total of \$179,174,766 over five years to continue the L4GA initiative, which aims to improve literacy outcomes for students from birth through grade 12 (Governor's Office press release found at <https://gov.georgia.gov/press-releases/2019-10-04/georgia-receives-180-million-literacy>). Ninety-five percent of that amount is being competitively awarded to local school districts and their community partners. The awards take into account the poverty level of a community, the percentage of students reading below grade level, the recent rate of growth in the number of students reading above grade level, and whether a school is identified for support from the Department of Education's School Improvement team. The State Schools Division submitted an application for the L4GA 2019 award cycle, and the Division was awarded \$1.5 million dollars across five years (\$300,000 annually). Dr. Stacey Tucci, Language and Literacy Initiative Director, is leading the L4GA implementation efforts in conjunction with Dr. Cassandra Matthews, Chief Academic Officer and Federal Grants Director, and Vanessa Robisch, State Outreach Coordinator for Children with Sensory Disabilities.

State Schools Division Grant Narrative

The Get Georgia Reading Campaign has a goal of ensuring all children in the state are on a path to reading proficiently by the end of third grade by 2020.¹⁷ Research shows that children who do not read proficiently by the end of third grade are more likely to drop out of high school, experience poor health, have discipline problems, perform poorly in eighth grade math, and become teen parents.¹⁸ Eighty-five percent of juvenile offenders have reading challenges, and three out of five adults in the United States' prisons are illiterate.¹⁹

Today in Georgia, only 42% of all students are reading proficiently by the end of third grade.²⁰ While this is an encouraging increase from the previous school year, the same growth has not been realized for Georgia students who are Deaf and Hard of Hearing (DHH). For the past four academic school years (2015-16 to 2018-19), only 15% or less of children with a primary Special

¹⁷ Reference <http://getgeorgiareading.org/framework-overview/> & <http://getgeorgiareading.org/cabinet/gov-brian-kemp/> for more information

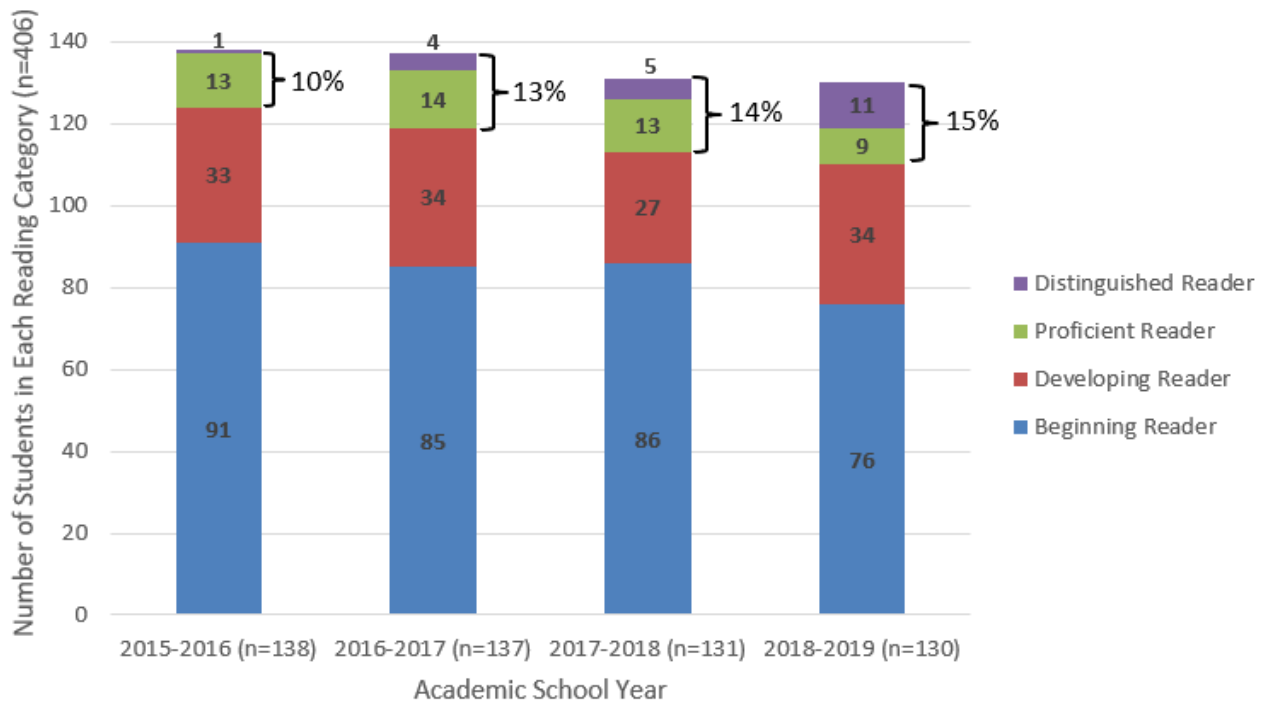
¹⁸ <http://getgeorgiareading.org/framework-overview/>

¹⁹ <https://www.literacyprojectfoundation.org>

²⁰ Georgia Department of Education, *Grade 3 Milestones End of Grade English Language Arts Assessments for Deaf and Hard of Hearing Students Receiving Special Education*. School Year 2018-19 Milestones End of Grade Assessments.

Education (SPED) eligibility of DHH achieved reading proficiency by the end of third grade.²¹ The link between language usage and reading proficiency is well documented in research literature. Students who are DHH often struggle with foundational language and vocabulary skills and subsequent literacy proficiency as many enter school with significant language delays because of a lack of full access to early language environments.²² For these children who are DHH, language and literacy outcomes are nothing short of a statewide crisis.

Georgia's Reading Milestones Scores by Category
3rd Grade Special Education DHH Students



Georgia's children who are DHH often have the ability to achieve every educational outcome that children with typical hearing can achieve especially if auditory access to learning and utilizing language are the only barriers that prevent children who are DHH from making academic gains. DHH children have the right to appropriate literacy supports and interventions to help them achieve reading proficiency to the greatest extent possible.

Access to early diagnosis and appropriate early intervention services are prerequisites for later academic achievement. Only 32% of the babies identified as needing a full diagnostic hearing exam (i.e., Auditory Brainstem Response, ABR) were reported to have received the exam by

²¹ Georgia Department of Education, *Grade 3 Milestones End of Grade English Language Arts Assessments for Deaf and Hard of Hearing Students Receiving Special Education*. School Years 2015-16, 2016-17, 2017-18, 2018-19 Milestones End of Grade Assessments. Total number of third graders tested was 406 with 70 testing at or above grade level and 336 testing below grade level.

²² Marschark, M., Shaver, D., Nagle, K., & Newman, L. A., (2015). Predicting the academic achievement of deaf and hard-of-hearing students from individual, household, communication, and educational factors, *Exceptional Children*, 81(3), 350-369.

three months of age.²³ There is currently a known statewide backlog of 212 children awaiting a diagnostic exam and approximately 3,000 children pending follow-up rescreens.^{24,25} If children do not receive the diagnostic exam by 3 months of age (when the baby is capable of the natural deep sleep needed for the diagnostic exam), it is typically recommended that the babies are sedated to complete the diagnostic exam. Sedation acts as a deterrent for many parents seeking a timely diagnosis. Without a diagnosis of hearing loss, children who are DHH cannot access public or private audiological care or early intervention services. Furthermore, only 41% of babies born in 2017 and diagnosed as DHH received a home visit from an early hearing orientation specialist by six months of age.²⁶ National studies have documented that children who are DHH who do not receive early intervention have poorer language and literacy outcomes than children who do receive early intervention.²⁷ These state data evidence the delay in Georgia's DHH children's access to evidenced-based early learning supports and interventions that adversely affect DHH children's academic outcomes.

In order to meet the needs of the DHH student population, Georgia must support the deliverables of OCGA §30-1-5 (amended by Act 462 in May of 2018) which include the creation of an individualized, *child-focused* ecosystem that supports a seamless provision of services for children and families as they move through the *seven key transactions necessary to attain age appropriate language and literacy outcomes*. This requires a radical change in adult behavior as it relates to supporting a *sustainable, statewide ecosystem of caregivers and professionals* responsible for the individual language and literacy outcomes for each child who is DHH in Georgia. The Georgia Department of Education (GaDOE) Division of State Schools will serve as the local education agency for the purposes of this grant; however the deliverables of the grant will be available to all parents/caregivers and professionals statewide who are raising and serving children who are DHH birth to graduation so as to create an ecosystem of supports and interventions for DHH children.

OCGA §30-1-5 established a Multiagency Task Force to promote transparency, require data sharing, and support ongoing collaboration in order to improve language and literacy outcomes for all children who are DHH in Georgia. The Multiagency Task Force consolidated thought leaders from the Department of Public Health (DPH), the GaDOE, the Department of Early Care and Learning (DECAL), the State Board of Education (SBOE), the Georgia Technology Authority (GTA), the Atlanta Speech School, and the Georgia Pathway to Language and Literacy Coalition, as well as data from six different agency databases.

OCGA §30-1-5 requires all children who are DHH must receive biannual language assessments beginning at the time of enrollment into public early intervention services through 3rd grade and biannual literacy assessments beginning at the time of enrollment into public school services preschool through 3rd grade. The assessment requirements have not yet started as the OCGA §30-1-5 Stakeholder Advisory Committee is currently developing a list of language and literacy assessments appropriate for children who are DHH including assessments for Spoken English,

²³ State Electronic Notifiable Disease Surveillance System (SendSS) for newborn hearing screening/rescreen, diagnosis, and EHOS visit data

²⁴ Georgia Department of Public Health; Early Hearing Detection and Intervention Program (EHDI) data, January 2019.

²⁵ These numbers reflect the state status as of January 1, 2020. Because these numbers are dynamic, they may not represent the current state numbers.

²⁶ Babies Information and Billing Services (BIBS) repository for Part C early intervention enrollment data

²⁷ Yoshinaga-Itano, C.; Sedey, A.; Coulter, D.; & Mehl, A (1998). Language of early and later-identified children with hearing loss, *Pediatrics*. 102 (5) 1161-1171

Spoken Spanish (or other home language), and American Sign Language (ASL) including the distribution of a Special Education Director Survey to gauge the assessments and administration schedules currently in use by Local Education Agencies (LEAs) across the state. While the law requires assessments from birth to 3rd grade, it is clear that many older students who are DHH are functioning well below grade level and would also benefit from receiving biannual language and literacy assessments, thus assessment training is open to all educational professionals serving students who are DHH kindergarten through 12th grade.

Deliverables

Deliverable #1: This grant will address the need for statewide assessor trainings and assessment administration, a statewide lending library for assessment materials to be housed within the GaDOE Division of State Schools, as well as data collection and data entry trainings for assessors. Without data related to language and literacy development, Georgia cannot identify and implement specific solutions to increase the literacy proficiency of DHH children (birth to 5 years of age) and school age students (P-12). Assessment data will be housed in the GaDOE’s Statewide Longitudinal Data System (SLDS) and analyzed by members from the Multiagency Taskforce as defined by OCGA §30-1-5.

Diagnostic Evaluations, Follow Up Audiological Care, and Enrollment into Early Intervention
Serving the DHH population can be challenging given its low incidence (i.e., the number of reported incidences of hearing loss in comparison to the general population) that is compounded by smaller populations outside of major metro areas and significant socioeconomic barriers. However, research clearly shows that children who are DHH who have been identified in early infancy, enrolled in early intervention by six months, and who have received appropriate, ongoing early intervention services will be on a path to academic success in the school age years.²⁸

Deliverable #2: This grant will address the need for an increased capacity in statewide rescreening and diagnostic evaluation services by providing professional learning and coaching for licensed audiologists providing audiological care for the pediatric population. Additionally, the grant will provide funding for a limited term (i.e., three years) pediatric audiologist position to address the significant backlog of diagnostic exams and follow-up hearing screenings.

Early Intervention, Early Childcare, and Preschool Programs (Birth to 5 Years of Age)
Recent developmental studies suggest children’s early learning is complex and multifaceted. Young children rely on a form of implicit learning that occurs as children interact with the world and acquire the language used in their culture (including ASL and spoken languages other than English).²⁹ This learning from exposure to language requires social settings and social interactions with other human beings.³⁰ This is especially important for children who are DHH as more than 95% of children in this population are born to speaking and hearing parents, but

²⁸ Moeller, M.P. (2000). Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*, 106(3), E43. (here’s the abstract: <https://www.ncbi.nlm.nih.gov/pubmed/10969127>)

²⁹ Kuhl, P. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind Brain Education*, 5(3), 128-142.

³⁰ Kuhl, P. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind Brain Education*, 5(3), 128-142.

because of their hearing losses, DHH children's access to spoken language is limited. Research shows that it is rare that hearing parents are fluent in a signed language (e.g., ASL) at the time of a child's birth.³¹ In fact, many hearing parents do not attain an ASL proficiency level that is conducive to appropriately communicate with their child in their child's natural language of ASL. As 85% of a child's brain development occurs by age five and optimal neural development is dependent on access to language and social interactions, appropriate and accessible professional learning opportunities for Georgia's early interventionists, early childcare providers, and preschool education professionals regarding language acquisition and support for DHH children are a necessity if Georgia is to optimize outcomes during this critical developmental window.³²

Deliverable #3: This grant will address the need for professional learning and ongoing coaching for those individuals working with young children who are DHH (birth to 5 years of age). Three online professional learning courses as well as ongoing coaching will be made available at no charge to participants through The Cox Campus, an online professional learning community housed within the Rollins Center at the Atlanta Speech School. The Cox Campus will provide a platform for sustainable statewide professional learning and remote coaching through synchronous and asynchronous methods. The Cox Campus courses will include: (1) universal training in identification procedures (i.e., signs of hearing loss and next steps for caregivers and professionals related to follow-up screening and diagnostic evaluations); (2) universal strategies that support language nutrition and early brain development; and (3) DHH-specific strategies for supporting language and learning for children who are DHH 0-5 years of age. Course content will be developed through a coordinated effort with DECAL and public and private early childcare providers. Professional learning will be approved for awarding state credit towards hours needed to meet childcare licensing requirements, and DECAL will explore ways to have the training reflected in the Quality Rated application process. The Georgia Parent Infant Network for Educational Services (Georgia PINES) will provide professional learning that will be tied to the SKIHI program and the Deaf Mentor Program. The GaDOE Division of State Schools will include statewide outreach for all LEAs serving DHH preschool students. This will increase the literacy proficiency of Georgia's DHH children and students from birth through 12th grade.

School-Age Programs (P-12)

Academic challenges for children who are DHH do not end when they reach school age. In fact, these challenges become significantly more difficult to address as children progress through their school career as there are few instructional practices, interventions, or curricula that are evidence-based for students who are DHH. In fact, there are only two evidence-based literacy interventions designed specifically for students who are DHH: (1) *Foundations for Literacy (FfL)*, an early literacy curriculum for children who are DHH aged 3 to 7 years (and older if used as remediation) who use spoken English, ASL, or any combination of the two (e.g., sign-supported speech), and (2) *Fingerspelling Our way to Reading (FOWR)*, a later literacy intervention for children who are DHH in K through 2nd grade (and older if used as remediation) who use ASL or sign-supported speech. Additional P-12 professional learning opportunities in

³¹ Marschark, M., Shaver, D., Nagle, K., & Newman, L.A. (2015). Predicting the academic achievement of deaf and hard-of-hearing students from individual, household, communication, and educational factors, *Exceptional Children*, 81(3), 350-369.

³² Georgia Early Education Alliance for Ready Students. <http://geears.org/wp-content/uploads/2011/05/GEEARSFactSheet.pdf>

the areas of social-emotional development (e.g., Theory of Mind), spoken language development (e.g., Fundamentals of Listening and Spoken Language), visual decoding strategies (e.g., Visual Phonics), and bilingual (ASL/English) instruction (e.g., Bedrock Literacy and Fairview Literacy Program for the Deaf) will be available.

Deliverable #4: This grant will address the need for professional learning in the two evidence-based interventions in Deaf Education (i.e., *FfL and FOWR*) as well as other DHH-focused strategies, interventions, and curricula for all Georgia teachers and educational professionals (e.g., paraprofessionals, Speech Language Pathologists, Educational Interpreters, etc.) serving students who are DHH (P-12). In order to ensure the most comprehensive access, these materials (e.g., universal instructional supports and intervention materials) and ongoing coaching (e.g., in-person and remote) must be available at no cost to teachers. The GaDOE Division of State Schools will support sustainable statewide professional learning and The Cox Campus will provide the platform for sustainable remote coaching through synchronous and asynchronous methods. Additionally, the implementation team leading this grant will work with Georgia State University's and Valdosta State University's Deaf Education Teacher Preparation Programs to embed training hours for each intervention into the degree programs to ensure future graduates will be trained to implement both evidence-based interventions when they enter the teaching profession. Additionally, there is need for a train-the-trainer model to build training and coaching capacity and sustainability for ongoing statewide professional learning, coaching, and data collection/analysis. This will increase the literacy proficiency of Georgia's children (birth to 5 years of age) and school aged students who are DHH (P-12).

Success is dependent upon equitable access to timely and appropriate hearing screenings, audiological care, early intervention and early childcare programs, and educational settings and professionals who use evidence-based interventions and instructional materials regardless of where a child may live. The components leading to success are part of the pillars of the Get Georgia Reading Campaign. Today, far too many children who are DHH are not proficient in language or literacy largely because of significant lack of access to appropriate and timely services. Therefore, children who are DHH are still experiencing epidemic levels of language and literacy delays which are untenable for this relatively small but high learning potential population. If Georgia commits to a radical change in adult behavior as it relates to supporting a sustainable, statewide ecosystem of caregivers and professionals responsible for the language and literacy outcomes for each child who is DHH, the state will move the needle in a positive direction regarding DHH students' reading proficiency. In fact, Georgia will be a leader in the nation in doing so.

L4GA Year One Literacy Plan

YEARS 2020-2021	NAME OF SCHOOL STATE SCHOOLS B-5	NAME OF DISTRICT STATE-WIDE			
OBJECTIVE, STRATEGY OR ACTIVITY	ASSESSMENTS, RESOURCES AND MATERIALS	TIMELINE	METHOD(S) OF EVALUATION	FUNDING SOURCE(S)	PERSON(S) RESPONSIBLE
<p>Address the need for statewide assessor trainings and assessment administration as well as data collection and data entry trainings for assessors for students who are DHH 0-8 years of age (i.e., birth to 3rd grade)</p>	<p>Specific Assessments to be determined by the OCGA 30-1-5 Stakeholder Advisory Committee</p> <p>A statewide lending library for assessment materials to be housed within the GaDOE Division of State Schools</p>	<p>Stakeholder Advisory Committee to complete assessments list by November 2020</p> <p>Assessor recruitment to begin May 2020</p> <p>Assessor training to begin in February 2021</p>	<p>Assessor evaluation to ensure appropriate administration and scoring will be evaluated in the training: trainers will model giving the assessments and score mock tests to determine scoring reliability</p> <p>Assessment results to be analyzed by the OCGA 30-1-5 Multiagency Taskforce</p> <p>Assessment data will be housed in the GaDOE’s Statewide Longitudinal Data System (SLDS)</p>	<p>L4GA</p>	<p>Lisa Buckner – State Schools Data Coordinator</p> <p>Stacey Tucci – State Schools Language and literacy Initiative Coordinator</p> <p>Georgia school districts serving students who are DHH</p> <p>Regional Assessment Administrators</p> <p>Members from OCGA 30-1-5 Multiagency Taskforce</p>
<p>Provide biannual language and literacy assessments to all children and students who are DHH 0-8 years/birth to 3rd grade</p>	<p>Language Assessments: American Sign Language (0-8 years), Spoken English (0-8 years), and/or home language (0-3 years only)</p> <p>Literacy Assessments: GKIDS, Georgia Milestones ELA Grade 3, and additional literacy assessments (PreK-3rd) as determined by the OCGA 30-1-5 Stakeholder Advisory Committee</p>	<p>First wave of Assessments to begin in August 2021 for school-age children and June of 2021 for early intervention-age children</p>	<p>Assessment results to be analyzed by the LEA and the OCGA 30-1-5 Multiagency Taskforce</p> <p>*results to be shared with early interventionists, teachers and parents</p>	<p>L4GA</p>	<p>Stacey Tucci – State Schools Language and literacy Initiative Coordinator</p> <p>Georgia school districts serving students who are DHH</p> <p>Regional Assessment Administrators</p>
<p>Increase state’s capacity to provide pediatric clients with diagnostic testing and rescreening (0-21 years of age)</p>	<p>Rescreening following Newborn Hearing Screening in Birthing Centers and Hospitals</p> <p>Diagnostic Examination: Auditory Brainstem Response (ABR)</p> <p>*necessary medical equipment and materials already acquired</p>	<p>Begin recruitment for the pediatric audiologist position when grant funds are confirmed</p>	<p>Number of completed rescreens, number of completed diagnostic exams, number of families served, State’s Early Hearing Identification and Detection (EHDI)</p>	<p>L4GA In-kind (equipment, teleservices, family planning/care coordination)</p>	<p>Dr. Jessica Bergeron – Director GaDOE State Schools Division Mobile Audiology Program</p>

YEARS 2020-2021	NAME OF SCHOOL STATE SCHOOLS B-5	NAME OF DISTRICT STATE-WIDE			
OBJECTIVE, STRATEGY OR ACTIVITY	ASSESSMENTS, RESOURCES AND MATERIALS	TIMELINE	METHOD(S) OF EVALUATION	FUNDING SOURCE(S)	PERSON(S) RESPONSIBLE
			numbers: 1-3-6 Benchmarks		
Professional Learning and Ongoing Coaching for: (1) Childcare Providers (0-5 years), (2) Early Interventionists (0-3 years), and (3) Preschool Teachers (3-5 years) serving children who are DHH	Three professional learning courses on the Cox Campus for professionals will include: (1) universal training in identification procedures (i.e., signs of hearing loss and next steps for caregivers and professionals related to follow-up screening and diagnostic evaluations), (2) universal strategies that support language nutrition and early brain development, and (3) DHH-specific strategies for supporting language and learning for children who are DHH 0-5 years of age.	Begin development of the online course when grant funds are confirmed	Number childcare providers, early interventionists, and preschool teachers completing online course (Cox Campus user analytics), number of professionals engaging in online coaching, number of referrals for services from targeted professionals	L4GA	Dr. Stacey Tucci – State Schools Language and Literacy Initiative Coordinator Comer Yates and Jennifer Wolford – Rollins Center at the Atlanta Speech School Members from OCGA 30-1-5 Multiagency Taskforce Jennie Couture DECAL
Address the need for statewide teacher trainings and coaching for current SPED Preschool Teachers and School-age Teachers (K-12) in <i>Foundations for Literacy (FfL)</i> and <i>Fingerspelling Our Way to Reading (FOWR)</i>	<i>Foundations for Literacy</i> and <i>Fingerspelling Our Way to Reading</i> training materials	Trainer recruitment to begin May 2020 Training to begin in January 2021	Trainer evaluation to ensure appropriate training and coaching will be evaluated in the training: trainers will model giving the training and respond to hypothetical coaching situations Check-ins will be required for all trainers in the first year of training/coaching Teacher feedback will be collected regarding training and coaching experiences	L4GA Inkind - GaDOE State Schools Division	Dr. Stacey Tucci GaDOE State Schools Language and Literacy Initiative Coordinator Vanessa Robisch GaDOE State Schools DHH Outreach Statewide Regional Teacher Trainers

YEARS 2020-2021	NAME OF SCHOOL STATE SCHOOLS B-5	NAME OF DISTRICT STATE-WIDE			
OBJECTIVE, STRATEGY OR ACTIVITY	ASSESSMENTS, RESOURCES AND MATERIALS	TIMELINE	METHOD(S) OF EVALUATION	FUNDING SOURCE(S)	PERSON(S) RESPONSIBLE
<p>Professional Learning and Coaching for current SPED Preschool Teachers and School-age Teachers (K-12) in <i>Foundations for Literacy (FfL)</i> and <i>Fingerspelling Our Way to Reading (FOWR)</i></p>	<p><i>Foundations for Literacy and Fingerspelling Our Way to Reading</i> curriculum materials for each teacher/classroom</p> <p>Online and in-person coaching forms, teacher and paraprofessional feedback forms, fidelity of implementation forms, curriculum progress monitoring</p>	<p>Some training is already underway at the request of LEAs and at the annual IDEAS Conference in St. Simons, GA in June 2020</p>	<p>Number of teachers trained; number of trained teachers implementing one or both curriculums</p> <p>Classroom observation (live or remote); data from Online and in-person coaching forms, teacher and paraprofessional feedback forms, fidelity of implementation forms, curriculum</p>	<p>L4GA</p>	<p>Dr. Stacey Tucci GaDOE State Schools Language and Literacy Initiative Coordinator</p> <p>Vanessa Robisch GaDOE State Schools DHH Outreach Statewide</p> <p>Georgia LEAs where cooperating teachers are employed</p>
<p>Professional Learning and Coaching for current Georgia State University and Valdosta State University Deaf Education Student Teachers in <i>Foundations for Literacy (FfL)</i> and <i>Fingerspelling Our Way to Reading (FOWR)</i></p>	<p><i>Foundations for Literacy and Fingerspelling Our Way to Reading</i> curriculum materials for each teacher/classroom</p> <p>Online and in-person coaching forms, teacher forms, fidelity of implementation forms, curriculum progress monitoring</p>	<p>To begin with the first graduating class at each university in Spring 2021</p>	<p>Number of preservice teachers trained; number of trained graduates obtaining employment in Georgia schools with students who are DHH; number of trained teachers implementing one or both curriculums</p> <p>Classroom observation (live or remote); data from Online and in-person coaching forms, teacher and paraprofessional feedback forms, fidelity of implementation forms, curriculum progress monitoring</p>	<p>L4GA</p>	<p>Dr. Stacey Tucci GaDOE State Schools Language and Literacy Initiative Coordinator</p> <p>Dr. Judith Emerson Georgia State University</p> <p>Dr. Nanci Scheetz Valdosta State University</p> <p>Georgia LEAs where graduating teachers are employed</p>

Conclusion

The scope of the work above is broad and deep and will require the support of the governor and the General Assembly in order to be fully addressed. There is an economic cost associated with not meeting the language and literacy needs of children who are DHH: (1) the lifetime educational cost of hearing loss has been estimated at \$115,600 per child over the course of their educational career³³, (2) the annual cost of \$30,000 in household income per family due to unidentified and unmanaged hearing loss results in a negative economic impact for Georgia due to unrealized taxes.³⁴

While the incidence (i.e., rate of occurrence) of children who are DHH may be low when compared to other child populations, it is imperative that the state strive to reach a point where *every* child who is DHH is diagnosed promptly and is receiving every resource he/she needs in order to reach his/her full potential – starting with age appropriate language and culminating with reading proficiency by the end of third grade.

The state has access to a vast amount of technology, resources, and education that may be used to propel children who are DHH to their full potential; it is unacceptable that so many children who are DHH are lost by the ecosystem and vulnerable to significantly delayed outcomes as these delays are entirely *preventable*. In order to increase the number of children who are DHH who are meeting and/or exceeding language and literacy milestones, the OCGA 30-1-5 multiagency task force will continue to work together in order to prioritize and implement actionable programs.

³³ Grosse SD. Education cost savings from early detection of hearing loss: New findings. *Volta Voices* 2007;14(6):38-40. <https://www.cdc.gov/ncbddd/hearingloss/data.html>

³⁴ Better Hearing Institute. The Impact of Untreated Hearing Loss on Household Income Hearing Aid Assistance Tax Credit. <http://www.hearingaidtaxcredit.org/index-jump1.cfm>

Appendix A: Appointees for the Georgia Commission for the Deaf or Hard of Hearing (GCDHH)

The GCDHH is comprised of 12 members, ten of whom are appointed by the governor. The Senate Committee on Assignments appoints one member, and the Speaker of the House of Representatives appoints the final member. The GCDHH serves as the principal agency of the state to advocate on behalf of persons who are DHH by working to ensure those persons have equal access to the services, programs, and opportunities available to others. The GCDHH assists children who are DHH and their parents in advocating for equal access to services, programs, and opportunities, advises the governor, General Assembly, Commissioner of Human Services, and the Commissioner of Community Health on the development of policies, programs, and services affecting people who are DHH and on the use of appropriate federal and state moneys for such purposes.

Position	Appointee	Current Commissioner
DHH adult – ASL	Governor	Jimmy Peterson
DHH adult – English	Governor	Jennifer Clark
DHH adult – English and ASL	Governor	Ellen Rolader
Deaf-Blind Adult	Governor	Dana Tarter
Late deafened (after 18 years)	Governor	Jim Lynch
Parent of DHH Child – English	Governor	Kelly Jenkins
Parent of DHH Child – ASL	Governor	Deshonda Washington
Otolaryngologist or Audiologist	Governor	Dr. Jiovanne Hughart
Private Provider of Services for DHH	Governor	Comer Yates*
Person involved w/Programs for DHH	Governor	Dr. Amy Lederberg
At Large	Senate Committee on Assignments	Dr. Chip Goldsmith
At Large	Speaker of the House	Dr. Beth Lytle
Current Chairperson	GCDHH votes	Comer Yates

Appendix B: Appointees for the Multiagency Task Force

Created within the GCDHH is a multiagency task force for the purposes of establishing a system of collaborative governance responsible for:

- making recommendations to the General Assembly and the governor regarding essential improvements to the statewide system of developmental and educational services that support age appropriate language and on-grade-level literacy proficiency for children who are DHH from birth to third grade,
- engaging with stakeholders at the Department of Public Health (DPH), the Department of Early Care and Learning (DECAL), and the Department of Education (DOE) to ensure a seamless, integrated system of care from birth to literacy for children who are DHH, and
- developing and supporting interagency practices and policies that support the implementation of individualized birth to literacy plans for each child who is DHH.

Position	Current Representative
Chairperson of GCDHH	Comer Yates – Atlanta Speech School Executive Director
Executive Director of Task Force	Dr. Stacey Tucci – The DOE Language and Literacy Initiative Director
The DOE – Direct authority over Deaf Education	Dr. Kenney Moore – Executive Director of the GaDOE Division of State Schools
The DPH – Direct authority over Early Intervention	LaToya Osmani – Health Promotions Director Jeannine Galloway – Maternal and Child Health Director Judith Kerr – Child Health Screening Program Deputy Director Lisa Pennington – Babies Can’t Wait Director
The DECAL – Authority over Preschool Programs	Jennie Couture – Practice and Support Services Director
The DPH – State EHDI Coordinator	Dr. Brandt Culpepper – Early Hearing Detection and Intervention Team Lead
The DPH – Direct Responsibility over Data Management	Michael Lo – EHDI Epidemiologist/Evaluator
The DOE – Direct Responsibility over Data Management	Levette Williams – Chief Privacy Officer
State Board of Education Member	Scott Johnson – State Board of Education Chair
Georgia Technology Authority	Steve Nichols – Chief Technology Officer Nikhil Deshpande – Chief Digital Officer Cameron Fash – Director of Intergovernmental Relations

Appendix C: Appointees for Stakeholder Advisory Committee

A stakeholder advisory committee was created to provide information and guidance to the multiagency task force regarding the following deliverables:

- (1) a list of developmental milestones necessary for progressing toward age appropriate language and English literacy proficiency by the end of third grade
- (2) a comprehensive and accurate web and print based resource for parents and professionals
- (3) a list of currently available assessments appropriate for evaluating an individual child's progress towards age appropriate language and English literacy proficiency
- (4) an individual report of a child's current functioning, developed in collaboration with professionals and the parents or caregivers, that will be used for the purpose of monitoring a child's progress toward age appropriate language and English literacy proficiency by the end of third grade

The stakeholder advisory committee is comprised of 13 members appointed by the GCDHH based upon the following criteria for each member as described in the table below.

Position	Current Representative
Parent of DHH Child under 10 – ASL (child’s language)	Krystle Wilson
Parent of DHH Child under 10 – Spoken English (child’s language)	Katie Hope
Parent of DHH Child under 10 – English as second language (home language)	Lauren Sangaline
DHH Adult – ASL	Vyron Kinson
DHH Adult – Spoken English	Jonathan Brilling
Early Interventionist – ASL	Lisa Collis
Early Interventionist – Spoken English	Debbie Brilling
Early Interventionist – non-Metro Area	Dr. Heidi Evans
Teacher – Spoken English, non-Metro School	Kathy Lyons
Teacher – ASL and Spoken English	Cherie Wren
Deaf Teacher – ASL, State School for the Deaf	Wende Grass
Teacher – Spoken English, Metro School	Lesley Cauble
Pediatric Audiologist	Dr. Jill Maddox

Appendix D: O.C.G.A § 30-1-5 [HB 844 (2018) signed as Act 462 (2018)]

(a) As used in this Code section, the term:

(1) "American Sign Language" means a completely visual language with its own pragmatics, syntax, and semantics. Conceptual information expressed in American Sign Language is the same as in Spoken English but is expressed using signs and nonmanual markers.

(2) "Birth to literacy plan" means a longitudinal plan developed and implemented by the multiagency task force created pursuant to subsection (c) of this Code section to ensure that each child who is deaf or hard of hearing develops his or her maximal language and literacy abilities. This plan may include, but is not limited to, a child's Individualized Family Service Plan and Individualized Education Program.

(3) "Commission" means the Georgia Commission for the Deaf or Hard of Hearing.

(4) "Deaf or hard of hearing" means possession of hearing levels, absent the aid of a hearing device, that in any way impedes an individual's ability to perceive sound.

(5) "Home language" means a language that is most commonly spoken by members of a family for everyday interactions at home, including English and all foreign languages.

(6) "Individualized Education Program" means a written education plan for children in special education, from age three through high school graduation or a maximum age of 22, that is meant to address each child's unique learning issues and include specific educational goals. The plan shall be created through a team effort and reviewed periodically.

(7) "Individualized Family Service Plan" means a plan for special services for young children, from birth to age three, with developmental delays. The plan is developed with the service coordinator, the family, and other professionals. The plan is set up to identify individual supports and services that will enhance the child's development. The plan must include an assessment of the child's present level of development, a statement of goals, and support services that will be put in place to achieve those goals, and the date services begin.

(8) "Language" means the age appropriate development of human communication, spoken, written, or signed, consisting of the use of words and signs in a structured and conventional way.

(9) "Literacy" means age appropriate, on-grade-level development of the comprehension and production of written text in English.

(10) "Nonmanual markers" means various facial expressions, head tilting, shoulder raising, mouthing, and similar signals added to hand signs to create meaning.

(11) "Spoken English" means when the English language is produced by one's voice for the purpose of linking words together to convey meaning that can also be written. Spoken English is perceived through listening and speech reading.

(b) (1) (A) There is created the Georgia Commission for the Deaf or Hard of Hearing, which shall consist of 12 members. Ten of the members shall be appointed by the Governor as follows: one member shall be deaf or hard of hearing whose primary language is American Sign Language, one member shall be deaf or hard of hearing whose primary languages are Spoken English and American Sign Language, one member shall be deaf-blind, one member shall be deaf or hard of hearing whose primary language is Spoken English, one member who became deaf after the age of 18 years, one member shall be a parent of a child who uses Spoken English exclusively, one member shall be a parent of a child who uses American Sign Language, one member shall be an otolaryngologist or audiologist who serves people who are deaf or hard of hearing, one member shall be a private provider of services for people who are deaf or hard of hearing, and one member shall be involved with programs that serve people who are deaf or hard of hearing. An additional two members shall be appointed as follows: one member shall be appointed by the Senate Committee on Assignments, and one member shall be appointed by the Speaker of the House of Representatives. Each commission member shall serve for a three-year term and until a successor is appointed and qualified. No member shall serve more than two consecutive terms. Any vacancy on the commission for any reason other than expiration of term shall be filled in the same manner as the original appointment for the remainder of the unexpired term.

(B) The commission shall select one member as chairperson.

(C) The commission shall be attached to the Department of Human Services for administrative purposes only as provided by Code Section 50-4-3.

(2) Members of the commission shall serve as such without compensation.

(3) The commission shall serve as the principal agency of the state to advocate on behalf of deaf or hard of hearing persons by working to ensure those persons have equal access to the services, programs, and opportunities available to others.

(4) The commission shall:

(A) Assist deaf or hard of hearing persons and parents of such persons who are students in advocating for equal access to services, programs, and opportunities;

(B) Advise the Governor, General Assembly, commissioner of human services, and commissioner of community health on the development of policies, programs, and services affecting deaf or hard of hearing persons and on the use of appropriate federal and state moneys for such purposes;

(C) Create a public awareness of the special needs and potential of deaf or hard of hearing persons;

(D) Provide the Governor, General Assembly, commissioner of human services, and commissioner of community health with a review of ongoing services, programs, and proposed legislation affecting deaf or hard of hearing persons;

(E) Advise the Governor, General Assembly, commissioner of human services, and commissioner of community health on statutes, rules, and policies necessary to ensure that deaf or hard of hearing persons have equal access to benefits and services provided to individuals in this state;

(F) Recommend to the Governor, General Assembly, commissioner of human services, and commissioner of community health legislation designed to improve the economic and social conditions of deaf or hard of hearing persons in this state;

(G) Propose solutions to problems of deaf or hard of hearing persons in the areas of education, employment, human rights, human services, health, housing, and other related programs;

(H) Work with other state and federal agencies and private organizations to promote economic development for deaf or hard of hearing persons; and

(I) Coordinate its efforts with other state and local agencies serving deaf or hard of hearing persons.

(5) The commission may appoint, subject to the availability of funds and approval of the Governor, an executive director who must be experienced in administrative activities and familiar with the problems and needs of deaf or hard of hearing persons. The commission may delegate to the executive director any powers and duties under this subsection that do not require commission approval. The executive director may be removed at any time by a majority vote of the commission. The executive director shall coordinate the provision of necessary support services to the commission with the Department of Human Services. Subject to availability of funds, the executive director may employ and direct staff necessary to carry out commission mandates, policies, activities, and objectives.

(6) The commission may contract in its own name. Contracts must be approved by a majority of the members of the commission and executed by the chairperson and the executive director. The commission may apply for, receive, and expend in its own name grants and gifts of money consistent with the powers and duties specified in this subsection.

(7) The commission may prepare and distribute periodic reports to the Governor, General Assembly, commissioner of human services, and commissioner of community health concerning the activities of the commission and the needs and concerns of deaf or hard of hearing persons.

(c)

(1) There is created within the Georgia Commission for the Deaf or Hard of Hearing a multiagency task force for the purposes of establishing a system of collaborative governance responsible for making recommendations to the General Assembly and the Governor regarding essential improvements to the state-wide system of developmental and educational services that support age-appropriate language and literacy proficiency for children who are deaf or hard of hearing from birth to third grade; engaging with stakeholders at the

Department of Public Health, the Department of Early Care and Learning, and the Department of Education to ensure a seamless, integrated system of care from birth to literacy for children who are deaf or hard of hearing; and developing and supporting interagency practices and policies that support the implementation of individualized birth to literacy plans for each child who is deaf or hard of hearing.

(2) The multiagency task force shall consist of eight members appointed by the Georgia Commission for the Deaf or Hard of Hearing. Such appointed members shall include: the chairperson of the commission, one member from the Department of Education with direct authority over deaf education in the state, one member from the Department of Public Health with direct authority over the early intervention program, one member from the Department of Early Care and Learning with direct authority over the preschool program, the coordinator of the early hearing detection and intervention program administered by the Department of Public Health, one member from the Department of Public Health with direct responsibility of current data management systems which track and monitor early identification and intervention for deaf or hard of hearing children, one member from the Department of Education with direct responsibility of current data management systems which track, monitor, and assess deaf or hard of hearing children, and one member from the State Board of Education. Each task force member shall serve for a three-year term and until a successor is appointed and qualified. No member shall serve more than two consecutive terms. Any vacancy on the task force for any reason other than expiration of term shall be filled in the same manner as the original appointment for the remainder of the unexpired term. A quorum of the task force shall be two-thirds of the members of the task force. Action of the task force shall require a two-thirds' vote of the entire task force membership.

(3) The task force may appoint, subject to the availability of funds and approval of the chairperson, an executive director who must be experienced in administrative activities and familiar with the individualized needs of children who are deaf or hard of hearing. The task force may delegate to the executive director any powers and duties required to facilitate the task force's policies, activities, and objectives. The executive director may be removed, at any time, by a majority vote of the task force. The executive director shall coordinate with the Department of Human Services to provide necessary support services to the task force.

(4) The chairperson shall call an organizational meeting of the task force on or before August 1, 2018.

(d)

(1) There is created a stakeholder advisory committee to provide information and guidance to the task force created pursuant to subsection (c) of this Code section.

(2) The stakeholder advisory committee shall consist of 13 members appointed by the commission based upon the following criteria for each member:

(A) A parent of a child, under ten years of age, who is deaf or hard of hearing and who uses American Sign Language;

(B) A parent of a child, under ten years of age, who is deaf or hard of hearing and who uses Spoken English exclusively;

(C) A parent of a child, under ten years of age, who is deaf or hard of hearing and for whom English is a second language;

(D) An adult who is deaf or hard of hearing who uses American Sign Language;

(E) An adult who is deaf or hard of hearing who uses Spoken English exclusively;

(F) A certified early intervention specialist who works with children from birth to three years of age using American Sign Language;

(G) A certified early intervention specialist who works with children from birth to three years of age using Spoken English exclusively;

(H) A certified early intervention specialist with experience in non-Metro Atlanta areas;

(I) A certified teacher who uses Spoken English exclusively during instruction for deaf or hard of hearing children in pre-kindergarten through third grade in non-Metro Atlanta school systems;

(J) A certified teacher who uses both American Sign Language and Spoken English during instruction for deaf or hard of hearing children between pre-kindergarten through third grade;

(K) A certified deaf teacher who uses American Sign Language during instruction for deaf or hard of hearing children in pre-kindergarten through third grade in a state school for the deaf;

(L) A certified teacher who uses Spoken English exclusively during instruction for deaf or hard of hearing children in pre-kindergarten through third grade in Metro Atlanta school systems; and

(M) A pediatric audiologist with knowledge of language development who provides audiological assessment and management for hearing aids, cochlear implants, and bone-conduction aids for children who are deaf or hard of hearing.

(3) Each committee member shall serve for a three-year term and until a successor is appointed and qualified. No member shall serve more than two consecutive terms. Any vacancy on the committee for any reason other than expiration of term shall be filled in the same manner as the original appointment for the remainder of the unexpired term. Seven members of the committee shall constitute a quorum. Action of the committee shall require a two-thirds' vote of the entire committee membership.

(e) The task force, with counsel from the stakeholder advisory committee, shall provide the commission:

(1) A list of developmental milestones necessary for progressing toward age-appropriate language, including American Sign Language, Spoken English, and home language

milestones, and English literacy proficiency by the end of third grade for deaf or hard of hearing children;

(2) A comprehensive and accurate resource, web-based and print-based, for use by parents and professionals to monitor the individual progress of children who are deaf or hard of hearing toward age-appropriate language as chosen by a parent or guardian, including American Sign Language, Spoken English, home language, and English literacy proficiency, by the end of third grade;

(3) A list of currently available assessments appropriate for evaluating an individual child's progress toward age-appropriate language as chosen by a parent or guardian, including American Sign Language, Spoken English, home language, and English literacy proficiency, by the end of third grade, and a standard administration schedule for each type of assessment. There shall be, at a minimum, one language assessment every six months and one literacy assessment every six months beginning at the date of enrollment in early intervention or school; and

(4) An individual report of a child's current functioning, developed in collaboration with professionals and the parents or caregivers, that will be used for the purpose of supporting a child's progress toward age-appropriate language as chosen by a parent or guardian and English literacy proficiency by the end of third grade.

(f) The recommendations provided for in subsection (e) of this Code section shall require a two-thirds' affirmative vote of the entire task force membership prior to implementation. It is the intent of the General Assembly that all costs associated with the implementation of such recommendations shall be funded, as available, by the funds designated to the Department of Public Health, the Department of Early Care and Learning, and the Department of Education, or local school systems.

(g)

(1) The Georgia Technology Authority, in conjunction with the Department of Public Health, the Department of Early Care and Learning, and the Department of Education, shall establish a process by which early intervention, early learning, and school age educational data for children who are deaf or hard of hearing will be shared among agencies and used to gauge the progress of age-appropriate and on-grade-level student performance from birth through high school graduation for every child who is deaf or hard of hearing. This data shall be used to align early intervention and educational services and performance for children who are deaf or hard of hearing. Interagency data management shall allow for the sharing of demographic information and other data among agencies to ensure a seamless and integrated service delivery from birth through high school graduation. Parents or guardians may opt out of the data management, if desired.

(2) In order to identify and monitor the language and literacy progress of all children in Georgia who are diagnosed as deaf or hard of hearing on or after August 1, 2018, all such children shall receive Georgia Testing Identification Numbers (GTIDs) from the Department of Education once the Department of Public Health receives an official diagnosis of hearing loss from a certified audiologist. The Department of Public Health shall be responsible for requesting GTIDs from the Department of Education on a monthly schedule. The Department of Public Health shall be responsible for entering the GTIDs into the Early Hearing Detection and Intervention Database used to monitor children who are deaf or hard of hearing. At the

time of transition, the Department of Public Health shall be responsible for sharing GTIDs and language and literacy data with the Department of Early Care and Learning and the Department of Education to ensure a seamless and integrated service delivery from Part C to Part B of the Individuals with Disabilities Education Act (IDEA). Any gathering and sharing of data under this provision must comply with Health Insurance Portability and Accountability Act (HIPAA), Family Education Rights and Privacy Act (FERPA), and IDEA, and any other applicable federal or state law.

(h) A report detailing the provision of early intervention and school-age services and the language and literacy outcomes for children who are deaf or hard of hearing between the ages of birth and eight years shall be completed on or before September 1, 2019, and a similar report shall be completed on or before September 1 every year thereafter. Such report shall be jointly authored by the Department of Public Health, the Department of Early Care and Learning, and the Department of Education and approved by the commission and the advisory committee. The commission shall make the report available to the public on its website and present this report to the Governor and General Assembly no later than September 15, 2019, and every September 15 thereafter.

History:

Code 1981, § 30-1-5, enacted by Ga. L. 1989, p. 1636, § 1; Ga. L. 2007, p. 241, § 1/ HB 655; Ga. L. 2009, p. 453, §§ 2-2, 2-4/ HB 228; Ga. L. 2018, p. 899, § 1/ HB 844.

House Bill 844 (AS PASSED HOUSE AND SENATE)

By: Representatives Houston of the 170th, Coleman of the 97th, Nix of the 69th, Dempsey of the 13th, and Hatchett of the 150th

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 1 of Title 30 of the Official Code of Georgia Annotated, relating to
2 handicapped persons generally, so as to revise provisions relating to the Georgia Commission
3 on Hearing Impaired and Deaf Persons; to provide for definitions; to expand the membership
4 of the commission; to establish a task force; to require use of existing assessments to monitor
5 individual children's language and literacy progress; to establish parents' and guardians' right
6 to make choices regarding their children's mode of communication; to develop a state-wide
7 coordinated longitudinal data management system for all children who are deaf or hard of
8 hearing; to require information sharing and collaboration among state agencies; to provide
9 integrated and seamless services from birth through literacy; to require public reporting
10 mechanisms; to provide for related matters; to provide for an effective date; to repeal
11 conflicting laws; and for other purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 style="text-align:center">**SECTION 1.**

14 Chapter 1 of Title 30 of the Official Code of Georgia Annotated, relating to handicapped
15 persons generally, is amended by revising Code Section 30-1-5, relating to "hearing impaired
16 person" defined and the Georgia Commission on Hearing Impaired and Deaf Persons, as
17 follows:

18 "30-1-5.

19 (a) ~~For purposes of this Code section, the term 'hearing impaired person' means any person~~
20 ~~who, absent the aid of a hearing device, has any degree of impairment in the ability to~~
21 ~~apprehend sound:~~ As used in this Code section, the term:

22 (1) 'American Sign Language' means a completely visual language with its own
23 pragmatics, syntax, and semantics. Conceptual information expressed in American Sign
24 Language is the same as in Spoken English but is expressed using signs and nonmanual
25 markers.

H. B. 844

- 1 -

- 26 (2) 'Birth to literacy plan' means a longitudinal plan developed and implemented by the
 27 multiagency task force created pursuant to subsection (c) of this Code section to ensure
 28 that each child who is deaf or hard of hearing develops his or her maximal language and
 29 literacy abilities. This plan may include, but is not limited to, a child's Individualized
 30 Family Service Plan and Individualized Education Program.
- 31 (3) 'Commission' means the Georgia Commission for the Deaf or Hard of Hearing.
- 32 (4) 'Deaf or hard of hearing' means possession of hearing levels, absent the aid of a
 33 hearing device, that in any way impedes an individual's ability to perceive sound.
- 34 (5) 'Home language' means a language that is most commonly spoken by members of a
 35 family for everyday interactions at home, including English and all foreign languages.
- 36 (6) 'Individualized Education Program' means a written education plan for children in
 37 special education, from age three through high school graduation or a maximum age of
 38 22, that is meant to address each child's unique learning issues and include specific
 39 educational goals. The plan shall be created through a team effort and reviewed
 40 periodically.
- 41 (7) 'Individualized Family Service Plan' means a plan for special services for young
 42 children, from birth to age three, with developmental delays. The plan is developed with
 43 the service coordinator, the family, and other professionals. The plan is set up to identify
 44 individual supports and services that will enhance the child's development. The plan
 45 must include an assessment of the child's present level of development, a statement of
 46 goals, and support services that will be put in place to achieve those goals, and the date
 47 services begin.
- 48 (8) 'Language' means the age appropriate development of human communication,
 49 spoken, written, or signed, consisting of the use of words and signs in a structured and
 50 conventional way.
- 51 (9) 'Literacy' means age appropriate, on-grade-level development of the comprehension
 52 and production of written text in English.
- 53 (10) 'Nonmanual markers' means various facial expressions, head tilting, shoulder
 54 raising, mouthing, and similar signals added to hand signs to create meaning.
- 55 (11) 'Spoken English' means when the English language is produced by one's voice for
 56 the purpose of linking words together to convey meaning that can also be written.
 57 Spoken English is perceived through listening and speech reading.
- 58 (b)(1)(A) There is created the Georgia Commission on Hearing Impaired and for the
 59 Deaf or Hard of Hearing, which shall consist of seven 12 members. Five Ten of the
 60 members shall be appointed by the Governor, as follows: one member shall be deaf or
 61 hard of hearing whose primary language is American Sign Language, one member shall
 62 be deaf or hard of hearing whose primary languages are Spoken English and American

63 Sign Language, one member shall be deaf-blind, one member shall be deaf or hard of
 64 hearing whose primary language is Spoken English, one member who became deaf
 65 after the age of 18 years, one member shall be a parent of a child who uses Spoken
 66 English exclusively, one member shall be a parent of a child who uses American Sign
 67 Language, one member shall be an otolaryngologist or audiologist who serves people
 68 who are deaf or hard of hearing, one member shall be a private provider of services for
 69 people who are deaf or hard of hearing, and one member shall be involved with
 70 programs that serve people who are deaf or hard of hearing. An additional two
 71 members shall be appointed as follows: one member shall be appointed by the Senate
 72 Committee on Assignments, and one member shall be appointed by the Speaker of the
 73 House of Representatives. At least two of the members shall be hearing-impaired
 74 persons, and the remaining five members of the commission shall be selected from
 75 among parents of children who are hearing-impaired persons, persons who are involved
 76 with hearing-impaired persons or programs, and representatives of private providers of
 77 services to hearing-impaired persons. Each commission member shall serve for a
 78 three-year term and until a successor is appointed and qualified. No member shall serve
 79 more than two consecutive terms. Any vacancy on the commission for any reason other
 80 than expiration of term shall be filled in the same manner as the original appointment
 81 for the remainder of the unexpired term.

82 (B) The commission shall select one member as chairperson.

83 (C) The commission shall be attached to the Department of Human Services for
 84 administrative purposes only as provided by Code Section 50-4-3.

85 (2) Members of the commission shall serve as such without compensation.

86 (3) The commission shall serve as the principal agency of the state to advocate on behalf
 87 of deaf or hard of hearing impaired persons by working to ensure those persons have
 88 equal access to the services, programs, and opportunities available to others.

89 (4) The commission shall:

90 (A) Assist hearing-impaired persons and parents of hearing-impaired persons deaf or
 91 hard of hearing persons and parents of such persons who are students in advocating for
 92 equal access to services, programs, and opportunities;

93 (B) Advise the Governor, General Assembly, commissioner of human services, and
 94 commissioner of community health on the development of policies, programs, and
 95 services affecting hearing-impaired persons deaf or hard of hearing persons and on the
 96 use of appropriate federal and state moneys for such purposes;

97 (C) Create a public awareness of the special needs and potential of hearing-impaired
 98 persons deaf or hard of hearing persons;

- 99 (D) Provide the Governor, General Assembly, commissioner of human services, and
 100 commissioner of community health with a review of ongoing services, programs, and
 101 proposed legislation affecting ~~hearing impaired persons deaf or hard of hearing persons~~;
 102 (E) Advise the Governor, General Assembly, commissioner of human services, and
 103 commissioner of community health on statutes, rules, and policies necessary to ensure
 104 that ~~hearing impaired persons deaf or hard of hearing persons~~ have equal access to
 105 benefits and services provided to individuals in this state;
 106 (F) Recommend to the Governor, General Assembly, commissioner of human services,
 107 and commissioner of community health legislation designed to improve the economic
 108 and social conditions of ~~hearing impaired persons deaf or hard of hearing persons~~ in
 109 this state;
 110 (G) Propose solutions to problems of ~~hearing impaired persons deaf or hard of hearing~~
 111 ~~persons~~ in the areas of education, employment, human rights, human services, health,
 112 housing, and other related programs;
 113 (H) Work with other state and federal agencies and private organizations to promote
 114 economic development for ~~hearing impaired persons deaf or hard of hearing persons~~;
 115 and
 116 (I) Coordinate its efforts with other state and local agencies serving ~~hearing impaired~~
 117 ~~persons deaf or hard of hearing persons~~.
- 118 (5) The commission may appoint, subject to the availability of funds and approval of the
 119 Governor, an executive director who must be experienced in administrative activities and
 120 familiar with the problems and needs of ~~deaf or hard of hearing impaired persons~~. The
 121 commission may delegate to the executive director any powers and duties under this
 122 subsection that do not require commission approval. The executive director may be
 123 removed at any time by a majority vote of the commission. The executive director shall
 124 coordinate the provision of necessary support services to the commission with the
 125 Department of Human Services. Subject to availability of funds, the executive director
 126 may employ and direct staff necessary to carry out commission mandates, policies,
 127 activities, and objectives.
- 128 (6) The commission may contract in its own name. Contracts must be approved by a
 129 majority of the members of the commission and executed by the chairperson and the
 130 executive director. The commission may apply for, receive, and expend in its own name
 131 grants and gifts of money consistent with the powers and duties specified in this
 132 subsection.
- 133 (7) The commission may prepare and distribute periodic reports to the Governor, General
 134 Assembly, commissioner of human services, and commissioner of community health

135 concerning the activities of the commission and the needs and concerns of deaf or hard
136 of hearing impaired persons.

137 (c)(1) There is created within the Georgia Commission for the Deaf or Hard of Hearing
138 a multiagency task force for the purposes of establishing a system of collaborative
139 governance responsible for making recommendations to the General Assembly and the
140 Governor regarding essential improvements to the state-wide system of developmental
141 and educational services that support age-appropriate language and literacy proficiency
142 for children who are deaf or hard of hearing from birth to third grade; engaging with
143 stakeholders at the Department of Public Health, the Department of Early Care and
144 Learning, and the Department of Education to ensure a seamless, integrated system of
145 care from birth to literacy for children who are deaf or hard of hearing; and developing
146 and supporting interagency practices and policies that support the implementation of
147 individualized birth to literacy plans for each child who is deaf or hard of hearing.

148 (2) The multiagency task force shall consist of eight members appointed by the Georgia
149 Commission for the Deaf or Hard of Hearing. Such appointed members shall include:
150 the chairperson of the commission, one member from the Department of Education with
151 direct authority over deaf education in the state, one member from the Department of
152 Public Health with direct authority over the early intervention program, one member from
153 the Department of Early Care and Learning with direct authority over the preschool
154 program, the coordinator of the early hearing detection and intervention program
155 administered by the Department of Public Health, one member from the Department of
156 Public Health with direct responsibility of current data management systems which track
157 and monitor early identification and intervention for deaf or hard of hearing children, one
158 member from the Department of Education with direct responsibility of current data
159 management systems which track, monitor, and assess deaf or hard of hearing children,
160 and one member from the State Board of Education. Each task force member shall serve
161 for a three-year term and until a successor is appointed and qualified. No member shall
162 serve more than two consecutive terms. Any vacancy on the task force for any reason
163 other than expiration of term shall be filled in the same manner as the original
164 appointment for the remainder of the unexpired term. A quorum of the task force shall
165 be two-thirds of the members of the task force. Action of the task force shall require a
166 two-thirds' vote of the entire task force membership.

167 (3) The task force may appoint, subject to the availability of funds and approval of the
168 chairperson, an executive director who must be experienced in administrative activities
169 and familiar with the individualized needs of children who are deaf or hard of hearing.
170 The task force may delegate to the executive director any powers and duties required to
171 facilitate the task force's policies, activities, and objectives. The executive director may

172 be removed, at any time, by a majority vote of the task force. The executive director shall
 173 coordinate with the Department of Human Services to provide necessary support services
 174 to the task force.
 175 (4) The chairperson shall call an organizational meeting of the task force on or before
 176 August 1, 2018.
 177 (d)(1) There is created a stakeholder advisory committee to provide information and
 178 guidance to the task force created pursuant to subsection (c) of this Code section.
 179 (2) The stakeholder advisory committee shall consist of 13 members appointed by the
 180 commission based upon the following criteria for each member:
 181 (A) A parent of a child, under ten years of age, who is deaf or hard of hearing and who
 182 uses American Sign Language;
 183 (B) A parent of a child, under ten years of age, who is deaf or hard of hearing and who
 184 uses Spoken English exclusively;
 185 (C) A parent of a child, under ten years of age, who is deaf or hard of hearing and for
 186 whom English is a second language;
 187 (D) An adult who is deaf or hard of hearing who uses American Sign Language;
 188 (E) An adult who is deaf or hard of hearing who uses Spoken English exclusively;
 189 (F) A certified early intervention specialist who works with children from birth to three
 190 years of age using American Sign Language;
 191 (G) A certified early intervention specialist who works with children from birth to
 192 three years of age using Spoken English exclusively;
 193 (H) A certified early intervention specialist with experience in non-Metro Atlanta
 194 areas;
 195 (I) A certified teacher who uses Spoken English exclusively during instruction for deaf
 196 or hard of hearing children in pre-kindergarten through third grade in non-Metro
 197 Atlanta school systems;
 198 (J) A certified teacher who uses both American Sign Language and Spoken English
 199 during instruction for deaf or hard of hearing children between pre-kindergarten
 200 through third grade;
 201 (K) A certified deaf teacher who uses American Sign Language during instruction for
 202 deaf or hard of hearing children in pre-kindergarten through third grade in a state school
 203 for the deaf;
 204 (L) A certified teacher who uses Spoken English exclusively during instruction for deaf
 205 or hard of hearing children in pre-kindergarten through third grade in Metro Atlanta
 206 school systems; and

207 (M) A pediatric audiologist with knowledge of language development who provides
 208 audiological assessment and management for hearing aids, cochlear implants, and
 209 bone-conduction aids for children who are deaf or hard of hearing.

210 (3) Each committee member shall serve for a three-year term and until a successor is
 211 appointed and qualified. No member shall serve more than two consecutive terms. Any
 212 vacancy on the committee for any reason other than expiration of term shall be filled in
 213 the same manner as the original appointment for the remainder of the unexpired term.
 214 Seven members of the committee shall constitute a quorum. Action of the committee
 215 shall require a two-thirds' vote of the entire committee membership.

216 (e) The task force, with counsel from the stakeholder advisory committee, shall provide
 217 the commission:

218 (1) A list of developmental milestones necessary for progressing toward age-appropriate
 219 language, including American Sign Language, Spoken English, and home language
 220 milestones, and English literacy proficiency by the end of third grade for deaf or hard of
 221 hearing children;

222 (2) A comprehensive and accurate resource, web-based and print-based, for use by
 223 parents and professionals to monitor the individual progress of children who are deaf or
 224 hard of hearing toward age-appropriate language as chosen by a parent or guardian,
 225 including American Sign Language, Spoken English, home language, and English
 226 literacy proficiency, by the end of third grade.

227 (3) A list of currently available assessments appropriate for evaluating an individual
 228 child's progress toward age-appropriate language as chosen by a parent or guardian,
 229 including American Sign Language, Spoken English, home language, and English
 230 literacy proficiency, by the end of third grade, and a standard administration schedule for
 231 each type of assessment. There shall be, at a minimum, one language assessment every
 232 six months and one literacy assessment every six months beginning at the date of
 233 enrollment in early intervention or school; and

234 (4) An individual report of a child's current functioning, developed in collaboration with
 235 professionals and the parents or caregivers, that will be used for the purpose of supporting
 236 a child's progress toward age-appropriate language as chosen by a parent or guardian and
 237 English literacy proficiency by the end of third grade.

238 (f) The recommendations provided for in subsection (e) of this Code section shall require
 239 a two-thirds' affirmative vote of the entire task force membership prior to implementation.
 240 It is the intent of the General Assembly that all costs associated with the implementation
 241 of such recommendations shall be funded, as available, by the funds designated to the
 242 Department of Public Health, the Department of Early Care and Learning, and the
 243 Department of Education, or local school systems.

H. B. 844

- 7 -

244 (g)(1) The Georgia Technology Authority, in conjunction with the Department of Public
245 Health, the Department of Early Care and Learning, and the Department of Education,
246 shall establish a process by which early intervention, early learning, and school age
247 educational data for children who are deaf or hard of hearing will be shared among
248 agencies and used to gauge the progress of age-appropriate and on-grade-level student
249 performance from birth through high school graduation for every child who is deaf or
250 hard of hearing. This data shall be used to align early intervention and educational
251 services and performance for children who are deaf or hard of hearing. Interagency data
252 management shall allow for the sharing of demographic information and other data
253 among agencies to ensure a seamless and integrated service delivery from birth through
254 high school graduation. Parents or guardians may opt out of the data management, if
255 desired.

256 (2) In order to identify and monitor the language and literacy progress of all children in
257 Georgia who are diagnosed as deaf or hard of hearing on or after August 1, 2018, all such
258 children shall receive Georgia Testing Identification Numbers (GTIDs) from the
259 Department of Education once the Department of Public Health receives an official
260 diagnosis of hearing loss from a certified audiologist. The Department of Public Health
261 shall be responsible for requesting GTIDs from the Department of Education on a
262 monthly schedule. The Department of Public Health shall be responsible for entering the
263 GTIDs into the Early Hearing Detection and Intervention Database used to monitor
264 children who are deaf or hard of hearing. At the time of transition, the Department of
265 Public Health shall be responsible for sharing GTIDs and language and literacy data with
266 the Department of Early Care and Learning and the Department of Education to ensure
267 a seamless and integrated service delivery from Part C to Part B of the Individuals with
268 Disabilities Education Act (IDEA). Any gathering and sharing of data under this
269 provision must comply with Health Insurance Portability and Accountability Act
270 (HIPAA), Family Education Rights and Privacy Act (FERPA), and IDEA, and any other
271 applicable federal or state law.

272 (h) A report detailing the provision of early intervention and school-age services and the
273 language and literacy outcomes for children who are deaf or hard of hearing between the
274 ages of birth and eight years shall be completed on or before September 1, 2019, and a
275 similar report shall be completed on or before September 1 every year thereafter. Such
276 report shall be jointly authored by the Department of Public Health, the Department of
277 Early Care and Learning, and the Department of Education and approved by the
278 commission and the advisory committee. The commission shall make the report available
279 to the public on its website and present this report to the Governor and General Assembly
280 no later than September 15, 2019, and every September 15 thereafter."

H. B. 844

- 8 -

281

SECTION 2.

282 This Act shall become effective upon its approval by the Governor or upon its becoming law
283 without such approval.

284

SECTION 3.

285 All laws and parts of laws in conflict with this Act are repealed.