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2018 EHDI Annual Meeting

HRSA EHDI PROGRAMS AND CURRENT PRIORITIES

Topical Session 1

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>> MICHELLE KOPLITZ: Does anyone not have an evaluation form yet? Raise your hand, and we can get one to you.

Okay, we're going to go ahead and start. Hello, everyone. My name is Michelle Koplitz, and I work for the Health Resources and Services Administration, or HRSA, as you've probably heard it called. I'm a Project Officer for the Maternal and Child Health Bureau and I work on the Early Hearing Detection and Intervention program.

Before we start, I'm just wondering who is in the audience here today? Who here ‑‑ any State EHDI Coordinators in the room?

Okay, hello. Thank you all for coming.

Any Federal level or National level organizational representatives? Got a few. Okay, hello. Any community members, community‑based organizations here?

Okay, anyone I'm missing, providers, medical providers? Okay, great. Thank you all so much for coming. I really hope ‑‑ we have students, too, great. Thank you.

So my goal for today is basically to provide more of an overview of what HRSA is doing, what our role is within the EHDI system, as well as how we support different EHDI system stakeholder groups. So these are our learning objectives for today: Understanding how HRSA's EHDI Programs work with other Federal partners.

How that Medical Home concept became involved in the HRSA EHDI Program.

And identifying family engagement, as well as leadership activities within our EHDI Programs.

So the reason we support EHDI Programs really comes from the federal legislation. It was originally approved in 1999, the Newborn Infant Hearing Intervention Act. The most recent Act was ‑‑ or rather before this was 2010. And then just last year in October of 2017, they signed the Early Hearing Detection and Intervention Act of 2017, so this is important to know, because it gives our Federal agency authority to support providing Federal funds for the Early Hearing Detection and Intervention programs all over the country, and at the State level, as well.

So you may be wondering how we do that. Starts with the money going to the Department of Health and Human Services. Under that we have 11 operating Divisions. Other Divisions include CMS, Center for Medicaid and Medicare services, FDA, NIH, as well, National Institutes of Health, HRSA, Health Resources and Services Administration, and the Centers for Disease Control and Prevention, or the CDC.

And the EHDI legislation supports these ‑‑ these three agencies, rather, specifically are involved with the EHDI Program funds, and each agency has specific responsibilities in order to meet the legislation's requirements. The NIH's money is devoted to research and assessment for supporting that part of the system. And under NIH, those who are responsible at the National Center on Deafness and other Communication Disorders, or NIDCD, and then we have HRSA in the middle, the Health Resources and Services Administration. HRSA is a public health agency, and we provide a lot of grants to the public.

Within HRSA we have the Maternal and Child Health Bureau, MCHB, and I didn't add that here but we also have the Division of Services for Children With Special Health Needs, DSCSHN, which is one of the Divisions in the Maternal and Child Health Bureau. There are several Divisions, and that's one of them. That's where our HRSA EHDI Program is operated out of.

And then we have the CDC. Their EHDI Federal funds are operated out of the National Center on Birth Defects and Developmental Disabilities, or NCBDDD.

They have their EHDI Program, as well. The CDC is mainly responsible for tracking, data collection, and evaluation. But that's of the HRSA EHDI Program, so we work very closely in partnership to support the system together with the CDC.

One more thing I wanted to add here, if you do have any questions specifically for clarification questions, please ask during the presentation but anything else I'll ask you to hold till the end because we will have time for Q&A.

So HHS's mission here is to support health and well‑being of all American citizens through medicine, health, and Social Services, so those are all working together. And here we have HRSA. Their mission is to improve health and achieve health equity through access to quality services and support a skilled health workforce and innovative programs.

And then within HRSA we have several different Bureaus. Like I mentioned before, one is the Maternal and Child Health Bureau. That mission is to provide leadership to children and adolescents, but also supporting fathers and children with special health needs, as well, so that's really where our program focuses.

So you can see here the Division of Services for Children With Special Health Needs has 6 different main priorities, or goals, that we're working on in order to provide services and target for all of the children with special health needs. First we want to make sure that families are partnered through birth and their upbringing at different levels of the systems, as well: At the National level, state level, community level, whatever they need be connected to, as well as at the family level, so really working with the doctors and providers on that.

Access to Medical Home. The Division really believes in supporting all children with special health needs and connecting them with providers who provide coordinated services as well as comprehensive services and family‑centered care for their family.

Early and continuous screening so obviously, the newborn hearing screening is one that we're discussing, and that goes ‑‑ that's for other screenings, as well, including metabolic conditions, things like that.

Community‑based services. They're making sure that families have access to their local community‑based services and resources.

Adequate insurance, financing, making sure that families do have the funds and the support that they need to be able to meet the needs for their children.

Transition to adulthood, so really recognizing the need for transition from child Health Services to adult health care services within the system.

And then the center of all of these concepts is really the Division's strong belief and core value of supporting families and the children.

Okay, so there's one more graphic that's supposed to appear when it does that spinning thing, but the family‑centered care includes cultural competence and responsiveness. That's supposed to appear there, as well.

Just a little bit more about who works at HRSA with the EHDI Program. Our Division of services For Children with Special Health Needs, our leadership is Joan Scott, and she is the Acting Director. We also have Marie Mann, our acting Deputy Director. Treeby Brown is the Integrated Services Branch Chief, and she is here in the room with us today.

Treeby oversees ‑‑ really in the Division, we have two different branches. One is the Genetic Services Branch, and the other is the Integrated Services Branch, which oversees a number of programs in each one. For our EHDI Program team, we have a team lead, Sadie Silcott, and then myself, I'm a Project Officer, as well as Sandra Battiste, who's also here in the room, is another Project Officer.

So the EHDI Program began long ago. Recognition of the importance of newborn hearing screening, and that was in 1988. HRSA recognized that tests were being given in some states, but it needed to be implemented statewide for all of the children, as well as nationwide. But three states received the experimental funds. It was Utah, Rhode Island, and Hawaii initially.

And then almost 10 years after that, finally the first EHDI Act was passed, which is when Federal funds were actually distributed to all of the states, and that was with the Universal Newborn Hearing Screen. The first EHDI meeting was in 2002, and then by 2006, almost all of the states had hearing screening programs established, and had a good infrastructure developed for themselves.

In 2008, the programs were focusing more on improvement, quality improvement specifically, activities, just to make sure that more and more children were being identified, screened, as well as connected to Early Intervention services.

And then in 2017, we worked on establishing the new Family Leadership in Language and Learning program, which supports families and leaders within the EHDI system.

So the core components of the EHDI system, 1‑3‑6. How many people are familiar with the 1‑3‑6? Okay, so most people have heard of this before.

LTF/D is loss to follow‑up and loss to detection. In the beginning of the EHDI Program they focused on screening, just the first part but then states were able to meet their screening requirements pretty well, and so they started to recognize that the 3 and 6 numbers still seemed to be a little bit behind. Kids are still getting lost to follow‑up, so that quality improvement strategy was incorporated for states to be able to support better tracking.

But really, we needed different parts of the system to be able to work together, so the Medical Home makes sure that providers have access to education about the EHDI system, have access to resources, what the requirements are at the State level, what resources and services there are in their communities and states.

And then Data Management and tracking. We always say, you know, we have to connect the audiological diagnosis with the Early Intervention rates ‑‑ sorry, I should have connected those dots ‑‑ but to report to the State level, and then the State level reports to the CDC.

And then that information is passed along to HRSA, as well, to see how well the program is performing. And then they're connected with program evaluation and quality assurance, and also including of course family support and engagement.

The HRSA EHDI Program funds states and the National Technical Resource Center, but we also fund the FL3 program, which you see here, and the Leadership Education in Neurodevelopmental and Related Disabilities, or LEND, for pediatric audiologists, that's for Workforce Development. And the Medical Home implementation, there's funds there, as well. So you can see here how that's distributed.

All the main programs we work with within EHDI, the Universal Newborn Hearing Screening, the National Technical Resource Center, so on and so forth. And then within the EHDI system, there are stakeholders involved, many different groups that are even not on this screen. There's many more than I've listed, but those who are giving and receiving ‑‑ or receiving, rather, the grant money, we have the states and territories who get money for the EHDI system for that infrastructure, to build and develop that.

National Center on Hearing Assessment and Management, NCHAM, managed by Karl White. And they're responsible for technical assistance to the states and territories. We have Hands & Voices, and they receive funds for the FL3 program, and they focus on family engagement.

University Centers with the LEND programs, they receive funds for additional training for their pediatric audiologists, for Workforce Development, and then AAP, American Academy of Pediatrics receives some funds, as well, and that goes to support the Medical Home implementation within the EHDI system, specifically focusing on EHDI.

And the state EHDI Chapter Champions really are supported through that grant.

So I can go through each program, 1, 2, 3, 4, 5 here, as you can see listed on the left. I'll go through each of those a little more in‑depth now for a few slides.

So the first is the UNHS program, Universal Newborn Hearing Screening. It's up to $250,000 per year, and it's given to all 50 states, as well as 9 territories, so that is $14.75 million per year that's being given to states for the State EHDI system to develop, so they do a lot of work at the State level in order to coordinate all of the services and, yeah.

The goal is for the state EHDI systems to function effectively and collaboratively, to support success of every deaf and hard of hearing child. In the most recent grant period, which started in 2017, and continues until 2020, there are three main priority areas that are going to be focused on: Increasing knowledge and engagement of health professionals, providers within the EHDI system.

The second is improving access to Early Intervention services and language acquisition. We know that we still need children to be enrolled in Early Intervention more.

And then third: Improving family engagement, partnership, and leadership. One thing that we did in the last grant cycle was all of the states were required to provide 25% of their budget funds in order to go to an identified state‑based, family‑based organization. And the family‑based organization really is supposed to provide family support services in their state. So the State EHDI Programs are really responsible to seek out and identify and find what organizations or services are in their state that could best meet the needs of their states and their families. So there's a variety of different ‑‑ states have a variety of different organizations that were identified to receive those funds.

And again, the State EHDI Coordinators are really the lead for each state on this. This is just a map of all of the states and territories that receive the funds under what I just talked about. You, though, can go into the State profiles, click on your state, and then find the EHDI Coordinator's name and information and get that all through NCHAM's website. They have the information and resources as well available. You can see right there.

Second program I'm going to talk about is the National Technical Resource Center for Newborn Hearing Screening and Intervention. So that's a Cooperative Agreement, $1.2 million per year. It's a 5‑year project period. They started in 2015, so that will end in 2020. The main responsibility is to provide technical assistance to the states, and that is with planning for state program activities in the UNHS grant. It also includes policy development, new innovative things that the states need support with in order to implement at the state level, and that they're also responsible to provide information and resources as far as technical assistance goes.

The current grant cycle, their main responsibility is to try to improve the loss to follow‑up or ‑‑ the loss to follow‑up rates per year by 5%, and this really focuses on making sure the folks have good quality improvement within their state programs. So here you can see the National Hearing Assessment and Management, NCHAM at Utah State University. This is just their website, infanthearing.org.

Third program is the Family Leadership in Language and Learning, or FL3. It's relatively new. It was established last year. The Division really believes that all programs and children with special health needs, need their families to really be supported, as well. So this program was set up to support families and make sure that they're supported throughout the system, that they have access to language, literacy, social‑emotional development, things like that.

And their priorities are to support state and territory organizations, and they're family‑based organizations, so what I was talking about before, how the programs are each identifying a family‑based organization, they're supposed to be supporting those FBOs with the resources and services in order to help them specifically serve deaf and hard of hearing children and the families.

They also collaborate with the National Technical Resource Center, NCHAM, and the state and territory EHDI Programs, as well, so really, a lot of collaboration, a lot of overlap is happening with different stakeholders within our portfolio. That's to improve family engagement and leadership. Also collaborate with established deaf mentor programs for families, so deaf adults, role models, guide programs, recognizing those and identifying those in the states and providing resources and assistance to support the deaf and hard of hearing involvement to be a part of the family support services, as well.

So you can see the Hands & Voices website. It's led by Janet DesGeorges. And Lisa Kovacs. They're both leading this program.

Anything Hands & Voices.

They just put up a new website so we encourage you to check out their website. They'll be adding resources and information the next couple of years when they're receiving the funds. The EHDI Program definitely recognizes a need to support Workforce Development. A lot of infants who are screened in the hospitals and then are maybe referred to an audiologist for full work‑up evaluation, we see a lot of states really need more audiologists in order to do those evaluations. So this is a part of supporting more audiologists in the system to do those evaluations and to do the work they do. We collaborate within another Division in MCHB, the Division of Maternal and Child Health Workforce Development. And they run the bigger LEND program, the leadership and education in Neurodevelopmental and Related Disabilities. This is a large program that supports many groups for additional training, and that's for a number of different professions to receive more specialized training and to be able to work with children as well as adults with autism spectrum disorder and other Developmental Disabilities. And this is specific to Pediatric Audiology like I mentioned before. So all of the states can apply ‑‑ I shouldn't say that, not all the states but all University Centers can apply. It's competitive and then they receive funds. We awarded 12 just recently.

And then students in each program or each center will receive more training that's targeted and focused on how their training can be linked with the deaf and hard of hearing community, and working with children who are deaf and hard of hearing, or who have ASD and also who go in the EHDI system as well with follow‑up evaluation and enrollment in Early Intervention services.

AUCD is kind of the same idea, it's like a parallel as NCHAM is so for the LEND program AUCD is that body. It's in D.C. The Association of University Centers on Disabilities, and they give assistance to the LEND programs.

So this is our recipient, or the list of recipients that you can see on their website, AUCD.org, and you can go in and look at more details on each program.

Last but not least, of course, Medical Home implementation. Historically our Division has provided support for National centers on Medical Home implementation for all children with special health needs. We provide up to $200,000 a year, and that is to specifically focus on EHDI‑specific activities, so they would partner with AAP, and the goal here is to improve or increase rather the EHDI system's ability for providers to provide the best and optimal services for children and their families if they have a child who is deaf or hard of hearing.

We try to support these providers to guide families through the system, let them know what their requirements are. Understand the newborn hearing screening is supposed to refer to doctors and then communication will be better with the providers in this way using the Medical Home model.

Medical Home really focuses on a family‑based coordination aspect. It's comprehensive, culturally competent care for the family and for the children.

So the American Academy of Pediatrics here. There's information on their website, as well, that really is targeted for providers, specifically medical providers, about the EHDI system and services.

So those are all of our programs. After this session, we actually, you can go and check this out, we just released our EHDI web page in February, which is very exciting. We have a lot of information available now to the public for reference to share with different people, community groups, stakeholders, the public.

And all the programs that I just talked about, you can find on this website. See more details here. Our contact information is also available on the side where it says contact us. Our Federal partners, you can see links to all their websites. Those are all available on the side.

So we're hoping to update this website and the web page with information periodically as things change.

So I often get questions where people are like: Okay, I understand what's going on at the Federal level, but what does it look like for my state, in my state or territory? You may not be totally clear on that. So this is a pretend‑shaped state. This is not a real state.

[ Laughter ]

So most Universal Newborn Hearing Screens information goes to the State Department of Health. Sometimes they have their Department of Education receive those funds, or a nonprofit organization receives those funds. Sometimes universities are involved in receiving funds and coordinating at the state EHDI Programs.

And then like I said, that 25% of their funds goes to family‑based organization that's identified for family support services. Hands & Voices is now a part of the FL3 program, and they're responsible for supporting the State EHDI Coordinators, as well as the family‑based organization.

And then NCHAM provides technical assistance and resources to the state, and really, I should add more arrows here, because it's not all unidirectional, but everything is really connected. Everyone works together that's listed up here and everyone works together at the National level as well. We have calls periodically to discuss what our current issues are, priorities, and how to address different issues that come up.

As well as how to provide better support for states, so that they can succeed. The AAP EHDI Chapter Champions are involved at the state level, on the EHDI Advisory Committee and they work with the EHDI Program, as well. The LEND Pediatric Audiology Trainees, we are hoping once they finish their training they go back to the states in order to provide services where services are needed, in areas that don't have it as much.

All right. I'll open it up for questions now. I finished pretty quickly, but I can go back to any of those slides that I showed, if needed. Go ahead.

>> Hello. Thank you for sharing this information. This is my first time coming to a HRSA presentation, like a HRSA 101, if you will. Thank you, it was very helpful, very informative. The question I have is, can you go back to the slide ‑‑ number 23 ‑‑ the slide that was just shown? That's a nice model. I think that's a very helpful graphic for us to kind of visualize what's going on at the state level.

And I've been wondering something: Do you have ‑‑ I'm not even sure if we would call it a checklist, or some sort of a document that as I'm looking at this graphic, to know that ‑‑ you know there are lots of limitations, whether or not families can meet deaf adults and find out where they are. There just aren't many deaf adults in these various systems that you have depicted. It leaves only Hands & Voices as the one place. I don't know if Hands & Voices is the place where deaf adults should be brought in.

Where is the place state by state where newly identified parents can meet deaf adults? I wonder if there was some sort of regulation where every organization was 50% deaf and 50% hearing. This morning's talk, talked a lot about achieving balance and I just wondered what your thoughts are about that. Thank you.

>> MICHELLE KOPLITZ: Two things come to mind. One is in the state UNHS grant. They do have a requirement for states to have an Advisory Committee, and the Advisory Committee must have 25% representation by families and/or deaf adults. So we encourage all state Coordinators to definitely include the deaf community.

We also have a list of other state organizations that they can reach out to, so, like, the State office of the deaf and hard of hearing, often. State schools for the deaf. Just trying to encourage the state EHDI program Coordinators to be aware of the different groups in their state where the deaf professionals may be available there to partner and collaborate with them so just an exchange of information more so.

>> On the web?

>> MICHELLE KOPLITZ: Yeah, there is information on the website about that. It's not directly on the web page that I showed but if you go to HRSA funding opportunities, the recent UNHS funding opportunity grant requirements, in there you'll see a listing of suggested organizations that states can then reach out to for collaboration for their advisory committees.

And Hands & Voices also does support access to deaf mentors, deaf mentorship program. They developed a guide recently and that is for states I believe how to establish or connect people to deaf mentors program. Do you want to talk about that at all briefly, Janet?

>> Thank you. That was an excellent question. Yeah, so part of the task of the FL3 is to help support the development of deaf and hard of hearing mentor and role model programs. We established a deaf/hard of hearing advisory through the FL3 project that is comprised ‑‑ the list of individuals on that advisory is on our FL3 website. It is deaf and hard of hearing individuals and representative organizations that have already established deaf mentor programs.

We collaborate with NCHAM's deaf/hard of hearing learning community that was established several years ago, which identified 55 state‑based deaf mentor programs around the country, and through that, there was an establishment of a learning community where the FL3 has also begun to partner with in terms of looking at the increase of parents' opportunities to meet deaf and hard of hearing adults.

And whether Hands & Voices is the best organization to be looking at the implementation of this, we're doing it from the perspective of parent opportunity, so we understand that we're not the experts in providing deaf mentor role model programs. We're the experts in understanding how to help parents access that.

We'll be also presenting today the preliminary results of our National needs assessment, which began to look at the number of families currently in our system who have said whether or not they've even had the opportunity to meet a deaf or hard of hearing adult, and whether ‑‑ and why or why not some of the reasons that they haven't. So we're really looking forward to being able to utilize that information to increase the support.

If you ‑‑ finally I'll just say if you go to the Hands & Voices exhibit table, or online, at our FL3, we've just released through the development of guidelines for establishing deaf/hard of hearing mentor and role model programs across the country. We know that there are many state systems that have not even begun ‑‑ or are just beginning to address this critical issue, so these were guidelines that were developed and vetted through an interdisciplinary group of individuals and organizations.

So I think that's just a little bit of information about the deaf mentor role model program.

>> MICHELLE KOPLITZ: Yes, hi.

>> Expanding on something that Beth asked, in terms of public policy perspectives, with the EHDI Reauthorization Act that just passed, there's an expanded definition about language acquisition and deaf mentors and so forth and so on. Congress hasn't yet implemented the rules to define exactly what those things look like so it's a little confusing and of course it won't happen without clarification but this seems a mixed message.

I'm wondering what is HRSA's office doing to advise the states, the EHDI Coordinators, to begin as a result of the reform in the latest version of the Act. These new changes need to be enforced, and how is that going to happen?

>> MICHELLE KOPLITZ: Okay, yes, I will try to answer your question the best I can.

Our agency doesn't do regulations for legislation. So what we do basically is we translate the law in our grant programs, so those 5 programs that I talked about, those are more so interpretations of legislation in order to meet requirements that are in that legislation. So that's how those programs came about.

So, yeah, in 2017, it's right in the middle of a grant period, so we are currently starting the process for planning for the future. Once the new period starts in 2020, looking at the new legislation, the new legislation, what changes were made, what is new that we need to consider for including in the future priorities for the programs.

>> So just for clarification, in 2020, that's where we're going to see the actual impact of the changes as a result of the Reauthorization Act.

>> MICHELLE KOPLITZ: From our end, yes.

>> Okay, thank you.

>> Hi, excuse me. I have a specific question on clarification and just the context of my question, I'm the son‑in‑law of deaf parents, married to a CODA, have a year‑old deaf granddaughter but yesterday I picked up a flier from transforming EHDI that listed yourself, Treeby Brown and HRSA thanking them for their support in ending cochlear implants and ending choice other essentially than ASL. And I don't want to debate that here. That's not the appropriate forum but I want a specific answer to does HRSA support parents' rights in decision‑making for the education and medical interventions for their children?

>> MICHELLE KOPLITZ: So HRSA supports full language acquisition for deaf and hard of hearing children. We provide funds to different stakeholder groups. And we support parents having full information before they make decisions on what they want for their children.

>> I'd actually like it stated a little more clearly: Yes, we support parents' rights to make decisions for their children, or no.

>> MICHELLE KOPLITZ: I'm actually not going to answer that question.

>> I think that does answer it. Thank you.

>> MICHELLE KOPLITZ: Any other questions I can answer? Yes?

>> My name is Kelby Brick. I'm from the Governor's Office of Deaf and Hard of Hearing from the State of Maryland. I want to thank you for your leadership on this. I see a lot of good results in the last couple of years. Your team deserves kudos and recognition for the work you've been doing.

Now my question: In the state of Maryland, the Department of Health is responsible for the EHDI Programs, but Department of Ed also has a component of it. I think that's the same for many other states. As a result, we have a silo effect, two different departments who are responsible for essentially some of the same work. The country is doing better in the last 20 years, let's say in the detection part, babies are being screened and identified earlier than they were back in the day, but we're not doing much better in the intervention part across the country and in part, I believe that can be ascribed to the silo effect.

So are your grants doing anything to help connect those silos to strengthen the I, the intervention part? Many of the families are identified and they get sort of lost in the mess, and we're still seeing kids who are experiencing language delays or language deprivation as a result.

So are your grants doing something to maybe help connections between these two kinds of departmental agencies that normally handle the issues?

>> MICHELLE KOPLITZ: Thanks for that question. So, yes, HRSA definitely recognizes that there is still a disconnect at some state levels with Part C, getting Early Intervention data and information. There's HIPAA and FERPA legal requirements that are very protective on one or both sides. But HRSA is in the future planning to work more collaboratively with the Department of Ed, especially the Office of Special Education and Policy, and see where we can collaborate more and learn more about Part C grants, and how we are able to inform them about our activities within the EHDI Programs in the 1‑3‑6, what that looks like for us, and at the same time we want to learn more about what they're working on, and how we're able to support their activities, and really just more of an information‑sharing more or less, and understand better how to plan for future programs and priorities for the grant program that's going to be supporting that exchange of information, to the best of our abilities.

Any other questions? Yes?

>> I think I'm just feeling a little bit confused or... I'm feeling a little bit confused about maybe just some disconnect or incongruency of what I saw you present earlier in terms of what you're interesting of your state grantees, as well as NCHAM and AAP, and the FL3, is in our grants, it really describes supporting parent choice, particularly in the FL3.

But what I just heard you say almost goes and by almost not saying it, almost goes in the opposite direction, that I'm hearing you describe that you're not supporting parent choice by not choosing to answer that question ‑‑ the question that the fellow brought up here. And so now it leaves me going: Well, is NCHAM not going in the right direction? Is the FL3 not going in the right direction? Are the state EHDI Programs not going in the right direction? That HRSA wants to go?

I just feel like there's some incongruency here and I would like some clarification from HRSA.

>> MICHELLE KOPLITZ: Sure. I'm going to hand it over to Treeby. I think she can speak to that.

>> HRSA, I think Michelle is correct that we don't have any specific language on our website that says "choice," but we do have language about language acquisition and supporting families and children to meet their developmental milestones. We absolutely support families as they make their decisions on all range of modalities across the continuum.

So although we may not use the specific word "choice," we absolutely do support families making informed decisions as they decide about communication opportunities.

Does that help?

>> I just feel like that would have been a really helpful way to respond to the fellow's question up here. Main, certainly there's the semantics between choice and decisions, and that's kind of a conversation that we've had since we've been here in Denver. But I feel like the fellow, I think he left the room, and I don't know, that's not what we want to do. We want to encourage him to be able to ask that question, and to be able to get an honest, kind response, instead of a response that made him feel isolated and potentially judged for whatever position or decision his family has made.

>> Thank you. Hello, Michelle, and everyone else in the room. I missed a bit of your presentation and I apologize for that. But I think that the issue really is about "informed" consent, right? That's a big issue in the deaf community. People think that parents have been adequately informed about ASL, and people think that ‑‑ have they been? I mean, people think that when and if we see the day, one day, when ASL has equity, parity, in terms of the amount of information that is shared equivalent to spoken English, then parents can make informed decisions, and they will have been properly informed. We're not there yet.

Second point I would like to make is, I think that we need to have a new dialogue based on the plenary from this morning, which was a wonderful plenary, if any of you missed it. I can't say I agree totally but my respect radar is all over the place sometimes, all the time, definitely but I realize that that does cause my passion, when I feel that there's disrespect, my passion actually increases to sort of make my point so I think that we need to maybe have a new dialogue. I don't know how to go about doing this but a new dialogue with how cochlear implants do not necessarily create language acquisition. I think that's important to know. I think it's a myth that needs to be debunked and discussed. For some small group of children, it does help, but it's not a panacea for language acquisition.

And I think that's where people here are maybe being confused so I wanted to clarify that from the deaf perspective and thank you for the opportunity to do so.

>> MICHELLE KOPLITZ: Thanks, Marla.

Any other questions, comments?

Did you want to say anything, Treeby?

>> Treeby: No. I want to thank Michelle for taking the time to put together this presentation. We welcome your comments. We welcome your concerns.

[ Applause ]

I do wish I could have responded to that fellow more quickly, but we absolutely appreciate the work that all of you in the community are doing to help children and families.

And we want to keep doing this presentation, so if you have ideas about improvements or other things you want to hear about, we'd love to hear them.

>> MICHELLE KOPLITZ: So if you wouldn't mind, please fill out your evaluation forms. I would love to hear back from you all, as well.

Thank you.

[ Applause ]

[ End of session ]

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