**Georgia Commission on Hearing Impaired and Deaf Persons**

**Tuesday, March 21, 2017**

**1:30 p.m. – 4:30 p.m.**

**Auditory Verbal Center**

**1901 Century Blvd. #20**

 **Atlanta, GA 30345**

**Meeting Minutes**

**Members Present: Dr. Jiovanne Hughart, Mr. Jim Lynch, Dr. Beth Lytle, Ms. Mary Reed and Mr. Comer Yates**

**Members Absent: Mr. Chuck Leavell, Ms. Cathy Torie**

**Staff Present: Ms. Katherine Cadena**

The meeting was called to order by Mr. Yates at 1:37. The following guests were introduced: Amy Cohen Effron, school psychologist from the Atlanta Area School for the Deaf, Wende Grass, American Sign Language specialist from Atlanta Area School for the Deaf and Jimmy Peterson, Executive Director of the Georgia Center for the Deaf and Hard of Hearing. Mr. Yates explained they have advocated for legislation for the promise of Georgia’s children who are deaf and hard of hearing to reach proficiency in reading English by the end of third grade. Recent data shows only three percent of Georgia’s children who are deaf or hard of hearing and in special education are reading proficiently by the end of third grade. The Commission and Mr. Yates are grateful to Jimmy, Wende and Amy leading the effort as part of the Pathway project. Mr. Yates said the Commission needs to work toward having representation of the Deaf community and inclusivity. The Commission was created by statute and is an official government entity. Mr. Yates thanked the guests for dropping by and their work on the legislation. Mr. Yates stated that it’s important for the Commission to endorse and advocate for this legislation and presenting a detailed report at the next meeting would be ideal.

Guests Kelly Jenkins and Sara Kogon from Let Georgia Hear discussed the passage of legislation that mandates hearing aids for children. They met with 63 senators. Senator P.K. Martin was the sponsor. The bill has to have a date change. Once it’s changed, it will go to Governor Deal’s office for signature. The bill only costs less than three cents per month per insured. This will require $3,000 per hard-of-hearing ear every four years for minors 18 years old and younger. This is for private health insurance for small plans. There’s an exemption in the bill for companies with less than ten employees. Seventy percent of plans in Georgia are ERISA plans, large group, self-insured plans and there are no mandates for those plans. Many children who have private health insurance won’t be covered, but some plans will adopt best practices, and this mandate can be a best practice. Many companies will come to it naturally. They want to work with people at larger companies to take it to their employer and ask to write it into policy. Let Georgia Hear is working on next steps and future collaborative efforts and would love the Commission’s support. Mr. Yates will ask someone about the autism mandate. Ms. Jenkins discussed a military family’s experience with TriCare, a federal military plan. The father was in active service in Afghanistan and lost his leg, the use of his left arm and his left eye. While he was in service, their child’s hearing aids were covered, but once he was listed as inactive, and 100% disability, and fixed income, their coverage was no longer a part of the plan. The mother is aware of resources that may help her. Ms. Jenkins talks to Rep. Penny Houston and Rep. Houston has assisted every single child that they have taken to her without any recognition. Both Dr. Hughart and Ms. Jenkins discussed the requirements for the hearing aid program at Georgia Lions Lighthouse. Some families who can’t afford the co-pay are receiving assistance. The bill states the coverage should include the following medically necessary services and supplies, including the initial evaluation, fitting, dispensing, programming, servicing, repairs, follow-up maintenance, adjustments, ear molds, ear mold impressions, auditory training and probe microphone measurements to insure appropriate gain and output as well as verifying benefit from the system selected according to accepted professional standards. Such services shall be covered on a continuous basis as needed during each 48 month coverage period, not to exceed $3000 per hearing impaired ear or duration of the hearing impaired warranty, whichever is longer. There was discussion regarding military insurance and media coverage addressing military insurance coverage, or lack of coverage, for hearing aids.

Mr. Yates discussed that Georgia Pathway is working to create a bill to submit to the general assembly in 2018 that would focus on an integrated health care, early childhood education trajectory that would ensure a birth to literacy plan. Language disorder is illiteracy. Pathway is trying to set the framework for how the bill will work operationally, rather than a template for operation. Currently, there’s no data tracking for literacy for children who are deaf or hard-of-hearing who are not in Special Education. In Georgia, 36 percent of children in third grade general population are reading on grade level. Three percent of third grade children who are in Special Education whose primary eligibility is deaf and hard-of-hearing are reading at grade level. This three percent doesn’t include those same children who might have additional disabilities. This doesn’t include any child who is being served by a 504 plan or who are in mainstream programs that are not receiving special education services. It’s probable that many of these students are coming from low income households who are on free and reduced lunch programs and students who are in rural areas. Dr. Stacy Tucci has trained 15 deaf and hard-of-hearing teachers who are in south and north Georgia. She is receiving testimonials that teachers had five year olds in their classroom who were deaf, but no one knew. The children were assumed to have autism because they were nonverbal, but they weren’t identified as deaf and didn’t receive services or couldn’t travel to services. Some have been put in front of a television their entire lives and have never communicated. Enrollment and intervention is not enough. Quality of intervention and scheduling must also be considered. Roughly 180 children a year are diagnosed with hearing loss in Georgia. This bill is a collaboration. Historically, the DPH and the Department of Education have not worked together, and that’s worked against outcomes for children. The end result is to make the system user friendly and collaborative so that parents and children who are clients of the system are getting what they need. Mr. Yates thanked both Sara Kogan and Kelly Jenkins for their hard work.

Dr. Kelly Dundon spoke on behalf of the Early Hearing Detection and Intervention (EHDI) program. She gave an overview of the data from 2015. Ninety nine percent of newborns were screened at birth. Diagnosis by three months increased to 75%, Enrollment to intervention increased to 64 percent. Of those referrals, 80% or more were in a timely manner. The loss to follow-up decreased to 27%. Usually, there are 5,000 referrals annually, however, this year there were 6,500 referrals. False positives are at a rate of 90%. Automatic referral feeds to GA PINES have been implemented, so there’s no human delay from DPH. Diagnosis from an audiologist should be put in the system within seven days. Dr. Dundon gave a presentation at the Georgia Academy of Audiology conference to discuss the importance of timely reporting. Mr. Yates asked for the current data on lag time from the audiologist to the GA PINES visit. There is a lack of capacity within GA PINES to handle incoming referrals and making home visits. Seventy five percent of children are diagnosed by three months and only 64% are being enrolled in intervention by six months of age. Intervention must be focused on age appropriate language development. Tele-audiology is set to start at the end of April in Waycross. The equipment has been purchased and training will happen soon. It will start with two patients per month and expand from there. The EHDI reauthorization act is up. It provides funding for the program. The funding has seen significant cuts. This impacts what DPH can provide in terms of screening service districts and the database. The importance of the passage of the bill was discussed.

Dr. Stacy Tucci discussed Georgia Pathway. Pathway is currently reviewing and evaluating GA PINES. The evaluation team consists of two women from DC. One is a lawyer for the National Association of the Deaf with extensive work in education policy. The second is a researcher who looks specifically at early intervention for children who are deaf or hard-of-hearing. Two other consultants have been assisting – one former superintendent of state schools and the other is a deaf education subject matter expert at Georgia State University. The team of experts are providing recommendations and potential solutions for issues. One consultant is preparing three potential budgets that are transparent in nature. All of the money will be tied to data and outcomes – child and parent outcomes. The current PINES database is not used as an evaluative tool, but used as a case management tool. Service providers are working with the children and not transferring capacity to the parent. Every child receives the same resources instead of allocating resources based on need. The report should be completed by May 1. The report will be vetted by several agencies, including the Commission, but also the Department of Early Care and Learning (DECAL), DOE and DPH. GA PINES is the early intervention program that serves children who are deaf, hard-of-hearing, blind, low-vision or have multiple disabilities. It was created in 1980, prior to the conception of Babies Can’t Wait (BCW). BCW was created later and is federally funded and state funded and receives all of the part C money from the federal government. GA PINES doesn’t receive any federal funds. BCW is budgeted based on head counts per fiscal year. GA PINES serves between 500-600 children, has four full-time employees and 150-200 hourly contractors. The majority of children retaining services from GA PINES are for multiple disabilities, followed by children who are deaf or hard-of-hearing. The lowest number of children receiving services for PINES are for those who are blind or low-vision. Training for contractors for PINES is a four day block in June and a four day block in July. It is an intensive service delivery that doesn’t focus on working with parents. Many of the people recruited to work with PINES are teachers of the Deaf in local county systems or speech language pathologists. Teachers are trained to work with children. Behavior management strategies are designed around children, not parents. The goal of the assessment is to randomly review fifty home visits. The Early Hearing Orientation Specialist visit (EHOS) is intended to be about facilitating decision making in parents, changing behavior, educating the parent about the immediate need to enroll their child in intervention. However, it revolves around explaining hearing loss to parents. Commission members should be invited to Pathway meetings. A study was done to show that academic outcomes for children were explained by socioeconomic status more than hearing level. A profoundly deaf child from a family of affluence would out perform a child with unilateral mild hearing loss if that child was from a family with a lower income. Mr. Yates thanked Dr. Tucci for her report and her work.

Dr. Hughart stated she had met with the Georgia Lions Lighthouse foundation to understand the dynamics of the adult program and determine assistance needs. It seems that GLLF are able to assist all of those seeking services, but that could mean that not enough people know about the services GLLF provides. It was decided that a survey would be sent to the audiologists to find out why they are reluctant to participate in the program. There’s reserves from fundraising from the Adopt-A-Band program held at GLLF. Mr. Yates is meeting with the head of the Georgia Music Educators Association to discuss the importance of ear protection and raising awareness for inevitable hearing loss when ear protection isn’t used. Changing the perception of educators to understand the significance of children not wearing ear protection is a matter of public policy. The Commission watched a video of member Chuck Leavell discussing the importance of ear protection. Dr. Hughart will send out the information the CDC published regarding hearing loss in children in elementary school from musical devices. Dr. Hughart explained that she provided hearing tests for all members of the Pittsburgh symphony and they all had hearing loss, including violinists and wood musicians. When members start losing their hearing, they don’t perform as well and quit.

Mr. Lynch spoke of looping. He presented a list of looped locations in Georgia. He explained his experience at a Georgia Publix with a looped check-out line where the cashier wasn’t aware of how to operate a loop. He is collecting more information to present to the Commission.

Dr. Hughart discussed Georgia Senate Bill 153, which would allow an over-the-counter preprogrammed hearing device to be sold by an unlicensed person. The Georgia Academy of Audiology is opposed to the Bill for several reasons, most notably, there is no FDA regulation. Another issue is that this allows an opportunity for an untrained sales person to sell the device. A motion was made to submit a letter to the State House of Representatives expressing the Commission’s opposition to the bill subject to each Commission member’s approval of the letter drafted by the Vice Chairperson. The motion was seconded and passed.

There was discussion about Commission members’ terms and term limits.

The next meeting is scheduled for June 20 at the Atlanta Speech School.

A motion was made and seconded to adjourn the meeting. The motion passed.