

Georgia Commission for the Deaf or Hard of Hearing
Tuesday, September 18, 2018
1:30 p.m. – 4:30 p.m.
Atlanta Speech School
3160 Northside Pkwy NW
Atlanta, GA 30327

Meeting Minutes

Members Present: Ms. Jennifer Clark, Dr. Jiovanne Hughart, Ms. Kelly Jenkins, Mr. Jim Lynch, Dr. Beth Lytle, Mr. Jimmy Peterson, Ms. Ellen Rolader, Ms. Dana Tarter, Ms. Deshonda Washington and Mr. Comer Yates

Members Absent: Dr. Chip Goldsmith

Staff Present: Ms. Katherine Cadena

The meeting was called to order by Mr. Yates.

Mr. Yates discussed the new name of the Commission and thanked Ms. Mary Reed for her service to the Commission as her term had expired. Ms. Reed stated it was an honor to serve the Commission and will continue to support its endeavors. Current and newly appointed members of the Commission introduced themselves. All members stated their promise to the Commission. Jiovanne Hughart is an audiologist and her promises are to work with the school systems in Georgia to provide hearing conservation and to expand the Georgia hearing aid program for adults living in personal care homes to include things like batteries and earmolds. Jimmy Peterson promises to ensure American Sign Language (ASL) users have access to communication services and to work toward policy changes for the Deaf and hard of hearing. Ellen Rolader promises to ensure parents and families have access to every tool they can have to learn how to communicate with their children to help them grow and learn language. Kelly Jenkins promises to continue to develop relationships with the legislature and makes sure legislation supported by the Commission is passed and implemented. Deshonda Washington promises to ensure that school systems understand Deaf and hard of hearing kids, including those who are medically fragile, have the ability to learn and maximize their potential, regardless of other factors. Beth Lytle promises to find a solution to allow children who are eligible for low cost hearing aids to receive them in a timely manner so that they have access to language and literacy as early as possible. Jennifer Clark promises to continue to help parents realize the potential their children have, regardless of mode of communication. Dana Tarter stated her passion is about education and appropriate access to education. Jim Lynch stated that he became hard of hearing later in life and will advocate for those who are late deafened to enjoy hearing in their later years. Comer Yates promises to do all that is possible so all children who are Deaf or hard of hearing read proficiently by third grade. Guests introduced themselves. Mr. Yates thanked the interpreters. Mr. Yates spoke about the Commission from its inception and the restructured Commission as outlined in the new law from House Bill 844. Approximately twenty people assisted in creating the legislation and fifty to sixty people were present during the planning meetings. Kelly Jenkins crafted the bill. There was a need to expand the Commission to

include various populations and communities of people who are Deaf or hard of hearing to meet their needs. Also, the Commission wanted to focus on early language acquisition and literacy development regardless of modality, and to measure the success of each child's acquisition of language as to whether they could read proficiently in English by the end of third grade. This is consistent with Governor Deal's commitment of universal literacy in Georgia. The name of the Commission has changed from the Georgia Commission for Hearing Impaired and Deaf Persons to the Georgia Commission for the Deaf and Hard of Hearing. It was important to end the use of the term "hearing impaired" as to suggest hearing loss is a disability. A big part of the bill is the birth to literacy plan. It's not a population-based issue, but an individualized experience through an interagency system which will change adult behaviors. Parents should engage in language with their child in utero. The Georgia Department of Public Health (DPH) has a program named "Talk with me Baby" that is the first birth to literacy plan project developed. There are about 300 children in Georgia who are diagnosed with hearing loss each year. Language nutrition is fundamental to develop a birth to literacy plan. In addition to parents, those who play a role in language nutrition include public health providers like hospital screeners who need to stress the importance of follow up to hearing tests, and audiologists who need to understand the impact of language development on a baby and make a diagnosis and have a follow up with an understanding of available programs to assist parents to develop language nutrition in infants. Transferring capacity between public health professionals to parents is critical. The multi-agency task force is in place to execute the birth to literacy plan. The DPH, the Department of Early Care and Learning (DECAL) and the Department of Education (DOE) will work together to ensure smooth transitions for children who are Deaf or hard of hearing between each phase. The Commission is not responsible for the execution of the birth to literacy plan, but is responsible to oversee the work, support the work, advise the governor and legislature, and advocate for the work. Georgia is the only state in the country that has taken this approach. Dr. Brandt Culpepper, a member of the taskforce, as added to the bill, stated that with the Early Hearing Detection and Intervention (EHDI) there needs to be a shift in the thought process where the parents should be empowered to move forward to next steps in language nutrition if he/she is still grieving hearing loss in the child. The task force serves the purpose of having experts from different agencies where the stakeholder advisory committee will meet to inform the work of the task force. The task force will provide the Commission a list of developmental milestones necessary toward literacy and will provide reports to the Commission. Each child should have a birth to literacy plan. The stakeholder group is appointment by the Commission. There will be an application process. Mr. Peterson recommended setting up a subcommittee for people who are interested in reviewing applications and making recommendations to the Commission for membership where the Commission will vote on approval.

Dr, Brandt Culpepper is the new DPH, EHDI coordinator. She has been a pediatric audiologist for over 30 years. There is a contract with the Auditory Verbal Center (AVC) that provides intervention therapy for families who choose listening and spoken language. There is also a hearing aid loaner bank for children whose parents can't afford hearing aids or are in limbo waiting for amplification to be improved or for a cochlear implant. There are two contracts with Georgia PINES. One is with the Deaf mentor program that ensures families are exposed to literacy other than through listening and spoken language. Seeing competent professional adults who use signed languages as a primary mode of communication is sometimes a new concept to adults and Deaf people can serve as a role model and provide access to a type of communication

that families don't have access to. DPH is currently working on a data sharing agreement with Babies Can't Wait. The task force is an opportunity to work with DECAL and DOE. They are working in areas of the state that don't have the same resources that are in metro Atlanta. They target physicians, audiologists, and hearing screeners who work with Deaf and hard of hearing children in those areas and are developing supporting materials, including brochures, that they can leave with families as a resource. They have many brochures that focus on listening and spoken language but not a lot for families who choose signed languages or visual communication. Dr. Culpepper will provide those brochures to Katherine and she will send to the Commission members. The DOE has received funding to develop a mobile audiology van. It would assist in more rural areas of Georgia where there is less access to audiologists and special skills. There are currently tele-audiology services in Waycross staffed by Children's Healthcare of Atlanta (CHOA) audiologists. Tele-audiology sites are set up in every public health district throughout the state. There are inter-professional groups, called learning communities, such as one in Augusta, where EHDI target the medical and audiology community to meet the 1-3-6 goals, as well as language nutrition and modeling behaviors for parents. There are seven to twelve people participating. Telemedicine is a professional doing an evaluation from tele-therapy or tele-health. Ms. Jenkins stated the Public Service Commission (PSC) wants to dedicate funds to assist in any way they can. They have funds earmarked for Chromebooks. The Auditory Verbal Center (AVC) is seeing families who don't have internet access at home. Ms. Rolader explained the role of a Georgia PINES EHOS specialist. An EHOS specialist is a person who visits a home after a child has been diagnosed with hearing loss and presents available resources in Georgia and discusses the urgency of language nutrition and assists parents with early identification and intervention services. She made the recommendation for the EHOS person to be available with the audiologist when the diagnosis is made so that there's no service gap. EHOS is a DPH function but contracted out to Georgia PINES. Mr. Yates discussed the Oberkotter foundation gift to the Atlanta Speech School to improve the 1-3-6 model into a two-week model. The school is working with Grady Hospital and Hughes Spalding Hospital where children attend a well visit three days after birth. There are two screenings at birth. The full audiological exam is done by CHOA within the first two weeks of birth. The service provider from the school is there at the time of diagnosis so that diagnosis and intervention occur in the same moment. For every hundred children who fail both screenings, there are probably ten children who are Deaf or hard of hearing. The 1-3-6 is an outdated model developed in 1999. The newest research out of Harvard University suggests there are a million synapses occurring per second.

Pathway will report at the next meeting.

Dr. Lytle reported on the Georgia Lions Lighthouse Foundation (GLLF), Pediatric Hearing Program. The program was established in 2014. A child can receive up to two hearing aids, three years' worth of audiological visits, maintenance, care warranty, and four sets of ear molds per year. There is an application and financial requirements. It is funded by the PSC. There is a penny tax on land line phones that generate revenue to fund the program. The PSC has committed to helping 120 children per year. Prior to the program being created, GLLF assisted a few children. In the first two years of the program, they served about thirty children a year. Then Dr. Lytle, Kelly Jenkins, Deshonda Washington, Dr. Stacey Tucci, Tonya McConnell, Dr. Kelly Hermanns and a pediatric ENT from PENTA created a workgroup and together, rewrote the

contract. The GLLF has experienced significant turnover in leadership and administration. Medicaid covers families who fall within 200% or below of the federal poverty guidelines. There was originally a stipulation within the contract where GLLF wouldn't assist children eligible for Medicaid because the assumption was that Medicaid would provide hearing aids. Those children who are Medicaid eligible are now included in the eligibility requirements because Medicaid eligibility is a cumbersome process where children are not able to receive hearing aids in a timely manner. There is no expedited process. Some families have mixed status (documented and undocumented persons) and don't apply for Medicaid. Soft band BAHAs are critical from ages zero to five and were not previously covered through the program but now are. Private insurance companies will pay about \$500 for a pair of hearing aids that cost \$4000 or there is a deductible of \$8,000. Some families covered under the State Health Benefit Plan (SHBP) are only getting 50% of coverage. Other large employers are not mandated to cover hearing aids. The GLLF now covers up to 400% of the federal poverty guidelines and allows Medicaid eligible children coverage for three years. After three years of receiving services, if a child is Medicaid eligible, the child is no longer allowed to participate in the GLLF pediatric hearing aid program. GLLF provided hearing aids for 11 children from December 1, 2017 until July 2018. Twenty-nine children applied, 11 were approved, five co-payments are pending, 12 applicants are in progress. The work group asked that PSC funding be directed toward an outreach program. The PSC provided funds to hire a marketing director, however, more work needs to be done to increase the reach of this program and additional work needs to be done to increase the number of participants served and provided with hearing aids. There is not a referral protocol in place for families who are denied services through GLLF. The application form has been changed to be less cumbersome. The commission will work with Representative Houston for further assistance regarding the GLLF and PSC for the pediatric hearing aid program.

Dr. Hughart discussed the hearing conservation program for band members in Georgia schools. She has been educating audiologists by writing letters and speaking with the Atlanta audiology community. She and an acoustic engineer presented information at the University of Georgia during a convention. Children should be wearing ear protection. The difference between head phones and ear buds is anywhere from six to ten decibels. Parents should be given this information so that they can make an informed choice for their children.

Ms. Washington will speak about Hands and Voices at the next meeting. Dr. Culpepper will provide reports at the quarterly meetings.

There was a motion to adjourn the meeting. The motion was seconded and passed. The meeting was adjourned.

The next meeting will take place on Tuesday, December 11, from 1:30 until 4:30 at the Auditory Verbal Center.