

2022 Annual Report



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

Report to the Governor and General Assembly as required
by OCGA § 30-1-5 (h)

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Executive Summary

As stated in the OCGA §30-1-5 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 timely diagnosis and appropriate early intervention (EI) and school-age services.

Last year's OCGA §30-1-5 Year 3 Report proposed several recommendations for Governor Kemp and the General Assembly to consider in order to address the low rate of diagnosis in Georgia when compared to the rest of the country (currently ranked 41st). The Georgia Commission for the Deaf or Hard of Hearing (GaCDHH) and the authors of this report are immensely grateful to Governor Kemp for granting *every request* that was made last year including:

- The passage of a code change which allows audiology technicians to perform certain hearing tests on children – previously only audiologists were allowed to complete such tests
- The allocation of \$20,000 to the GaCDHH
- \$1.3M award of Governor's Education Emergency Relief (GEER-II) funds to expand teleaudiology and mobile audiology services and identify and serve families who were unable to access services due to COVID-19

This year, children who are DHH have received an *unparalleled* level of support from Governor Kemp and the General Assembly as well as the Georgia Department of Education (GaDOE) and the Georgia Department of Public Health (DPH). This combined effort will directly impact language and literacy outcomes for Georgia children who are Deaf or Hard of Hearing (DHH).

The authors are pleased to report that progress has been made over the past 12 months. Teleaudiology and hearing diagnostic availability has increased due to many efforts including the GaDOE's continued investment in Georgia Mobile Audiology (GMA) and their coordination with the DPH's Early Hearing Detection and Intervention (EHDI) program. Compliance with State Electronic Notifiable Disease Surveillance System (SENDSS) database reporting for children diagnosed with hearing loss from birth to 5 years of age has drastically improved. Dr. Kathleen Toomey, DPH Commissioner and State Health Officer, sent an electronic letter to audiologists across the state reminding and emphasizing the requirement for on-time reporting of hearing loss diagnostic results. This letter had a direct impact on on-time reporting which will result in more children who are DHH being referred to early intervention services.

While this progress should be celebrated, it is critical not to declare a premature victory. Overall success metrics are far below national benchmarks as illustrated in the Language and Literacy dashboard. This level of attention and investment must continue to ensure Georgia children who are DHH achieve age-appropriate language and literacy.

Key accomplishments are as follows, and details of each will be highlighted in this report:

- **Increase in the number of infants identified with hearing loss before 3 months of age** - from 138 infants in 2018 to 184 infants in 2021.
- **DHH Literacy Proficiency in 3rd Grade Increased by 7% points:** 25 of the 112 students (22%) currently enrolled in special education with a primary eligibility of DHH were reading on grade level according to Grade 3 Milestones English Language Arts (ELA) assessment for the 2020-21 school year. This is an *increase of 7% points* from 15% in the 2018-19 school year.
- **SENDSS 7-Day Reporting Compliance Improved by 13% points since 2019:** Multiple efforts including a letter sent from Dr. Kathleen Toomey reminding all audiologists that hearing loss diagnoses must be reported within a 7-day window resulted in an improvement in SENDSS 7-Day reporting compliance *from 59% in 2019 to 72% in 2021*. SENDSS audiology portal accounts (used to record instances of hearing loss in children aged 5 and under) increased *by 15%* immediately following Dr. Toomey's letter, and the number of infants reported with hearing loss *doubled* the month after the letter. It is recommended that an annual letter be shared with all Georgia audiologists.
- **DHH Parent/Professional Beta Website Launched:** The GaDOE State Schools Division along with the Georgia Technology Authority created a one-stop-shop DHH website for parents and professionals. A live beta version can be found at <https://dhhpathways.georgia.gov>. This website will be updated on an ongoing basis.
- **Passage of the OCGA §43-44-7 (h) Code Change in May:** House Bill 1186, sponsored by Representative Penny Houston and Senator Kay Kirkpatrick, was signed into law by Governor Kemp on May 9, 2022, as Act 838. This code amendment allows professionals (e.g., audiology technicians) who are not licensed audiologists to perform hearing screenings on children from birth to age 22. This directly addresses the critical need for increased pediatric diagnostic testing across the state.
- **Increase in Cross Agency Collaboration:** The Georgia DPH and the GaDOE began monthly meetings after the publication of the Year 3 Annual Report. These meetings have greatly improved communication, synergy, program improvement, and most importantly, child and family outcomes.
- **Teleaudiology Services Increased by 32%:** Teleaudiology diagnostic services have *increased to 8* sites in the state since 2019 – the newest partnership is with the University of Georgia Speech and Hearing Clinic. This service delivery model has proven to be effective statewide, and an investment in these capabilities should be the highest priority.
- **Four New Appointments to the GaCDHH:** Four new commissioners were sworn into the GaCDHH on August 2nd by Governor Kemp.

- **\$20,000 GaCDHH Budget Allocation:** An allocation of \$20,000 was distributed to the Georgia Vocational Rehabilitation Agency for the purpose of operating the GaCDHH (line 2644).
- **GEER II Grant allocation of \$1.3M:** The GaDOE State Schools Division was awarded \$1.3M in federal COVID relief funds by the Governor’s Office of Planning and Budget through Georgia’s GEER-II grant. These funds will be used to expand teleaudiology and mobile audiology services across the state. Additionally, these funds will be used to contact families with children who were “lost to follow up” largely due to COVID-19. A Parent Navigator will be assigned to each family needing support services; Parent Navigators may serve a child and their family from cradle to career (i.e., birth to 22 years of age).



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 former Senator P.K. Martin, both longtime advocates for Georgia's 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 GaCDHH to deliver a report to the governor and General Assembly annually 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 (DPH), the Department of Early Care and Learning (DECAL), and the Department of Education (GaDOE) and approved by the commission (GaCDHH) 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)

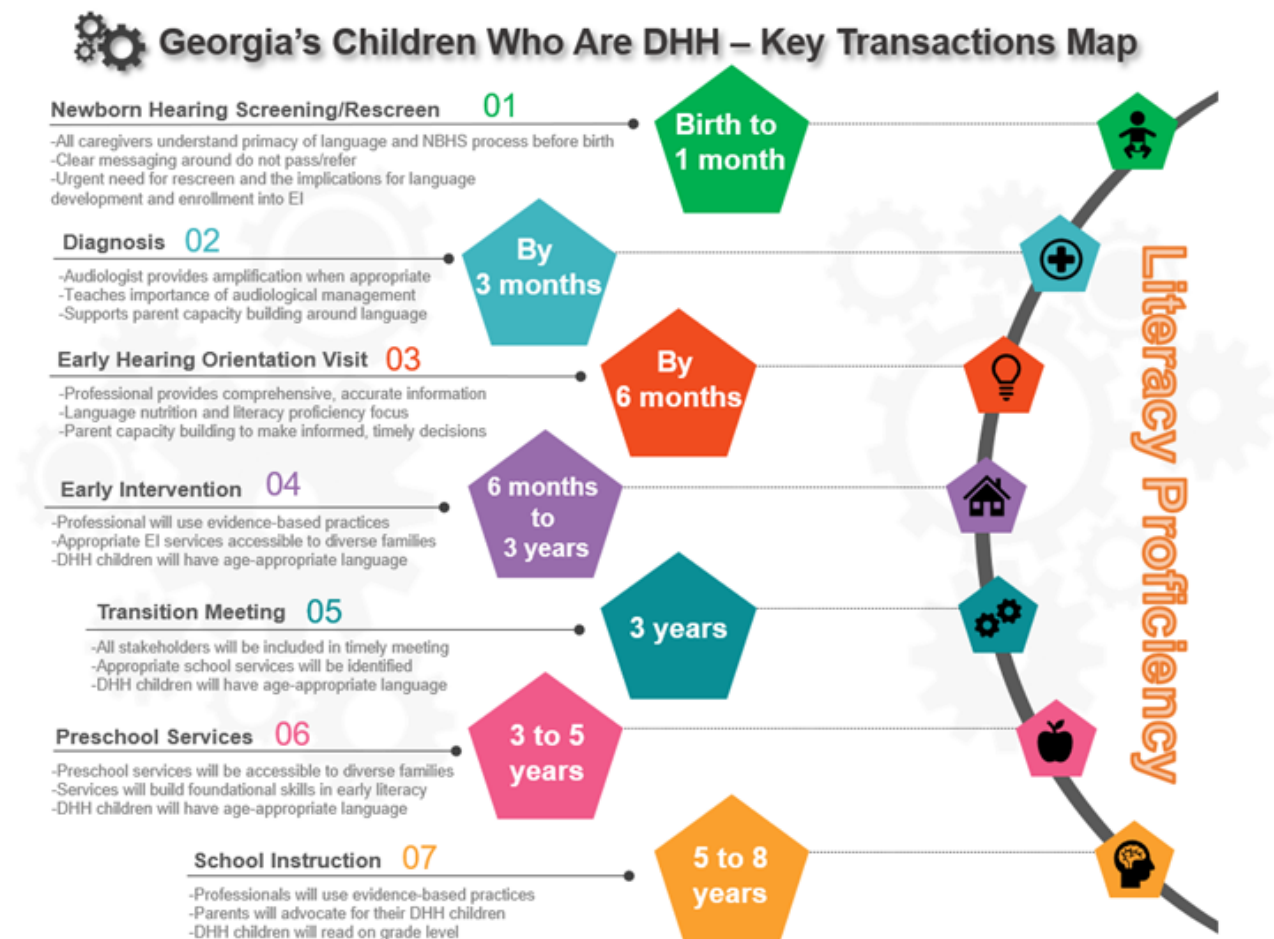
Below are the key deliverables and their status as stipulated by OCGA § 30-1-5.

OCGA § 30-1-5 Deliverable	OCGA § 30-1-5 Reference	Status
1. Changes to the GaCDHH	(b)(1)(A)	Complete
2. Establishment of Multi-Agency 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)	From August 2018 to August 2022, 1,348 GTIDs have been assigned to infants identified with permanent hearing loss. Data sharing agreements among programs and state agencies are in development to ensure the assigned GTID number is included in all birth to literacy transitions.
5. Web and print based parent/professional resource	(e)(2)	In Progress. The GaDOE's State Schools Division and the Georgia Technology Authority (GTA) collaborated on the development of a DHH website. The live, beta version of the site can be found at https://dhhpathways.georgia.gov . This beta version contains several resources for parents and professionals, and new content will be added as other agencies/stakeholders become involved. The Georgia PINES page is now fully complete. The Georgia Mobile Audiology

OCGA § 30-1-5 Deliverable	OCGA § 30-1-5 Reference	Status
		(GMA) page will be complete no later than December of 2022. The remaining pages and content will be built, modified, and maintained by the GaDOE State Schools Division Outreach team.
6. Create List of Developmental Milestones	(e)(1)	Language Developmental Milestones for Spoken Language (English), American Sign Language (ASL), and Print were created by the GaCDHH Stakeholder Advisory Committee (SAC). A parallel document from the state of Indiana will be used to modify and finalize the milestones created by the SAC. These milestones will be published on the GaCDHH website at https://dhs.georgia.gov/gacdhh and will be made publicly available on the DHH website provided by OCGA §30-1-5 (e)(2) at https://dhhpathways.georgia.gov during the 2022-23 school year.
7. List and Implementation of Biannual Language and Literacy Assessments	(e)(3)	American Sign Language (ASL) assessments are now available statewide to all DHH children from birth to 3 rd grade. <ul style="list-style-type: none"> • Visual Communication Sign Language Assessment (VCSL) – A cohort of 4 Deaf Assessors were trained to administer and score the VCSL for DHH children aged 0-5 years. This is an observational checklist of developmental milestones for prelinguistic behaviors as well as receptive and expressive sign language. • American Sign Language Expressive Skills Test (ASL-EST) – A cohort of 10 assessors (i.e., 8 Deaf and 2 hearing) was trained to administer and score the ASL-EST for DHH children aged 4-13 years. This is a standardized test normed on Deaf children with age appropriate ASL. <p>Spoken Language Assessments will be targeted in the 2022-23 school year.</p>
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)	Representatives from the DPH and the DOE have been and will continue to meet monthly to focus on diagnoses progress among other items.
10. Annual Legislative Report	(h)	Complete

Key Transactions for Children who are DHH

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 DPH, the DECAL, and the GaDOE) 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.^{1 2 3} If the state ensures every child who is DHH can complete these transactions in a timely and coordinated manner, Georgia's children who are DHH will be able to achieve proficient language and literacy skills in significantly greater numbers.



¹ Hugh W, C., Fey, M. E., & Proctor-Williams, K. (2000). The relationship between language and reading: Preliminary results from a longitudinal investigation. *Logopedics Phoniatrics Vocology*, 25(1), 3–11. <https://doi.org/10.1080/140154300750045858>

² Easterbrooks, S. R., Lederberg, A. R., Miller, E. M., Bergeron, J. P., & McDonald Connor, C. (2008). Emergent Literacy Skills During Early Childhood in Children with Hearing Loss: Strengths and Weaknesses. *The Volta Review*, 108(2), 91–114. <https://doi.org/10.17955/tvr.108.2.608>

³ Dickinson, D. K., McCabe, A., & Essex, M. J. (2006). A window of opportunity we must open to all: The case for preschool with high-quality support for language and literacy. Guilford Press.



Reframing the Population

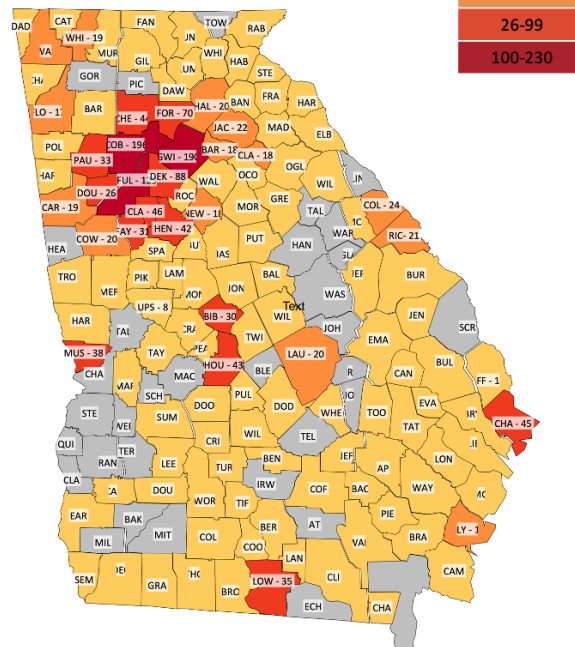
In the 2019 Year 1 report, the authors attempted to estimate the size of the DHH and DeafBlind (DB) child population. Current data collection methods only allow tracking of DHH/DB children in a Special Education (SPED) setting and some DHH/DB children who have a 504 Plan for non-SPED services. For this reason, the DHH/DB child population is underestimated as data are not available for children who are:

1. Never diagnosed with hearing loss (i.e., lost by the ecosystem).
2. Diagnosed but never reported with a DHH diagnosis to the DPH by the birthing hospital or audiologist.
3. In general education settings without a 504 Plan.
4. In special education settings with a secondary or tertiary eligibility of DHH.
5. In private school, healthcare or clinical settings (non-Part C) with or without a 504 Plan.

Currently available data estimate approximately 2,500 DHH and DB children in the state. Distribution by county is shown below.

2020-21 - Number of Children in GA birth – 12th Grade Enrolled
Primary Eligibility of DHH
N = 2,436

State Charter Schools	22
State Schools for the Deaf	219
Georgia PINES	424



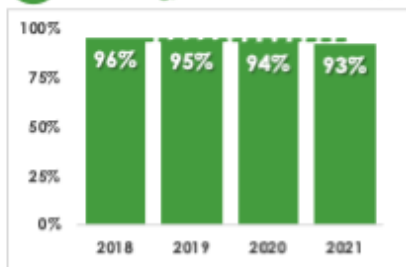
Source: GA Department of Education, Georgia PINES SKI HI Enrollment as of August 2022 & Georgia Department of Education School Year 2020-2021 Student Record Data Collection System: Deaf and hard of hearing Student Counts, Total and Also Served by 504 Plan, System and State Level.

The 2022 DHH Language and Literacy Dashboard

In the 2019 Annual Report, the authors developed the DHH Language and Literacy Dashboard. This dashboard was designed to determine the current state of language and literacy outcomes and to measure progress towards age-appropriate language and on-grade-level literacy. The current dataset in this report includes data for 2018, 2019, 2020 and preliminary data from 2021 provided by the Georgia DPH and the GaDOE. The dashboard below represents Georgia's progress in each of the key transactions for which data were available. While newborn hearing screening results are positive, all other indicators are still well below national CDC benchmarks and the Get Georgia Reading campaign's goal to have every child in Georgia on the path to reading proficiency by the end of 3rd grade. However, the number of children identified with hearing loss before 3 months of age has steadily increased in number – from 138 in 2018 to 184 in 2021.

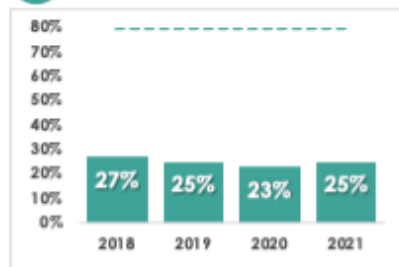
2022 DHH Language and Literacy Dashboard

By 1 Month Newborn Hearing Screening/Rescreen-Goal is 95%



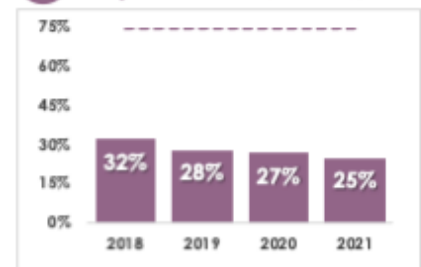
116,471 of 125,046 babies born in 2021 were reported as being screened by 1 month of age.*

By 3 Months Diagnosis-Goal is 80%



773 of 3,077 babies born in 2021 who were referred for a full diagnostic were reported as having one by 3 months of age.*

By 6 Months Enrolled in Early Intervention-Goal is 75%



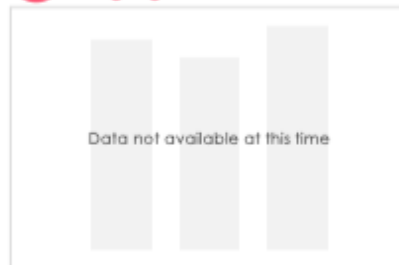
47 of 205 eligible babies born in 2020 & diagnosed as DHH were reported as having been enrolled in part C Early intervention before 6 months of age.*

3 Years Transition Meeting



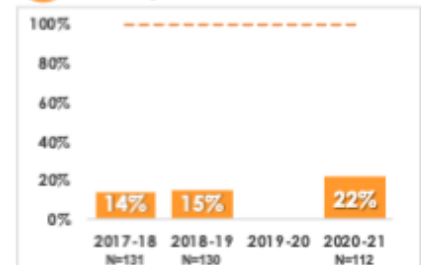
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3 to 5 Years Preschool Services Language Assessments



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5 to 8 years School Instruction Literacy Assessments-Goal is 100%



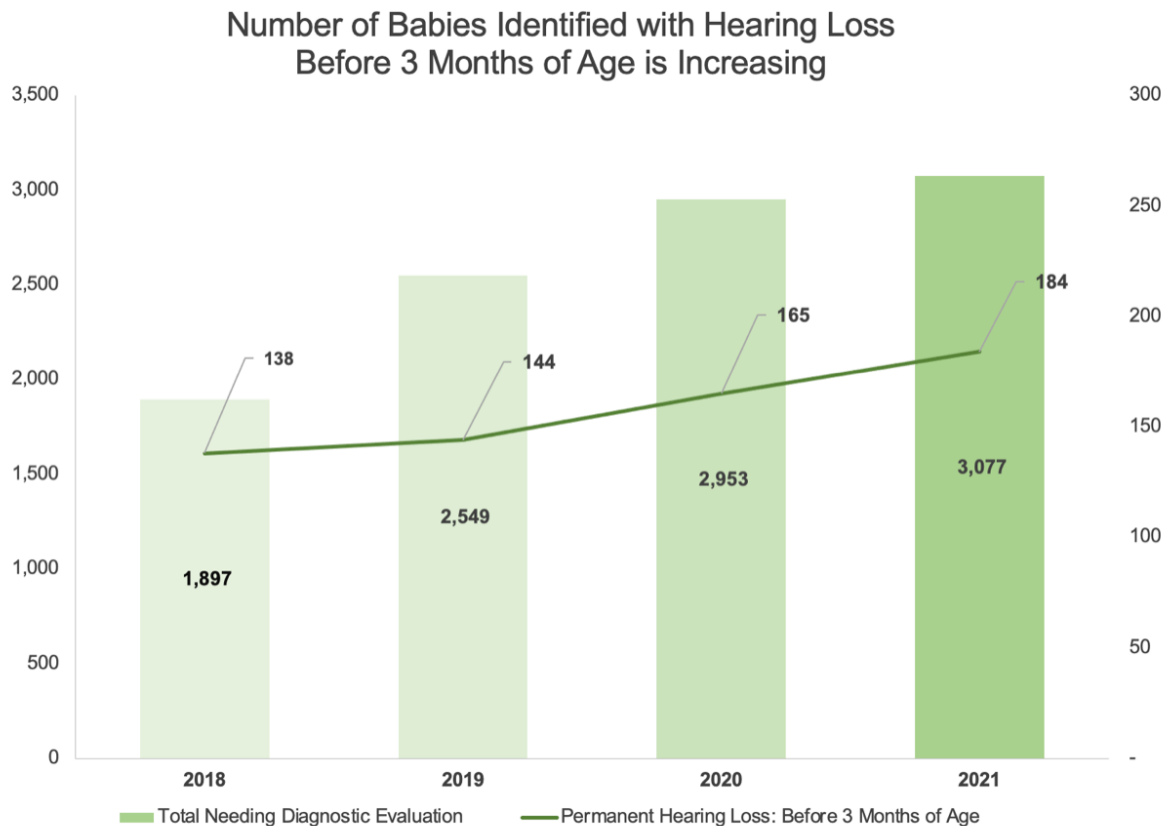
25 of 112 children in SPED with primary eligibility of DHH were reading on grade level by the end of 3rd grade for the 2020-21 school year.

* Sources: Georgia DPH 2018-2021 HSFS Data for PHP Request as of 8-8-2022 (2021 data are preliminary and subject to change); GaDOE 2015-21 School Year End of Grade Assessments, Grade 3 Milestones English Language Arts Assessment for children in Special Education with a primary eligibility of DHH. Data unavailable for 2019-20 school year due to lack of testing during the COVID-19 pandemic.

Annual Progress Detail

Number of Infants Identified with Hearing Loss Before 3 Months of Age is Growing

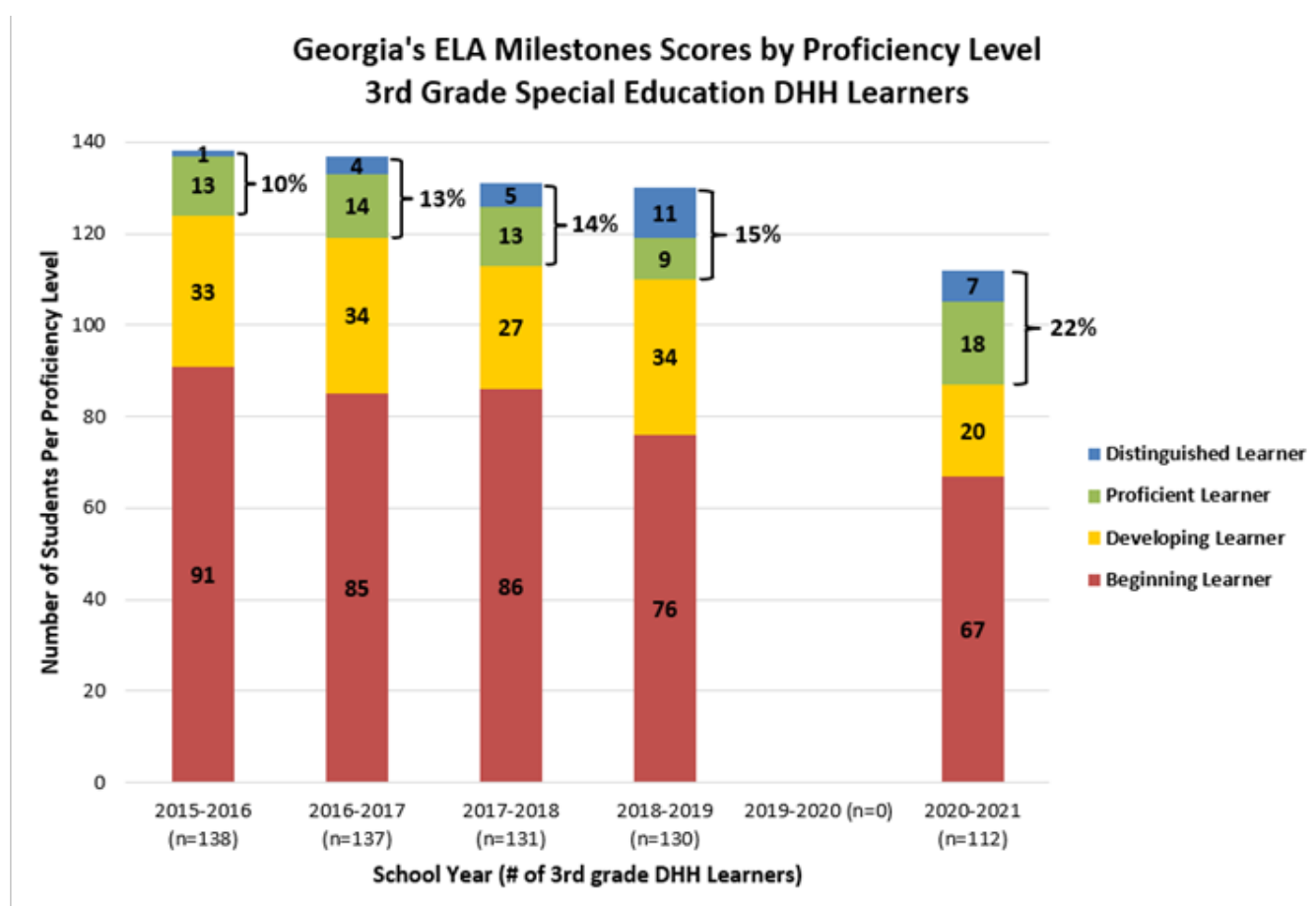
While the percentage of infants identified with hearing loss before 3 months of age has declined slightly, the actual number of infants identified before 3 months of age has grown steadily from 138 in 2018 to 184 in 2021. The number of infants identified as needing a diagnostic evaluation has increased in part due to improvements in reducing loss to documentation of initial hearing screening results.



Source: 2018-2021 HSFS Data for PHIP Request as of 08-10-2022; 2021 Data are preliminary

DHH Literacy Proficiency in 3rd Grade Increases by 7% points

In the 2020-21 school year, only 22% of Georgia students in special education with a primary eligibility of DHH read proficiently in the 3rd grade (see Georgia ELA Milestones graph below). While it is important to note that this represents a 7% point increase from school year 2018-19 (Milestones data are not available for the 2019-20 school year due to COVID-19 state assessment waivers), it is still an unacceptably low number as the goal is for ***all*** children who are DHH to be on a path to language and literacy by 3rd grade. Given the significant challenges students, families, and schools faced during the pandemic, this increase was welcomed yet unexpected. The GaCDHH would like to acknowledge school districts in Cobb, Gwinnett, and Fulton counties which accounted for 60% of the DHH learners scoring at or above grade level in the 2020-21 school year. Over the next 12 months, the GaCDHH recommends that the GaDOE carefully evaluate these DHH programs to assess best practices and share information with other counties serving learners who are DHH.

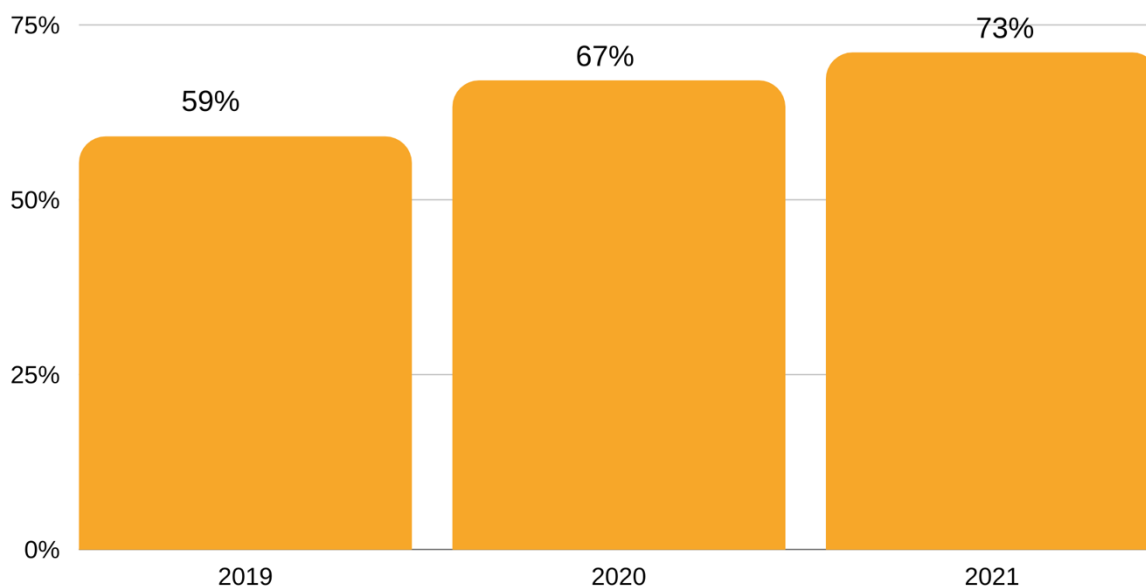


SENDSS 7-Day Reporting Compliance Has Drastically Improved

In the Year 3 Report, SENDSS reporting non-compliance was highlighted as a critical roadblock to on-time diagnosis, identification and enrollment into early intervention services for children who are DHH. The current law requires that birthing hospitals/centers report hearing screening results on every infant – as mentioned earlier, preliminary data show that 93% of infants born in 2021 received newborn hearing screenings by 1 month of age. The law also requires that the results of all follow-up diagnostic hearing evaluations be reported within seven days of testing for children birth to age 5 years. The authors are pleased to report that there has been a drastic improvement in 7-day reporting compliance due to multiple, collaborative agency efforts.

Overall, year over year, SENDSS 7-day reporting compliance has increased 13% points from 2019 to 2021.

SENDSS 7-Day Compliance up 13% Points Since 2019

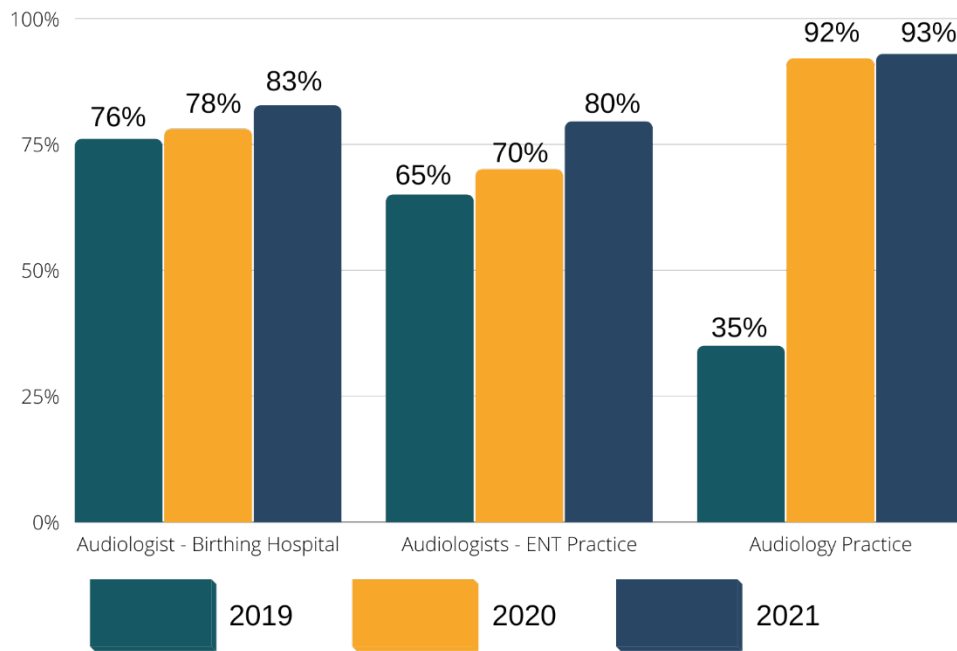


Source: GA DPH/EHDI Reporting to SENDSS as of 8-10-2022



Increased compliance of audiologists in private practices is a driving force behind this improvement due to cross agency efforts to educate audiologists on how to sign up and use the SENDSS audiology portal as well as the law requiring reporting within 7 days. In fact, the 7-day compliance window among private audiologists has almost tripled from 2019 to present.

Private Audiology Practice Compliance with SENDSS Reporting within 7 Day Window increased 58% points since 2019 Boosting Overall Compliance Improvement



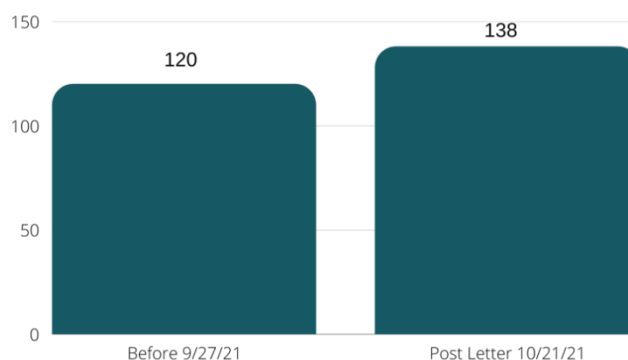
Source: GA DPH/EHDI Reporting to SENDSS as of 8-6-2022 for 2019 - 2021

Multiple, collaborative agency efforts have led to this improvement, and they should be commended for their work. Below are some of the different efforts related to SENDSS 7-day reporting compliance improvement since the last report:

- EHDI Team Lead presented outreach sessions and updates at stakeholder meetings as well as nine sessions with 43 individual pediatric audiologists regarding SENDSS reporting. These sessions included Pediatric Ear Nose and Throat of Atlanta (PENTA) and Children's Healthcare of Atlanta (CHOA) which serve the majority of pediatric patients who are DHH in the state.
- GMA promoted the SENDSS audiology portal through their work with various audiologists across the state.
- EHDI District Coordinators and GMA Parent Navigators collaborated to serve families in the Valdosta area resulting in 77 diagnostic Auditory Brainstem Response (ABR) tests conducted to date.
- EHDI Team Lead developed a user guide, data dictionary, and data management plan for DPH EHDI staff.
- Dr. Kathleen Toomey sent a SENDSS compliance letter to audiologists across the state.
- The addition of a SENDSS reporting requirement was added to OCGA §43-44-7 (h) – more detail to follow.

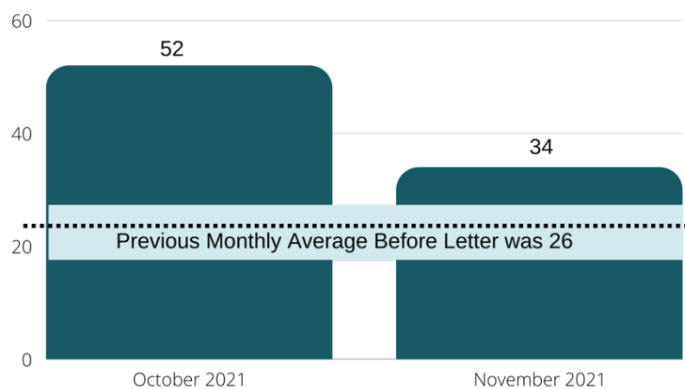
Of special note is the previously mentioned letter which was distributed by Dr. Kathleen Toomey via email in September 2021. This letter was sent to 257 licensed audiologists highlighting the requirement, per Georgia law, to report diagnostic follow up results to EHDI via SENDSS within seven days of testing (see Appendix A). In the month after this letter was sent, a 15% increase in SENDSS audiology portal accounts (120 in September and 138 in October) was noted. In addition, the number of infants identified with hearing loss doubled with 52 children identified in October and 34 in November. This is a remarkable increase as the monthly average is currently 26 (See charts below for detail).

SENDSS Sign Ups - 15% Increase
after Toomey Compliance Letter



Source: Georgia DPH EHDI Reporting to SENDSS as of 8-2-22.

Number of Infants Reported with Hearing Loss
Doubles the Month after Toomey Compliance Letter



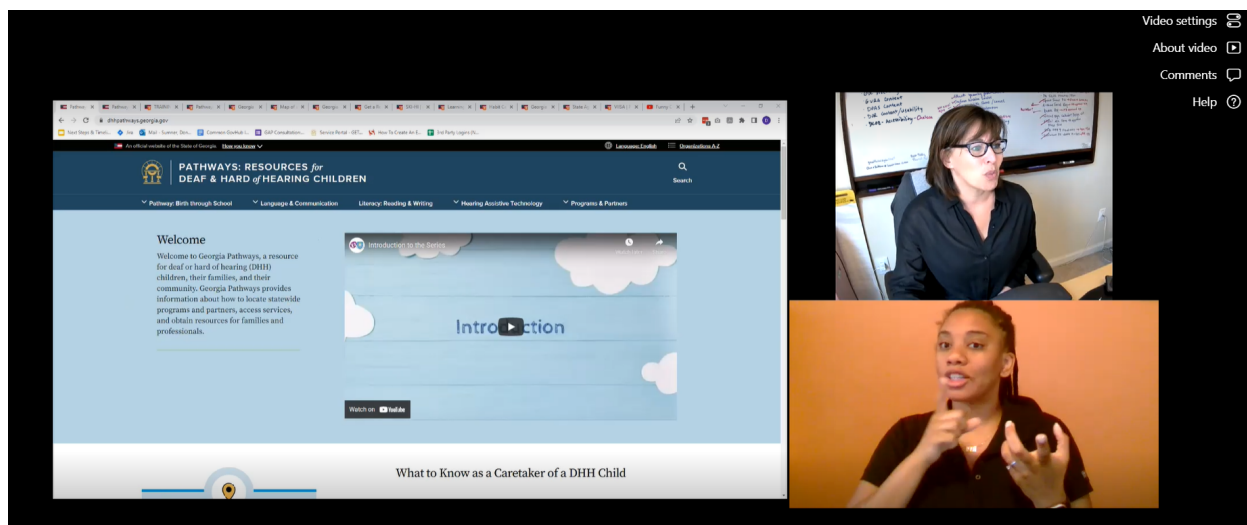
Source: Georgia DPH EHDI Reporting to SENDSS as of 8-2-22.



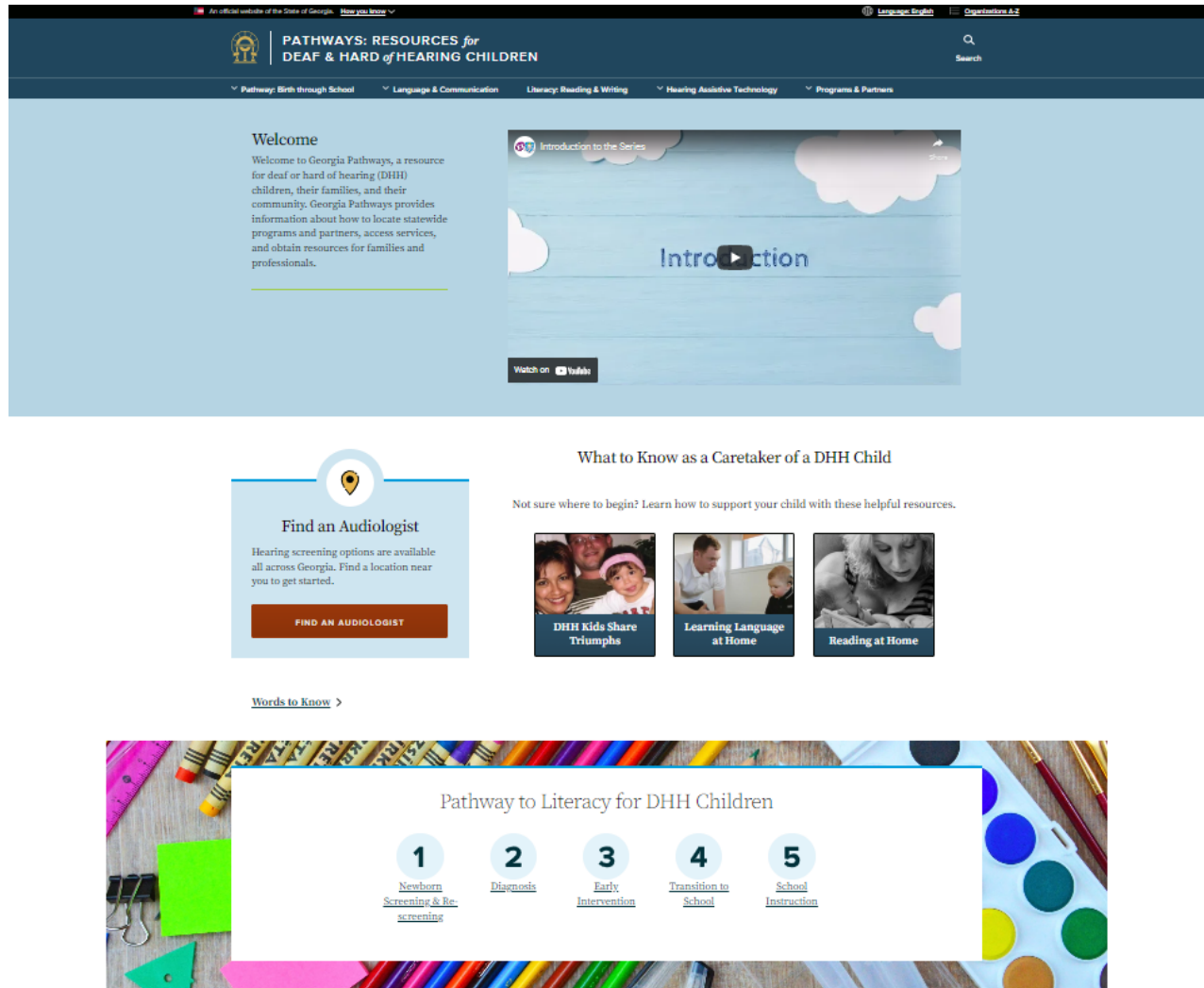
Creation of a DHH Parent/Professional Website

OCGA §30-1-5 requires web and print-based parent and professional resources to be created to support the needs of children who are DHH. Members from the GaCDHH, the GaDOE's State Schools Division, as well as parents and medical and educational professionals worked with the Georgia Technology Authority (GTA) to develop and test the Pathways website prior to the soft launch date of August 18, 2022. The current website, while currently live, is a beta version. The State Schools Outreach Team will maintain and sustain the Pathways website with site managers adding new content and new pages as needed. Data analytics will be used to monitor site usage and make changes to address user needs and improve the user experience.

Figure 1. GTA Team leading website management training along with ASL Interpreter



Figures 2 and 3. Pathways: Resources for Deaf and Hard of Hearing Children Main Page



Schools and Programs



Division of State Schools

The Division of State Schools serves students with sensory disabilities and their families. The Division includes three public schools, an early intervention program and a statewide Outreach Program.

[Learn more](#)



Babies Can't Wait (BCW)

Babies Can't Wait offers a variety of home-based early intervention for children (birth to 3 years) with special needs and their families.

[Learn more](#)



Georgia Mobile Audiology

Georgia Mobile Audiology travels to children and families to provide pediatric audiological services to families free of charge.

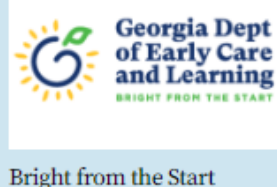
[Learn more](#)



Georgia Parent Infant Network for Education Services (Georgia PINES)

Georgia PINES provides early intervention services for children with sensory loss and their families.

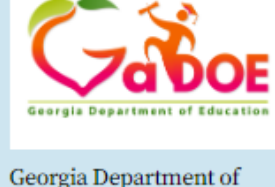
[Learn more](#)



Bright from the Start

Bright from the Start offers a variety of child care and early education (birth to 5 years) services to children and their families.

[Learn more](#)



Georgia Department of Education (GaDOE)

Find your school district's Special Education (SPED) Program for students who are Deaf or Hard of Hearing (DHH).

[Find a SPED School](#)



Georgia Commission for the Deaf and Hard of Hearing (GaCDHH)

The Commission ensures deaf and heard of hearing (DHH) people have equal access to services, programs, and opportunities.

[About GaCDHH](#)

[Apply to Serve on the Commission](#)

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**PATHWAYS: RESOURCES for
DEAF & HARD of HEARING CHILDREN**

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GEORGIA COMMISSION
FOR THE DEAF OR HARD OF HEARING

Passage of the OCGA §43-44-7 (h) Code Change

OCGA §43-44-7 (h) stipulated that a person who is not licensed as an audiologist may perform non diagnostic electro-physiologic screening of the auditory system, using otoacoustic emissions (OAE) or auditory brainstem response (ABR) technology, as part of a planned and organized screening effort for the initial identification of communication disorders in infants under the age of three months. However, this was not permitted after three months of age. This restriction created a significant barrier to service as Georgia families are already facing a documented statewide lack of pediatric audiologists with Georgia ranking #45 for audiologist/SLP availability.⁴

The GaCDHH is grateful to Governor Kemp and the General Assembly for passing a code amendment that removes this restriction. Representative Penny Houston and Senator Kay Kirkpatrick were the sponsors of this important legislation which will result in an increase in follow up testing availability for Georgia families. The Georgia Educational Audiology Advisory Committee is working with the GaDOE's State Schools Division to develop a training course for school staff on the appropriate use of OAE screening and to support implementation in school districts statewide. Additional language was added to OCGA §43-44-7 (h) to emphasize the 7-day reporting requirement to improve future compliance.

Budget Allocation for the GaCDHH

This year, Governor Kemp and the General Assembly allocated \$20,000 to the GaCDHH via line 2644 under the Georgia Vocational Rehabilitation Agency (GVRA). The GaCDHH and representative from the Georgia Department of Human Services (DHS) will work with the GVRA to transfer funds to DHS and to ensure funds are used for the operation of the GaCDHH. The GaCDHH is incredibly grateful to Governor Kemp and the General Assembly for this allocation. The GaCDHH will provide an expenditure report in the 2023 Year 5 Annual Report. The GaCDHH hopes to work with the Office of Planning and Budget (OPB) so that a full-time Executive Director can be hired to oversee Commission initiatives as current work is completed on a purely volunteer basis making it difficult to achieve all of the necessary GaCDHH goals. Once again, the authors thank Governor Kemp and the General Assembly for your financial support of this important work.

⁴ Brook, Gail P. Annual Workforce Data: 2021 ASHA-Certified Audiologist and Speech Language Pathologist to Population Ratios. American Speech-Language Hearing Association, July 2022.

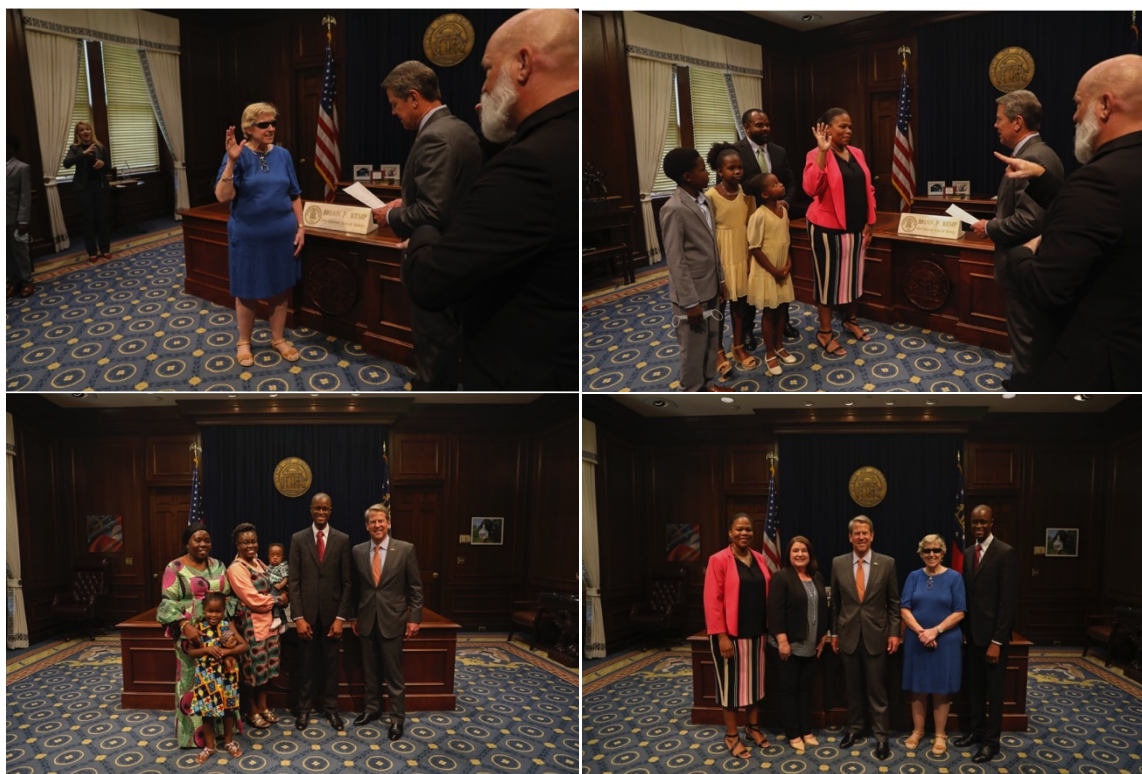


Appointments to the Georgia Commission for the Deaf or Hard of Hearing

Governor Kemp appointed four new commissioners who are outstanding additions to the GaCDHH. A swearing in ceremony was held on August 2nd, 2022; current Commissioners are looking forward to working with our fellow commissioners. The GaCDHH thanks Governor Kemp for selecting the individuals below and for granting a ceremony which was attended by many friends and family members. Currently, there are two open positions to be appointed by the Senate Committee on Assignments and by the Speaker of the House of Representatives. The GaCDHH hopes to have these appointments made within the next 12 months and will forward resumes of those interested with the Senate Committee and the Speaker of the House. See Appendix B-D for a complete list of appointees for the GaCDHH, the Multiagency Taskforce and the Stakeholder Advisory Committee.

The new commissioners appointed are (in clockwise order):

- Anne McQuade – Filling Position of DeafBlind Adult
- Dr. Paula Harmon – Filling Position of Private Provider of Services for DHH
- Ibrahim (Ib) Dabo – Filling Position of Late Deafened Adult
- Dr. Alison Morrison – Filling Position of Audiologist (not pictured)



Monthly Collaborative Meetings Between the DPH and the DOE

A key recommendation in last year's report was to develop a tight collaboration between the GaDOE and the DPH. A core team meets monthly to discuss child and family outcomes as well as any potential barriers to implementing strategies identified in each annual Language and Literacy Report. The group consists of the GaDOE State Schools Division leadership, the DPH Maternal and Child Health and Evaluation Sections within the Health Promotion Division, and other DHH partners as appropriate. Data needs, necessary process improvements, staffing, partnerships, and new initiatives are discussed at these monthly meetings. Clearly, the progress shown in this report illustrates the power of collaboration and shared resources, and these meetings will continue as we seek to improve the state's on-time diagnostic ranking. Over the next 12 months, this collaborative will develop a list of key diagnostic performance indicators in order to track progress more regularly and identify and address gaps in service provision.

Georgia Mobile Audiology Partnership with the University of Georgia

Georgia Mobile Audiology and the University of Georgia hosted the inaugural, in-person Pediatric Audiology Symposium at the University of Georgia Speech and Hearing Clinic on July 30, 2022. This event was created to improve collaboration between providers and access to pediatric audiology services. The symposium was a full-day event with four sessions presented by two world-renowned audiology researchers: Dr. Marlene Bagatto from Western University in Ontario, Canada and Dr. Linda Hood from Vanderbilt University in Nashville, Tennessee. There were 70 registered attendees and sponsors from 5 states and 2 countries. This partnership between Georgia Mobile Audiology and the University of Georgia was such a success that organizers are planning an annual symposium.



See Appendix F and Appendix G for more information.

Expansion of Teleaudiology Diagnostic Services

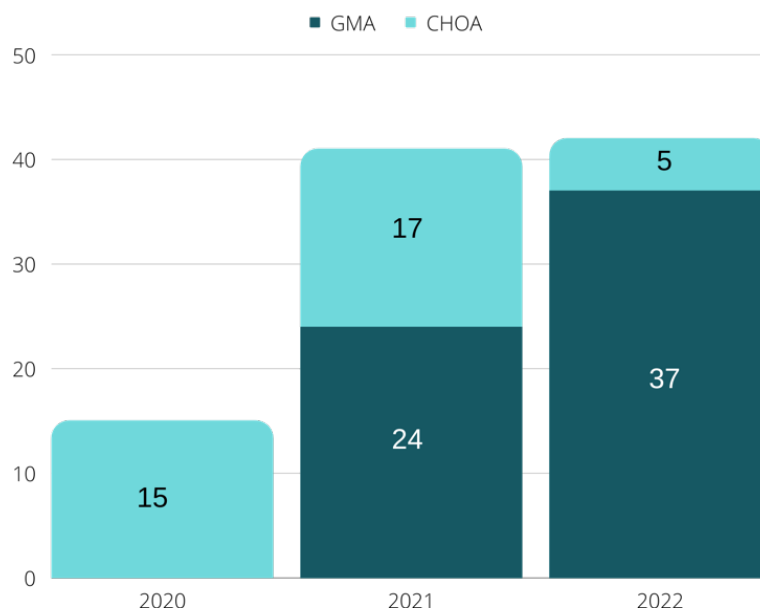
Currently, Georgia ranks #45 for audiologist/SLP availability and #41 for on-time diagnoses based on 2019 CDC estimates.^{5 6} In last year's report, the authors emphasized Georgia's lack of pediatric audiologists and resources, especially in rural areas. This year, the authors emphasize the need for the state to continue its investments in teleaudiology service models to address the extremely low rate of reported diagnostic testing.

In 2021, EHDI added the option for audiologists to specify if teleaudiology was used when reporting an infant's diagnostic data into the SENDSS database. The data presented here are likely underestimated as tracking is reliant on audiologist self-report.

The data collected to date indicate that teleaudiology services are growing rapidly in the state. The number of infants served via teleaudiology has tripled from 2020 to 2021 according to the DPH SENDSS data due largely from the efforts of CHOA and the GaDOE's GMA program.

Teleaudiology Diagnostics Explodes in the State of Georgia

of Infants Served via Teleaudiology triples from 2020 to 2021



Source: Georgia DPH EHDI as of August 4, 2022. EHDI began collecting diagnostic data specific to teleaudiology via SENDSS in 2021 so 2020 data are likely underreported.

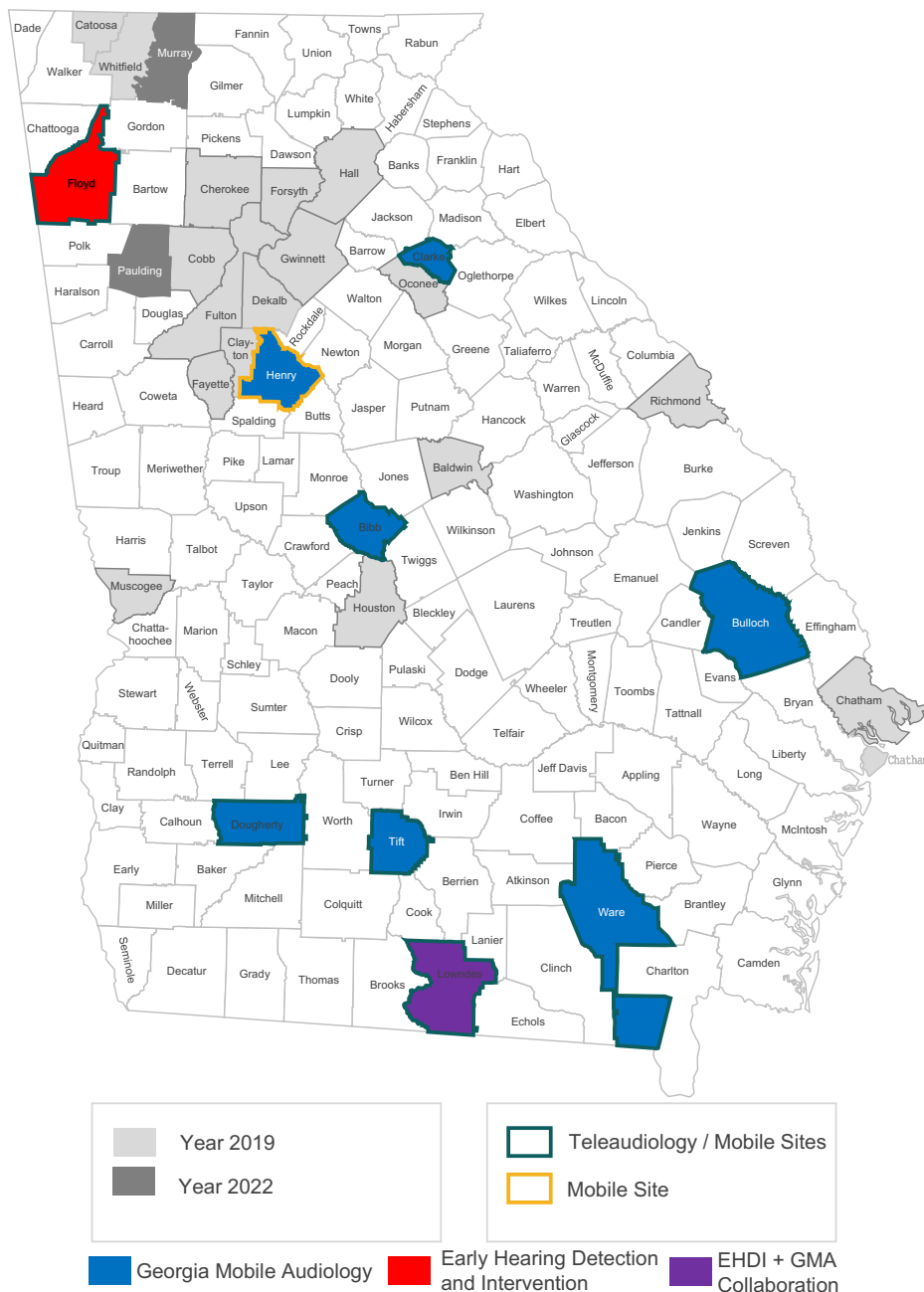
⁵ Brook, Gail P. Annual Workforce Data: 2021 ASHA-Certified Audiologist and Speech Language Pathologist to Population Ratios. American Speech-Language Hearing Association, July 2022.

⁶ 2019 CDC EHDI Hearing Screening & Follow-up Survey (HSFS). Includes cases of normal hearing and hearing loss. Alabama, Mississippi and Colorado did not report in 2019.



Since the 2019 Year 1 report, there has been a growing expansion of both in person and mobile/teleaudiology availability in the state as seen below.

Infant Hearing Diagnostic Centers



GMA Expands and Valdosta is a Standout Performer

Currently EHDI and GMA have different data collection methodologies. Therefore, numbers in the table below may not correlate with teleaudiology diagnostic data previously mentioned. GMA shared internal data for the purpose of this report. A key goal for future reporting is for EHDI and GMA to work together to create a common methodology for data collection.

As seen in the image above, GaDOE's Georgia Mobile Audiology (GMA) program experienced considerable growth over the last 12 months. In fact, EHDI recently contracted with GMA to provide training to individuals who provide infant hearing testing (i.e., EHDI district coordinators, hospital staff, health department nurses, audiologists, etc.).

While in its infancy, Georgia's teleaudiology work has received national attention from states interested in replicating Georgia's model. Requests were received from the following states: Ohio, Michigan, and North Carolina. Georgia is poised to be a nationally recognized innovator in terms of teleaudiology as long as our programs continue to receive funding and support.

GMA is funded by the Georgia General Assembly via the GaDOE's State Schools Division. Both newborn hearing screening follow-up (via OAE and Automated Auditory Brainstem Response (AABR)) and diagnostic non-sedated ABR evaluations are currently available at ***no cost*** to families through GMA.

GMA employs three full-time pediatric audiologists and four parent navigators who have been cross-trained as audiology assistants located in different geographical areas around the state. The OAE code change (previously detailed) will allow these navigators/assistants to conduct hearing screenings on infants over 3 months of age; this will greatly improve the reach and efficacy of the program. GMA also has a fully-equipped mobile van capable of providing these and other more intensive diagnostic services statewide.

GMA is also providing audiological services to the following Regional Educational Service Agencies (RESAs): Coastal Plains (South), Heart of Georgia (Middle), Southwest Georgia Learning Resources System (Albany and Bainbridge), Georgia School for the Deaf (Cave Spring), and the Rural Education and Innovation Project (Southwest RESA and Chattahoochee-Flint RESA). The table below illustrates the expansion of services within GMA over the past three years.

GMA's growth has been supported through funding from the Literacy for Learning, Living, and Leading (L4GA) grant with an investment of \$70K in 2021 which was used to purchase two diagnostic ABR equipment bundles that rove across the state as needed. More information about GMA can be found in Appendix E.

Georgia Mobile Audiology Expansion 2020-2022

GMA Service	2020	2021	2022 (as of August)
Newborn Hearing Screenings	3	29	61
Diagnostic ABRs (Non sedated)	64	41	67
# Identified with Hearing Loss	8	15	26
Soundbooth Tests	0	91	57
Hearing Aid Batteries Distributed*	380	91	29
EHDI Public Health Districts Referring (out of 18)	3	5	6
School-aged Hearing Screenings	25	3	2
Full time Pediatric Audiologists	2	2	3
Full time Parent Navigators / Audiology Assistants	1	2	4
Service Locations			<ul style="list-style-type: none"> • Coastal Plains (Valdosta) • Heart of Georgia (Middle) • Southwest Georgia Learning Resources System (Albany) • The Georgia School for the Deaf (Cave Springs) • Rural Education and Innovation Project (SW RESA and Chattahoochee-Flint RESA)

Source: GaDOE GMA as of 8-17-22. *Via collaboration with the Jason Cunningham Charitable Foundation

The growth in infant diagnostic testing via teleaudiology is mostly due to the strong partnership between the Valdosta area EHDI coordinator (Catina Everett) and the GMA Parent Navigator (Stormey Cone) which beautifully illustrates cross-agency collaboration at its finest. If this collaboration is replicated in every public health district, there will, undoubtedly, be a measurable improvement in the state's diagnostic ranking. Currently, the CDC ranks Georgia as #41 in the country for on-time diagnostic testing. However, this expansion will require future investments by the state as well as continued collaboration and data sharing between the EHDI and the GMA.

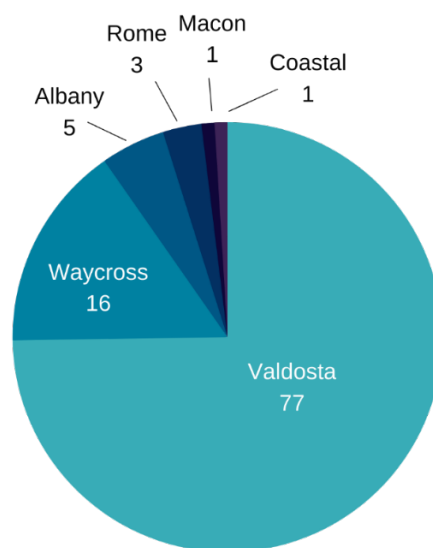
Of 103 reported teleaudiology diagnostics reported from 2017 to present, 77 were from the Valdosta area. This is exceptional considering that the average annual reported diagnostic evaluations *for the entire state* is just under 1,000. In addition, GMA's no-show rate is 2% - 4%, far lower than typical no-show rates for pediatric otolaryngology practices (the closest discipline with published numbers) which is generally around 23%.



Valdosta Case Studies

While the data above indicate that continued investment in and expansion of teleaudiology services is both possible and necessary, it is the focus on timely identification of hearing loss (i.e., diagnosis by 3 months of age) and timely enrollment into appropriate and effective early intervention services (i.e., by 6 months of age) that builds the foundation for children who are DHH to reach their full potential. The following case studies illustrate how the seamless integration of the DPH's EHDI services, the DOE's GMA services, and the determination of a parent/caregiver can have positive lifelong benefits. These case studies also illustrate the many barriers families must overcome in the current DHH ecosystem which is at present time extremely difficult to navigate. The authors will follow these children's progress and will include their journeys in the Year 5 Annual report. The Year 5 Annual report will focus on public and private early intervention services for children who are DHH and their families. Public early intervention services are provided through Babies Can't Wait at the DPH and Georgia PINES at the GaDOE. It is important to emphasize that the children in these case studies require access to listening and spoken language therapies in order to learn and use language using their cochlear implants (CIs). These listening and spoken language therapies (also known as Auditory Verbal Therapy – AVT) are not available through state-funded programs and are only available through a limited number of private practices. The authors are looking to identify at least two more children and their families for case studies: (1) a child who uses American Sign Language (ASL) and (2) a child who uses ASL and spoken English for inclusion in the Year 5 Annual Report. These longitudinal case studies will be used to inform the development of individualized birth to literacy plans as required by OCGA § 30-1-5.

Valdosta Responsible for Majority of Teleaudiology Diagnostics Reported
2017 - August 2022



Source: CDC EHDI SENDSS Request, 2017-present as of August, 2022.

Lyrik's Story

Kamiila was a 16-year-old sophomore at Brooks County High School when in December 2020, she had her beautiful daughter, Lyrik. Lyrik was the image of a healthy and happy baby girl with the world in front of her. Lyrik was born in 2020, and her mother Kamiila was informed at the hospital that Lyrik did not pass her newborn hearing screening and needed additional hearing testing. Several days later Catina Everett, the EHDI coordinator for the Valdosta area, received notice of the referral from the birthing hospital. Catina contacted Kamiila to schedule a follow up screening. Lyrik was diagnosed with hearing loss through teleaudiology provided by Children's Healthcare of Atlanta (CHOA). Because of this public-private partnership and the availability of teleaudiology services, Lyrik was diagnosed with hearing loss before three months of age per CDC guidelines.

After several months of working with Kamiila and Lyrik, Catina reached out to Stormey Cone, Parent Navigator/Family Engagement Coordinator with Georgia Mobile Audiology (GMA) to share that there was a baby in the Valdosta area who was recently diagnosed with profound hearing loss through the CHOA teleclinic. Catina said that she wished there was something more she could do to help the family. Stormey informed Catina that Parent Navigation services were available to the family once permission forms were completed. Catina contacted the family, and the forms were delivered to GMA immediately.



Upon enrollment, Stormey contacted Kamiila and immediately stepped in and assisted the family by connecting them with a private nonprofit, the Jason Cunningham Charitable Foundation, which helped Lyrik and her mom travel to Atlanta in order to have a follow-up ABR performed (per CHOA's policy) since the first ABR was administered through teleaudiology. This was to confirm that Lyrik was deaf. Doctors determined that Lyrik was a cochlear implant candidate, and the family made an informed decision to pursue cochlear implantation surgery at CHOA. GMA Parent Navigation provided ongoing family education and support throughout the process. In December 2021, Lyrik underwent bilateral cochlear implant surgery. She is now enrolled in early intervention services through Georgia PINES where Kamiila is learning how to teach Lyrik to use her cochlear implant in order to listen and speak. It is critical that Lyrik receives ongoing listening and spoken language therapies so that she may achieve age-appropriate language and on-grade-level literacy so that she may reach her full potential.

Lyrik has come a long way from where she began. Lyrik's language, literacy, and academic trajectories are on the same trajectories as her hearing peers. Without the seamless partnership between the DPH's EHDI, CHOA and GaDOE's GMA, Lyrik's story would have had a different ending. It is critical that Lyrik receive timely, individualized early intervention services that include direct therapies to the child and the family to ensure her development of age-appropriate language. The authors will continue to follow Lyrik's progress. Stormey continues to work to guide Kamiila on her journey and the two have developed a close bond.

Kymberlee's Story

GMA received a timely referral from Catina Everett, the DPH's EHDI district coordinator, to complete diagnostic ABR testing on Kymberlee, a 2-month-old from Valdosta, Georgia. Kymberlee was seen via GMA's teleaudiology clinic and was diagnosed with bilateral sensorineural hearing loss.

Understandably, Kymberlee's parents were trying to process the implications of this new diagnosis. GMA's Parent Navigator, Stormey Cone, assisted the family with the nuanced logistics of the next steps towards early intervention. Kymberlee's parents learned there was not an audiologist close by who accepted their insurance plan. Together, Stormey and Kymberlee's family worked to successfully change insurance plans in order to access audiological management closer to home.



Kymberlee is now enrolled in early intervention through the GaDOE's Georgia PINES with a skilled and experienced early interventionist, Nicole Kusek. Together, Stormey and Nicole communicate regularly to make sure Kymberlee is meeting appropriate language milestones. Kymberlee's mother asked Stormey to join the family at their first appointment with the local audiologist. The audiologist commented that Kymberlee's parents understand the nuances of hearing loss and the need for language nutrition far more than most families at this stage.

The public-private partnership between the GaDOE's GMA and Georgia PINES, CHOA, and the DPH's EHDI coordinator enabled Kymberlee's family to receive a diagnosis when she was 17 days old and on-time enrollment in Georgia PINES early intervention services. Kymberlee is now on the path to age-appropriate language and literacy. The authors will continue to follow Kymberlee and share her progress in the Year 5 Annual Report with her parents' permission.

Award of GEER II Funds to Expand Teleaudiology

The authors are grateful to Governor Kemp and the General Assembly for granting \$1.3 million for the expansion of teleaudiology across the state. These funds will be used to contact babies who were “lost to follow up” largely due to COVID-19. The GaDOE State Schools Outreach Division and the DPH’s EHDI Program will work together to streamline a referral process to identify children who need follow-up audiological services and potential enrollment into early intervention services (i.e., if hearing loss is diagnosed). The authors will report on this teleaudiology expansion in next year’s report.

The GEER-II grant funds (with long-term GaDOE funding for sustainability) will be used to:

- Purchase 6 sets of teleaudiology equipment
 - Subsequent maintenance and repair will be funded by GaDOE State Schools Division.
- Hire one full-time, permanent teleaudiologist in the South Georgia region
 - GaDOE State Schools Division currently funds 3 full-time audiologists
 - GEER-II funds will support the first year of employment for the fourth audiologist; subsequent years will be funded by the GaDOE State Schools Division.
- Immediately expand teleaudiology services from two zones in Georgia to four (see graphic below) and develop a plan to roll out teleaudiology services to the rest of the state by 2023.
 - Statewide services to be sustained through GaDOE State Schools Division funding.
- Oversee all program management, data reporting, and data collection
 - Program oversight to be sustained through GaDOE State Schools Division funding.
- Deliver teleaudiology services at no cost to families (removing barriers due to economic disparity across the state)
 - No cost service delivery to be sustained through GaDOE State Schools Division funding.
- Hire 3 new audiology techs/parent navigators to serve the entire state
 - GaDOE State Schools Division currently funds 3 full-time audiology technicians/Parent Navigators.
 - GEER-II funds will support the first year of employment for the fourth audiologist; subsequent years will be funded by the GaDOE State Schools Division.
- Hire a full-time, permanent insurance and Medicaid coordinator
 - GEER-II funds will support the first year of employment for insurance/Medicaid coordinator; subsequent years will be funded by the GaDOE State Schools Division.

Current Teleaudiology/Parent Navigation Ecosystem

Currently, there are only two zones in the state with full teleaudiology and parent navigation capabilities. This grant, once fully implemented, will ensure these services are rolled out statewide so that all babies have access to critical hearing and early intervention services regardless of income or geographic location.

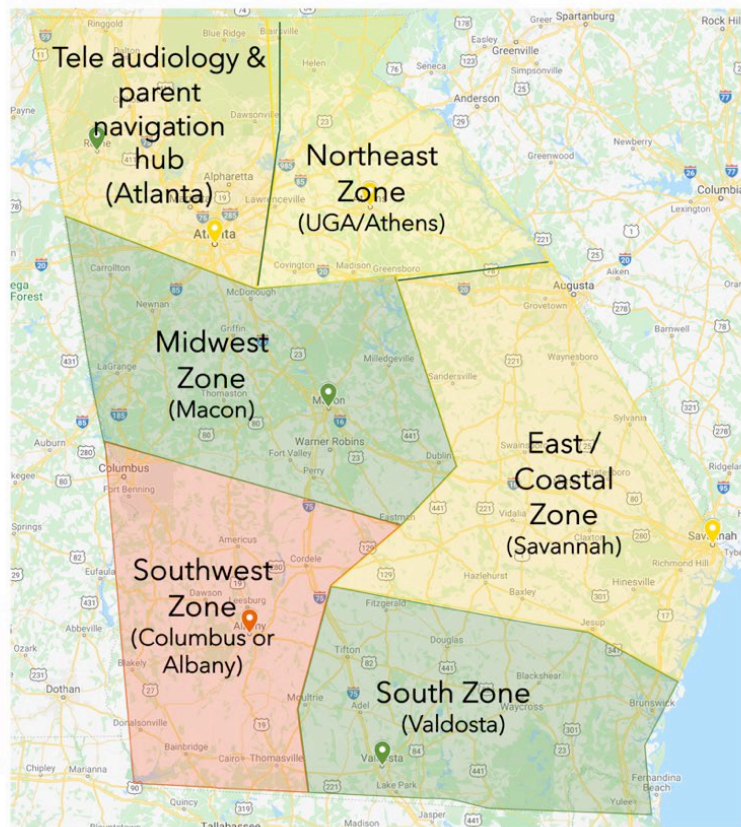
Current Parent Navigation & Tele-Audiology Ecosystem:

Services in Place

Partial Services

No Services

Shared Grant Goal
Every baby in the state will have access to parent navigation and tele audiology services to achieve 1-2-3 benchmarks.



Recommendations for Improvement

Hiring of a Full-Time GaCDHH Executive Director

Since its inception in 2007, the GaCDHH has not had a budget allocated for its work. All 12 Commissioners work entirely on a volunteer basis as does the current Executive Director. This is not the norm in other state commissions for the DHH. There are many needs within the DHH population above and beyond age-appropriate language and on-grade-level literacy as the Commission serves the DHH Community across the lifespan. The GaCDHH requires a full-time Executive Director in order to expand and continue its scope of work – especially within the DHH adult population. This year, GaCDHH received an allocation of \$20,000 via line 2644 under the Georgia Vocational Rehabilitation Agency. The GaCDHH will work with the GVRA to ensure funds are used for the operation of the GaCDHH, however the commission is in need of an additional allocation as a full-time Executive Director salary range is \$65,000 to \$95,000 per the National Association of State Agencies of the Deaf and Hard of Hearing (See Appendix H).

The NASADHH recently published a 2021 analysis of all state DHH commissions which includes allocation for budgeting and staff. Of the 28 states responding to the NASADHH survey, 23 have at least some funding for their operations, with the average appropriation at almost \$2M and the median at \$660,000. In addition, all states responding, except for Georgia and Iowa, have at least one FTE staff position solely dedicated to commission work with the average being eight FTE staff positions (See Appendix I).

The GaCDHH would welcome the opportunity to discuss the possibility of an additional allocation with the Office of Planning and Budget (OPB) before next year's report. This allocation would be used to fund a full-time Executive Director position so that the necessary focus can be given to the rights and needs of all Georgians who are DHH.

Annual Letter from Dr. Kathleen Toomey

The above-mentioned letter sent by Dr. Kathleen Toomey resulted in significant improvements in required reporting as detailed above. The GaCDHH thanks Dr. Kathleen Toomey for her attention to this reporting issue, especially considering the myriad challenges COVID-19 has presented to those in the public health sector. Her communication to audiologists across the state is undoubtedly responsible for much of the improvement in SENDSS 7-day reporting compliance and the increase in identification in the months following. The GaCDHH requests that this communication be continued on an annual basis as the DPH works to improve the state's diagnostic ranking. This letter may act as a safety net for new pediatric audiologists as the field continues to experience significant turnover.



A Continued Partnership Between the DPH and the DOE

Monthly meetings between the DPH and the DOE have clearly resulted in measurable improvements across the state. These meetings should continue, and additional partners should be included to expand the team's focus to early intervention and scaling statewide teleaudiology services. This collaborative is committed to creating mutual performance indicators that can be assessed on a regular basis in order to identify challenges in real time and implement solutions and measure child and family outcomes in an iterative process.

Additional Recommendations

- Explore statewide school-aged hearing (and vision) screening
- Develop a strategic plan for statewide OAE expansion
- Continue digital communications with state audiologists with regards to SENDSS compliance
- Continue collaboration and referrals between EHDI and GMA
- Analyze DHH Grade 3 ELA Milestones data to identify drivers of improvement
- Complete in-depth analysis of the availability and effectiveness of Early Intervention services in the state available from both the DPH (via Babies Can't Wait) and the GaDOE (via Georgia PINES)
- Fill open positions within the GaCDHH and (contingent upon funding) begin the recruitment and interview process for full-time Executive Director
- Evaluate and recommend changes to Medicaid coverage for children's hearing and language services
- Develop a working template for an individualized birth-to-literacy plan with data sharing in place for DHH-specific GTIDs from Diagnosis to Grade 3
- Review Educational ASL Interpreter Licensure Compliance Statewide to ensure access to effective instruction in the classroom
- Standardize data definitions and collection methodology between GMA and EHDI
- Complete a quantitative and qualitative evaluation of availability and effectiveness of EI services (including public and private providers)

Most importantly, to continue following the progress of Lyrik and Kimberlee to qualitatively identify the availability and effectiveness of early intervention services within both BCW and Georgia PINES to develop an individualized Birth-to-Literacy Plan for *every* DHH child in the state of Georgia.

Thank you to Governor Kemp and Georgia's General Assembly

The Georgia Commission for the Deaf or Hard of Hearing (GaCDHH) sincerely thanks Governor Kemp and the General Assembly for the intentional and intensive focus on Georgia's children who are DHH. Special thanks must be given to Chairman Penny Houston whose tireless efforts to support and advocate for Georgia's children who are DHH have resulted in multiple pieces of legislation, policy changes, public assistance programs, funding, and many other efforts designed to improve child and family outcomes.

This is an exciting time to be working for the future of Georgia's children who are DHH. The GaCDHH, the DPH, the DECAL, and the GaDOE thank each of you for your time and commitment to Georgia's children who are DHH. With timely and effective support, our children CAN achieve their full potential.



Appendix A: Letter from Dr. Kathleen Toomey Regarding SENDSS Compliance



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142

dph.ga.gov

September 09, 2021

Dear Georgia Audiologists:

The Georgia Department of Public Health (DPH), Maternal and Child Health (MCH) Section within the Division of Health Promotion, Early Hearing Detection and Intervention (EHDI) Program is committed to ensuring that congenital hearing loss in infants and young children in Georgia is identified as soon as possible to promote the development of communication, language, and literacy. According to the Centers for Disease Control and Prevention (CDC) annual EHDI survey, Georgia is currently in the bottom third of the nation in meeting established benchmarks for newborn hearing screening, diagnostic evaluation, and enrollment into early intervention services for infants with congenital hearing loss. The impact of the COVID-19 pandemic has further increased the number of infants and young children lost to follow-up or lost to documentation in Georgia. To this end, DPH is reminding all audiologists providing services to children ages 5 and under in Georgia report follow-up results from newborn hearing screening and suspected or confirmed permanent childhood hearing loss to DPH.

Electronic reporting of audiological results through the State Electronic Notifiable Disease Surveillance System (SendSS) was implemented in 2014 and all audiologists providing services to infants and young children were required to register and establish personal accounts for reporting results through the Audiology Portal within SendSS by August 1, 2014. Electronic reporting directly into SendSS minimizes data entry errors, removes the need for non-audiologists to interpret and transfer data into SendSS, and streamlines access to early intervention and support services for infants and young children with confirmed permanent childhood hearing loss and their families, ultimately improving service delivery and promoting communication development. Results of all follow-up testing from newborn hearing screening, suspected hearing loss (referral on newborn hearing screening or follow-up hearing screening) and confirmed permanent hearing loss (birth through age 5) are mandated to be reported to DPH within 7 days of testing under the Georgia's Notifiable Disease regulations. Audiologists who do not have an account for the SendSS Audiology Portal may register for an account at <https://sendss.state.ga.us/sendss/login.screen>.

Please help EHDI ensure that all infants and young children who are deaf or hard of hearing and their families are reported to DPH and connected to early intervention and support services. If you have any questions regarding reporting hearing loss or if you would like to set up an orientation to using the SendSS Audiology Portal for you or your facility, please contact the EHDI Team Lead Dr. Brandt Culpepper at Brandt.Culpepper@dph.ga.gov.

Sincerely,

Kathleen E. Toomey, M.D., M.P.H.
Commissioner and State Health Officer

We protect lives.



GEORGIA COMMISSION
FOR THE DEAF OR HARD OF HEARING

Appendix B: Appointees for the Georgia Commission for the Deaf or Hard of Hearing and Update (GaCDHH)

The GaCDHH 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 GaCDHH 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 GaCDHH 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. On August 2nd, Governor Kemp appointed four new positions indicated by an asterisk below. The GaCDHH is waiting on additional appointments by the Senate Committee on Assignments and the Speaker of the House.

Position	Appointed By	Current Commissioner
DHH adult – ASL	Governor	Jimmy Peterson
DHH adult – English	Governor	Jennifer Clark
DHH adult – English and ASL	Governor	Ellen Rolader
DeafBlind Adult	Governor	Anne Mcquade*
Late deafened (after 18 years)	Governor	Ibrahim Dabo*
Parent of DHH Child – English	Governor	Kelly Jenkins
Parent of DHH Child – ASL	Governor	Deshonda Washington
Otolaryngologist or Audiologist	Governor	Dr. Alison Morrison*
Private Provider of Services for DHH	Governor	Dr. Paula Harmon*
Person involved w/Programs for DHH	Governor	Dr. Amy Lederberg
At Large	Senate Committee on Assignments	
At Large	Speaker of the House	
Current Chairperson	GaCDHH Votes	Kelly Jenkins

Appendix C: Appointees for the Multiagency Task Force

Created within the GaCDHH 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 Georgia Department of Education (GaDOE) 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 GaCDHH	Kelly Jenkins
Executive Director of Task Force	Dr. Stacey Tucci – GaDOE Language and Literacy Director
GaDOE – Direct authority over Deaf Education	Dr. Kenney Moore – Executive Director of GaDOE Division of State Schools
DPH – Direct authority over Early Intervention	LaToya Osmani – Division Director of the Division of Health Promotion Jeannine Galloway – Maternal and Child Health Section Director Tina Turner – Child Health Services Deputy Director Kimberlee Spencer – Deputy Director of Early Intervention
DECAL – Authority over Preschool Programs	Jennie Couture – Practice and Support Services Director
DPH – State EHDI Coordinator	Dr. Brandt Culpepper – Early Hearing Detection and Intervention Team Lead
DPH – The Division of Health Promotion – Direct Responsibility over Data Management	Michael Lo – EHDI Data Manager/Program Evaluator
GaDOE – Direct Responsibility over Data Management	Nicholas Handville – Chief Data and Privacy Officer
State Board of Education Member	Scott Sweeney – 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 D: 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 GaCDHH 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, Atlanta Area School for the Deaf	Wende Grass
Teacher – Spoken English, Metro School	Lesley Cauble
Pediatric Audiologist	Dr. Jill Maddox

Appendix E: Additional Information on Georgia Mobile Audiology



WHAT IS GEORGIA MOBILE AUDIOLOGY?

Georgia Mobile Audiology is funded by the Georgia Legislature and the GA Department of Education, State Schools Division. It is charged with addressing the shortage of available pediatric audiology services to ensure that children with hearing loss in Georgia can reach their full potential in language and literacy.

Our goals for Georgia Mobile Audiology are to ensure that:

- Families have equal access to audiological services throughout the state
- Babies receive timely newborn hearing screening follow-up services
- The overall rate of children lost to follow-up goes down and does not disproportionately affect children in rural areas
- School-aged children receive timely ongoing care and management

FREQUENTLY ASKED QUESTIONS

WHO ARE SERVICES PROVIDED TO?

- Children birth to 22 years of age
- Children with lack of audiological care near their home, insurance barriers, risk factors for loss-to-followup
- Professionals who are interested in professional development

WHAT SERVICES ARE PROVIDED?

- Newborn hearing screening follow-up
- Diagnostic non-sedated Auditory Brainstem Response (ABR) evaluations
- Diagnostic behavioral testing
- Hearing aid management
- Family education
- Community outreach
- Care coordination

HOW DO I MAKE A REFERRAL?

Email us at MAPinfo@doe.k12.ga.us or fill out our [contact form](#)



NEED SERVICES?
REACH OUT
TO US!



INTERESTED IN LEARNING MORE?

Check out our website: www.GAMobileAudiology.org



Richard Woods, Georgia's School Superintendent | Georgia Department of Education | Educating Georgia's Future



GEORGIA COMMISSION
FOR THE DEAF OR HARD OF HEARING

Georgia Mobile Audiology *Infant Hearing Testing Program*

**Georgia Mobile
Audiology (GMA)**
provides infant hearing
testing free of charge to
families in Bibb, Bulloch,
Dougherty, Henry,
Lowndes, Tift, and Ware
Counties



GMA has 7 infant hearing clinics around the State (see back for map of test sites and how to schedule) due to the lack of pediatric audiologists who perform diagnostic infant hearing testing,

Our goal is for every child in the State of Georgia to have timely access (before 1 month of age) to follow-up hearing testing if they failed the newborn hearing screening.

All testing is free-of-charge.

Georgia Department of Education
Division of State Schools



www.GAMobileAudiology.org



GEORGIA COMMISSION
FOR THE DEAF OR HARD OF HEARING

Appendix F: Pediatric Audiology Symposium

THE UNIVERSITY OF GEORGIA®

Pediatric Audiology SYMPOSIUM

PROUDLY HOSTED BY



Speech and Hearing Clinic

Mary Frances Early College of Education

UNIVERSITY OF GEORGIA

IN PARTNERSHIP WITH



2022 PROGRAM COMMITTEE

Sandie Bass-Ringdahl, Ph.D.

Darby Hightower, Au.D.

Melanie Morris, Au.D.

Alison Morrison, Au.D.

Message from the Program Committee

Welcome to Athens! Thank you for joining us for this exciting event! We are thrilled to bring these renowned speakers to our local community to promote continuing education and best practices in pediatric audiology. We are also eager to provide audiologists with shared interests the chance to connect and network with one another today. Thank you for your part in making this event possible.

ugapediatricaudiologysymposium.org



GEORGIA COMMISSION
FOR THE DEAF OR HARD OF HEARING

Appendix G: Pediatric Audiology Symposium Agenda

AGENDA

8-9 a.m.

Breakfast and Check In
Exhibit tables open

9-9:15 a.m.

Welcome

9:15-10:45 a.m.

Marlene Bagatto, Au.D., Ph.D.
The Challenging Opportunities of Managing Children who
have Mild Bilateral or Unilateral Hearing Loss: Part 1
Sponsored By: Georgia Charitable Care Network

10:45-11 a.m.

Break and Exhibit tables open

11 a.m.-12:30 p.m.

Marlene Bagatto, Au.D., Ph.D.
The Challenging Opportunities of Managing Children who
have Mild Bilateral or Unilateral Hearing Loss: Part 2
Sponsored By: Cochlear Americas

12:30-1:15 p.m.

Lunch and Exhibit tables open

1:15-2:45 p.m.

Linda Hood, Ph.D.
Accurate Application of Auditory Brainstem Responses in the
Pediatric Audiology Test Battery
Sponsored By: Center for Leadership in Disability (Ga LEND)

2:45-3 p.m.

Break and Exhibit tables open

3-4:30 p.m.

Linda Hood, Ph.D.
Differential Diagnosis and Intervention in Patients with
Auditory Neuropathy/Auditory Synaptopathy
*Sponsored By: Dr. G'Anne Thomas & Associates Hearing &
Balance Clinic*

4:30-4:45 p.m.

Conclusion

4:45-6:30 p.m.

Networking Reception
Please stay for a drink and enjoy the opportunity to network
with other audiologists.
Sponsored By: Vivosonic and Pediatric ENT of Atlanta, PC

UGA Speech and Hearing Clinic is approved by the American Academy of Audiology to offer Academy CEUs for this activity. The program is worth a maximum of 0.65 CEUs. Academy approval of this continuing education activity is based on course content only and does not imply endorsement of course content, specific products, or clinical procedure, or adherence of the event to the Academy's Code of Ethics. Any views that are presented are those of the presenter/CE Provider and not necessarily of the American Academy of Audiology.



Appendix H: Analysis of Salary Ranges for Executive Directors

	2020		2009		2004	
Salary Range	N	%	N	%	N	%
\$0 - 25,000	0	0	0	0	0	0
\$25,001 -35,000	0	0	0	0	0	0
\$35,001 -45,000	2	5	4	10	2	8
\$45,001 – 55,000	2	5	5	13	7	28
\$55,001 – 65,000	3	8	7	18	3	12
\$65,001 – 75,000	5	13	5	13	7	28
\$75,001 – 85,000	5	13	6	15	5	20
\$85,001 – 95,000	5	13				
\$85,001 – Higher			10	26	1	4
\$95,001 - Higher	10	25				
No Response	7	18	2	5	0	0
Total	39	100	39	100	25	100



Appendix I: Analysis of Funding for State Commissions for the DHH

State	Full-Time Equivalent (FTE) Staff Positions	Part-Time Staff Positions	Total Appropriation
North Carolina	1	0	\$ 17,000,000
Virginia	11	0	\$ 4,300,581
Texas	23	0	\$ 4,100,000
Arizona	17	1	\$ 4,000,000
Louisiana	3	0	\$ 2,760,000
Hawaii	20	0	\$ 2,384,284
Colorado	10	0.7	\$ 2,335,000
Minnesota	5	15	\$ 2,200,000
Missouri	8	0	\$ 1,107,867
Nebraska	14	1	\$ 1,000,000
Massachusetts	47	4	\$ 686,300
Rhode Island	8	2	\$ 660,000
Pennsylvania	3	0	\$ 560,000
Maryland	3	1	\$ 450,000
Idaho	3	1	\$ 371,400
Indiana	2	3	\$ 326,000
Kansas	2	0	\$ 260,000
New Hampshire	1	0	\$ 250,000
Kentucky	14	0	\$ 214,800
Delaware	1	0	\$ 154,380
Florida	1	0	\$ 110,990
Mississippi	3	0	\$ 49,400
Nevada	1	0	\$ 25,000
Georgia	0	0	\$0
Iowa	0	0.3	\$0
Michigan	4	0	\$0
West Virginia	2	0	\$0
Wisconsin	8	0	\$0
Average	8	1	\$ 1,969,826
Median	3	0	\$ 660,000

Appendix J: Glossary of Terms

1-3-6 EHDI Guidelines – National best practices/guidelines established by EHDI encouraging screening by one month of age, diagnosis of hearing loss by three months of age, and entry into EI services by six months of age.

504 Plan – The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment.

AAA – American Academy of Audiology

AAP – American Academy of Pediatrics

ASL – American Sign Language

AtL – Access to Language (AtL) initiative at Grady Hospital

ASTra Program – Advocacy Support & Training (ASTra) Program – Program available through Georgia Hands and Voices which provides parents with training on educational law and how to effectively advocate for their child, an advocate to assist them with IEPs, IFSPs and transition services and additional services and supports as needed.

AtL – Access to Language

AVC – Auditory Verbal Center

BCW – Babies Can't Wait – Provides services to improve developmental potential of infants and toddlers birth to age 3, with developmental or chronic health conditions. Provided under the DPH.

BIBS – Babies Information and Billing Services – web-based central repository of case management data on children enrolled in and served by BCW.

BVI – Blind-Visually Impaired

CACDS – Georgia's Cross Agency Child Data System (CACDS) aligns critical data from programs and services for children zero to five and their families. The purpose of the system is to identify services gaps, create opportunities for analysis and research, and provide an integrated and aligned approach to demonstrate how the state is meeting the needs of its youngest learners. Data are sent to the system from four partners currently, three agencies and Head Start grantees across the state. All participating programs are represented by a Governance Committee that meets regularly to discuss priorities for Georgia's CACDS (www.gacacds.com).

CDC – Centers for Disease Control and Prevention

DHH – Deaf or Hard of Hearing - A student who is Deaf or Hard of Hearing is one who exhibits a hearing loss, whether permanent or fluctuating, that interferes with the acquisition or maintenance of auditory skills necessary for the normal development of speech, language, and academic achievement. [Refer to 34 CFR 300.7 (3), (5)]

DB – DeafBlind

DECAL – The Department of Early Care and Learning – Also referred to as Bright from the Start, Georgia

Department of Early Care and Learning is responsible for meeting the childcare and early education needs of Georgia's children and their families.

GaDOE or DOE – The Georgia Department of Education or the Department of Education – Oversees all aspects of K-12 public education in the state. The GaDOE is also responsible for the education of Children who are DHH ages 3 - 22. Includes Atlanta Area School for the Deaf and Georgia School for the Deaf.

DPH – The Georgia Department of Public Health – Lead agency in preventing disease, injury, and disability; promoting health and well-being; and preparing for and responding to disasters from the health perspective. Includes Maternal and Child Health (MCH) which oversees newborn screening and Early Hearing Detection and Intervention (EHDI) which provides services for Children who are DHH birth to 3.

EHDI – Early Hearing Detection and Intervention – Provided under the DPH, EHDI maintains and supports the statewide screening and referral system. This includes screening for hearing loss in the birthing hospital; referral of those who do not pass the hospital screening for rescreening; diagnostic audiological evaluation as appropriate, as well as linkage to appropriate intervention for those infants diagnosed with hearing loss.

EI – Early Intervention – The provision of services to infants and young children with developmental delays and disabilities and their families. May include speech therapy, physical therapy, and other types of services.

FERPA – The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Georgia Hands & Voices - A parent driven non-profit organization that provides peer to peer support to families of children who are Deaf or Hard of Hearing regardless of communication modality. Children are served from birth-21.

Georgia PINES – Georgia Parent Infant Network for Educational Services – EI program for families of children birth to three years with a diagnosed hearing loss and/or visual impairment. Georgia PINES' Sensory Kids Impaired – Home Intervention (SKI-HI) program provides weekly services for children who are DHH. Georgia PINES may serve children up to age 5. Children 4-5 years are small percentage of those served by Georgia PINES and typically occurs when a child is late enrolled to the program.

GaCDHH – Georgia Commission for the Deaf or Hard of Hearing – Created in 2007 to advocate for DHH persons, and work with state and federal agencies to promote economic development for DHH persons, and to recommend legislation to the governor and General Assembly.

Gen ED – General Education

Georgia Milestones English Language Arts (ELA) Assessment – A comprehensive, summative assessment program spanning grades 3 through high school which measures how well students have learned the knowledge and skills outlined in the state-adopted content standards in English Language Arts.

Georgia Pathway to Language and Literacy – A group of stakeholders founded Georgia Pathway in 2010 to advance the literacy proficiency of Georgia's children who are Deaf or Hard of Hearing (DHH).

GKIDS – Georgia Kindergarten Inventory of Developing Skills – A year-long, performance-based assessment used to provide teachers with information about the level of instructional support needed by individual students entering kindergarten and first grade. GKIDS data is recorded based on the school system's curriculum map or report card schedule. Individual student reports are generated at the end of the year based on the data the teacher has entered

throughout the year.

GLRS – The Georgia Learning Resources System – Network of 18 regional programs that provide training/resources to personnel and parents of students with disabilities to support academic achievement and post-secondary success. Provided under the GaDOE.

GMA – Georgia Mobile Audiology

GTA – The Georgia Technology Authority – Manages delivery of IT infrastructure services to the 85 Executive Branch agencies.

GTID – Georgia Testing Identifier – A unique, unchangeable, random ten-digit number assigned on a permanent basis to each student enrolled in a publicly funded K-12 Georgia school or program.

Healthy People 2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions and ensure the impact of prevention activities. <https://www.healthypeople.gov>

HIPAA – Health Insurance Portability and Accountability Act of 1996 – is federal legislation that provides data privacy and security provisions for safeguarding medical information.

HRSA – Health Resources and Services Administration – The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically, or medically vulnerable.

IDEA – Individuals with Disabilities Education Act – Passed in 1990, it replaced the Education for All Handicapped Children Act (EHA), which was passed in 1975 to replace the Rehabilitation Act of 1973. IDEA replaced EHA in order to place more focus on the individual, as opposed to a condition that individual may have – plus make many other improvements on the EHA, such as promoting research and technology development, details on transition programs for students post-high school and programs that educate children in their neighborhood schools, as opposed to separate schools.

IEP – Individualized Education Program – Framework for determining the meaning of the term a “free, appropriate public education” (FAPE) in the least restrictive environment (LRE), which is developed and reviewed annually and must be in effect at the beginning of each school year in accordance with IDEA (Individuals with Disabilities Education Act). This is an education document for children from three to 22 years of age.

IFSP – Individual Family Service Plan – Serves children birth to three years of age with a focus on family involvement. When a child moves from BCW to special education, the IFSP is replaced by an IEP.

INSITE – An EI program for children who are DHH, VI, or DB and who have additional disabilities and administrated through Georgia PINES.

JCIH - Joint Committee on Infant Hearing – National committee within the American Speech-Language-Hearing Association which addresses issues that are important to the early diagnosis, intervention, and follow-up care of infants and young children with hearing loss. Created the 1-3-6 Guidelines.

LSLS – Listening and Spoken Language Specialist Certification – Awarded by the AG Bell Academy which is the global leader in Listening and Spoken Language Certification. The requirements for the Listening and Spoken

Language Specialist (LSLS) Certification set universal professional standards for knowledge and practical experience providing listening and spoken language intervention for children who are DHH and their families.

MCH – Maternal and Child Health

NIH – National Institutes of Health

Part B Services – Provision of services for children with special needs from three years to 21 years as specified by IDEA.

Part C Services – Provision of services for children with special needs from birth through age two as specified by IDEA.

RESAs – Regional Educational Service Agencies – 16 agencies strategically located in service districts throughout the State of Georgia. The agencies were established for the purpose of sharing services designed to improve the effectiveness of the educational programs of the member school systems.

SendSS – State Electronic Notifiable Disease Surveillance System – the DPH’s information system for reporting screening, laboratory, and diagnostic results for notifiable diseases, including permanent hearing loss in children birth to five years of age.

SI – Sensory Impairment

SLDS – Statewide Longitudinal Data System (SLDS) - The Statewide Longitudinal Data System is designed to help districts, schools, and teachers make informed, data-driven decisions to improve student learning. SLDS is a free application that is accessed via a link in the district’s Student Information System (SIS). It provides districts, schools, and teachers with access to historical data, including Assessments, Attendance, Enrollment, Courses, and Grades beginning with the 2006-2007 school year.

SPED – Special Education

TWMB – Talk with Me Baby – A collaboration of six leadership organizations including the DPH, the GaDOE, and the Campaign for Grade Level Reading working to bring the concept of language nutrition into public awareness and to educate caregivers on the importance of talking with their baby every day. This program is not specific to Children who are DHH.

TDHH – Teacher of the Deaf or Hard of Hearing

UNHS – Universal Newborn Hearing Screening – 1999 Georgia law requires that no fewer than 95% of all newborn infants born in hospitals in the state be screened for hearing loss at birth and that local birthing hospitals and audiologists must report data to DPH/EHDI when infants do not pass the initial hearing screen or are diagnosed with hearing loss.

VCSL – Visual Communication and Sign Language Checklist – A developmental checklist of visual (ASL) language development.

VI – Visually Impaired

VR – Vocational Rehabilitation - A set of services offered to individuals with mental or physical disabilities designed to enable them to attain skills, resources, attitudes, and expectations needed to gain employment.