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EHDI Annual Conference

Capitol 2, Topical Session 5 & 6

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>> Okay, everybody. Thank you all for coming. My name is Carol Sampson. I am your room moderator for today. Let me know if you need anything. Quick reminders, we have an exit at the back of the room and an exit in front of me. If you need to use the restroom, go out the back exit and it should be on your right in this hallway. We'll go ahead and get started this morning.

>> Thank you. Good morning, everyone. How's everyone doing on day two or three or however long you have been here? Today I have with me Lylis Olsen, EHDI director from Arizona, and Laura Hocknull, teacher to have the deaf and supervising teacher for birth to three services in the Maricopa County area in Arizona. And I'm Kendra Benedict. We have been working together. We're working on the Lanugage Acquisition Data Project. I want to share background as to where we are now and where we see this going. If you have any questions, I'm fine with raising your hand in the middle and we can have a conversation as opposed to us standing up and preaching. There are three goals to the project. I want to emphasize this again, this presentation isn't about outcomes themselves, how children are doing, it's about the collection and the storage and use of that data over time, okay. So the first goal being to collect and report data on language outcomes birth to three. Since we are a ‑‑ we encompass all of birth to five within our program at ASDB, on our own we include our pre‑schoolers in there as well so we can see longitudinally how they are doing.

We hope to be able to develop a system that can be used for realty informed decision making for parents and providers. That will become evident later on when you see the platform we're looking at using. Eventually, if we can link screening, diagnostic, Part C, Part B and even post‑school outcomes, that would be really beneficial for our field in preparing for the next generation of kids. So that's our ultimate goal here.

A little bit about our timeline. It started back in April of 2021, in Arizona. We passed Senate Bill 1092, and that had to do with the collecting and monitoring of children's language acquisition. And this Senate Bill specifically designated the Arizona Commission for the Deaf and Hard of Hearing, AzDHH. For the state agencies and institutions, local agencies of government and other public or private communities and agency programs.

Then in January of '22, as a result of that Senate Bill, AzDHH was tasked to establish a task force composed of community members and agencies to AzDHH. The task force wrapped up in June of 2022. That's when they published a report to what all the different subcommittees came up with and recommended. There were three different subcommittees on the task force, one dealt with the actual assessments we use to monitor the development and outcomes of children who are Deaf and Hard of Hearing, and another area was systems oriented, what systems do we have in place, how are our partners collaborating or not collaborating, where can we improve. And then the last one was the data committee, and that's specifically what this presentation focuses on.

In September of 2023, just about ‑‑ almost a year ago. I'm getting ahead of myself. Lylis will be sharing about the grant that is allowing us to move forward with this project. there's a good five or six scattered in the first or second row. You can have better access if you move up. While everyone is getting comfortable. I'll switch with Lylis and have her come up and tell about the partnership between our foundation, and other things if you've gone to Lylis' sessions this week.

>> LYLIS: How many of you guys know about the supplemental funding from HRSA? Short time line, right? Which can be a challenge to take a whole bunch of money, get the money spent and have results. I'm too far away from the microphone. I've never done this before. I'm brand‑new to presenting.

Anyway, so, we had a short timeline, but we've all worked together before which has been very, very helpful. I work with the EAR foundation of Arizona. We're a small non‑profit which means we can be very agile. We can get checks out, do contracts quickly, and we can make things happen pretty quickly. We don't have to go out for bid and have a year‑long procurement process, which really helped us with this project. We have the Arizona State school for the DeafBlind. We have the best of the best teachers for the Deaf statewide and one organization that is an umbrella for that. We also had a long‑term relationship with Allison Sedey with the ODDACE project. She's done a couple of presentations and she will have more. If you missed the presentation she did yesterday, go back and look at the slides because they're important to talk about what elements we want to collect in data and why and I think that's been very helpful.

The EAR Foundation has been around since 1996. We wrote the grants to do hospital screening through the EAR Foundation. Randy Winston has worked with them since 1996. We started the newborn hearing screening program in Arizona and went to 98% screening. We're the HRSA grantee, have been for the last several years. We also have other programs related to EHDI. We have some CMV projects going on. We have HEAR for kids which does loaner and permanent hearing aids and the newborn screening projects and early childhood screening and too many to mention. We're a long‑time partner with ELP. In 1994, they had a drawer with data in it. So we were able to work together for a long time.

Do this one? I'll go ahead and talk about it. I'm already standing here. So we're good. I know all about you guys.

[Laughter]

So Arizona State Schools for the DeafBlind. In Arizona we have six different agencies that create an umbrella organization that does early intervention in Arizona and ASDB is one of those six. The program under ASDB that does zero to five is the ELP, which is the early learning program and they're long‑time partners.

>> I was trying to think of a joke and it's not very good. The next slide is my slide. So we can move forward. Raise your hand if you have not heard of ODDACE. Nobody's raising? Okay, all right. So ODDACE, as has been mentioned, is a program that is connected with the CDC and actually is ‑‑ that connection with CDC is dissolving, and, so, it's really important for data collection finding a way to have this way for states to have information that can be looked at together and parceled out is really, really important. And Allison Sedey and her group have done a great job for many years. It started out with NECAP is what it started out as and got into partnership with the CDC and had funding with them H.16 different programs in 15 different states feeding into ODDACE, and Arizona is one of those.

Through that ‑‑ I'm not a data person. I have been forced into this data role, and I blame Allison Sedey for it. So when I was NECAP and we had to start collecting data, that's when I started realizing we need this information because, with this information, we can make sound decisions about programming needs, we can inform our Senates, our House of Representatives, all of those for when we need changes in legislation or when we need funding, and we've used it in that manner in Arizona.

In Arizona, right now, the way we collect data, largely, so, in Arizona we work with our Arizona early intervention program. We talked about that umbrella and we're under that umbrella. We work with contractors who provide PTs, OTs, speech therapy, a social worker, sometimes a psychologist on the team and those folks are Arizona early intervention and ASDB comes alongside there when children who have vision or hearing differences have been made eligible for programming, then we become part of that team.

Am I going too fast? I'm good? Okay. And I have lots of things to say. We doing all right? Okay.

Okay. So all Arizona early intervention program, I have been in it almost as long as Lylis has been in Arizona, too. I started in 1997 with ASDB teaching high school, and then I moved into early intervention full time in 2002. I did not think that I was a baby person until I had a baby and I was, like, I love babies. I loved high school students. High school was my jam. What I learned, I worked at the Mississippi School for the Deaf for five years and I thought every hearing child needs to go to a School for the Deaf. I moved and was an itinerate teacher and thought not every child with hearing difference needs to be at a Deaf school. There is a big continuum and there are lots of things to know to make sure every child gets what the individual child needs. If you know one person, you know one person, in whatever category. That's the facts, that's true. So what I learned there as the school for the deaf in my itinerate program with my high school students, what I learned is that relationships often are lacking. So I had a student once whose mother spoke a different language, not English. The daughter could speak and write English, but she preferred ASL. Those two could not communicate. Who knows teenage girls? Teenage girls need to communicate with their mother. So I would facilitate communication and we would have two interpreters so they could iron out differences, and I was, like, this is not where we should be. We need parents to be able to communicate with their kids because parents are their children's best teacher. Parents do have a right to make educational and life choices for their children when they're little. They have that right. So we have to make sure that our decisions, our actions are informed. We can't just go, this is how I feel, this is how I'm going to do it. And by being at a Deaf school and being itinerate and becoming a parent, it really broadened my scope on how I viewed everything.

So, in Arizona, what we do is we do assessments every six months on kids because we want to make sure that we're doing the right things, that the parents have all the information they need to make decisions for their family, for their child. So we use the developmental assessment of young children, the McArthur baits communicative developmental inventory, sky high language development and the deaf mentor program is wonderful and they will come in with the VCS out for those families that have that ASL focus. Our team will also use a CASL to help with the ongoing progress and some other device, so I won't go into all of it. They help that information to drive I.F.S.P. goals and what we're doing. For our AzEIP overall, they do annually a family survey to ask parents and it's more about do you have access, do you know your presenting rights? Do you feel like you are a part of the IFSP diagnosis. Do you feel equipped to teach your child and to be engaged that way in the survey really doesn't hit on that. There are three outcome indicators, and I think probably all of you who are involved in early intervention, are aware of outcome indicators. This is a federal mandate that we ask the same three things, and it's ‑‑ I have to breathe. No, I'm good, I just need to breathe. I can hold my breath a really long time but then it just runs out. We have positive social‑motional skills, acquiring and using knowledge in skills and taking appropriate action to meet needs. These are great things to look at. However, it's very subjective. And is there fidelity in the way we obtain these information? So it's a rating scale of one to seven, one being least like same‑age peers with typical functioning and seven most like same‑age peers with typical functioning across all developmental domains, so we're talking cognition, physical development, social‑emotional, knowledge. We're looking at all of that and trying to fit them into these three categories.

Well, communication is embedded in those, but are we talking about that? I know, for us, when I have IFSP meetings and we join the team, rarely are they asking how does your child tell you what he needs? How do you know what your child is asking for? That's not often asked. I will say how are things doing at mealtime, are you good? Yeah, he's eating great. Tell me about your bedtime routine. Well, we have a bath, do this, whatever. Great, any concerns? No. Okay, moving on. There's a lot of communication that happens in there. So what do we do with that and how do we get that information? So it's so important tore us to feed into nose groups and get this data collection so that we can help parents understand more and so that, when they go out and look for their own resources, they have valid information that is non‑biased and true to what's happening. Which is challenges.

So here's an example of a parent survey. You can do the little QR code, if you want to look at all of it. Okay. I talked about that. And, annually, all of your states will do this, too, because they have to collect all this information. It's federally mandated to do surveys as well. So this information gets reported on by your state's Part C administrator annually. And, so, you can link to our report if you would like to. Okay.

So with ODDACE, what we're doing is collecting all this information. What's helpful is we look at the child's point of entry, where are we language‑wise, with communication, where are we developmentally. Does the child have sprinkles? There more to be considered in what they're doing? Over time, we get to see what kind of progress are they making. So in 2021 and 2022, over a ‑‑ how many months ‑‑ seven‑month period, we were making seven‑months growth, which that's pretty great. And if our child was on target in the beginning, so, you know, if you get a three‑month‑old, they're not that far delayed if we don't have other considerations. If we have a child at three months and in seven months, six months is our goal to try to have this every six months, if in six months they've made six months' progress we're doing what we need to be doing, and we're not doing it, what we're doing is helping that family, right? So our goal is to coach the family so that they can do it 24‑7. One hour of me a week, it's not that much.

In Arizona, too, we brought in our pre‑school programming three years ago. Three years ago, we went from being just birth to three, and then our school being pre‑school all the way up. We changed things up and, so, now, early learning is birth to five, and our pre‑school programming is connected to us. And, so, our pre‑school program started participating in ODDACE as well and giving data, and that's when we said, hey, this is pretty good stuff. This is pretty important. Let's see how we can get more of this.

This is you? And, so, we started our data project.

>> Some witching here. Because you're up next. Just a second. All right. If you can't see this tiny, little, itty bitty table, I'm so sorry. It is available online. What it demonstrates, though, it's a visual of what we spent the last few minutes talking about, and that's all of the different ways that we collect data in Arizona and all the different ways that it's stored by all the different people. So all of these different data points that we find for whatever reason important, whether it's to help plan IFSPs, whether to write grants, whether for auditing purposes, whatever the reason there may be, there are all these data points and none of it is in the same place, and it's impossible to go and track down. The School for the Deaf has some. AzEIP has some, DHS has some, it's everywhere, and the individual school districts. We have well over 200 school districts in the State of Arizona, all very locally run. And, so, the data is everywhere. Once the kids leave us in birth to three, unless they continue with us, we don't know how they do. And if they come to us for pre‑school and go back home to home districts, there's no concise way to figure out how they've done long term. What we did in early childhood, did that impact them later on? We don't have any way to find that data easily. So it just happens to be that ASDB is currently in the process of switching what pre‑school through grade twelve calls an school information system. Some popular ones are Synergy, power school. We used to use power school, we switched to Synergy. We still use I.E.P. pro, for those of you who have Part B experience as well. Here we are with this opportunity where we have a student information system that already communicates to ADE, and now we have a way to at least bring those two entities together and start communicating. Then Lylis stepped in.

>> This is where the supplemental funding really came in. We started out thinking we were going to have two different agencies working on two different databases. The other agency through the bureaucracy wasn't able to get things done in the short time. These guys were already in process and moving forward. All they needed was a little bit of financial impetus both to portion the SE portion, the special education portion, which also tracks 504 plans, which is going to be really important in the future and is the plan for the state.

We contracted with Allison. ODDACE is ending. ODDACE quit taking in new data as of January, and we felt so strongly about our ODDACE connection and our standardized evaluations that we wanted to continue that until we had Synergy in place and we could put some of the things Allison's crew brings us into place in our own state in this Synergy. So Allison is actually consulting with us ‑‑ these guys ‑‑ the royal Arizona with us to help us standardize reports so that there will be ad hoc reports, there will be standardized reports that can be used by various different levels with the Administration, with parents, with the providers in realtime. So that's a big part of what we did. The other thing we did was to use that inclusion of the special education module with Synergy. And that includes some training and some first‑year implementation, which, of course, is being done in kind by ASDB and is just really easy, isn't it? That's what I heard, you just plug it in?

>> So we're an agency of around ‑‑ we serve around 2500 students birth to 21 around the state. And, so, switching a student information system ‑‑ well, I've learned a lot. I see some heads nodding out there. But we see the end of the road. We're not there yet. But we really see in front of us. We are primed and ready to have, within a few years, I believe, if everything continues to go as planned, we have the data. We've had the data, just in lots of different places. We have to be putting some of this data in our student information system to report to ADE once the kids get up into pre‑school, we have to, anyway. So if we can start recording data in birth to three, it's there and it will carry over with them. And the programming decisions and the decisions you can make on a programming level and an individual child level, I don't know, it gets us excited. And thankfully, I have to give a shout out to our I.T. Department with ASDB because they see the vision in this, too, and, really, a lot of this is the person behind the scenes who loves data more than I do. Laura, as she explained earlier. In fact, I remember taking you out to lunch when we first started working with Allison and you were, like, no! You've come so far. No, not about you, Allison.

[Laughter]

Just about the data. But, anyhow, Synergy is HIPAA and FERPA compliant. Remind me the orange and the blue ‑‑

>> (Inaudible).

>> Okay, so to repeat. The orange is ‑‑ there are districts throughout the state that are using Synergy. Blue is pretty much statewide. And then places like Texas, they're behind.

But what is really cool is what comes with Synergy ‑‑ first, is anyone familiar with it? Okay. I'm familiar with it because of my own children, my older children. It was their school districts used this platform. And, so, there's a piece to Synergy called parent view. There's also one called student view. To our view is that, like right now, I can go on my phone and I can click on parent view and I can go right into my son who's a junior in high school, make sure that he got to school today on time, make sure all his homework is turned in, see all his data points on his assessments, everything. His report card, I can look back to the eighth grade, anything I want to do. He can do that, too. Okay? And, so, picture, if we have kids' language data in something like this, a parent is on their way to an I.E.P. meeting, can pick up their phone and show look where my child is, look where he's come, what we're doing now is working, what we're doing isn't working, or maybe it's a fact that what we planned to do, we're not doing it with fidelity, maybe that's the situation, but everything is right there at the touch of the finger and you can pull it up. What's even cooler is since they have student view, too, and I know this is a stretch ‑‑ we're thinking, wait, early childhood here, but these kids do grow up. What's really cool is when they take ownership for themselves. When I see my son who used to not really care a whole lot about what he brought home. Per his own admission, mom, I am not as motivated as my sisters. He now looks and makes sure that, you know, everything that was turned in was given credit for, what his scores are. So picture a Deaf and Hard of Hearing child invested in their own academic learning and has access to it right there on their phone.

So Laura is going to wrap us up here and then take any questions.

>> All right. So, by doing this, we can use all of this information and look at it. The aggregate data, we can look at specific categories of data. We'll be able to provide different kinds of reports where we can focus on information, specific information. And, so, you know, your school district or your Administration may say, how many kids do you have in your program? What service hours are those kids getting? Lots of things like that. We can pull this data together and present reports. So it makes it where we can have good educational decision‑making, if we need more teachers we have evidence to show, look at this is what's happening, these are case loads, we need more teachers.

We can also empower parents in this, which is so important. One of my first things I say to a family is thanks for letting me come into your home, thanks for letting me learn about your family, and I know that this information is not what you were expecting, and all of a sudden you feel like everybody else knows more about your child than you do. And my job is to make sure that you feel like you are still the expert on all things your child.

So, by having this and empowering families and giving this information and knowledge, we empower them, we let them be advocates, we let them make good decisions for their family.

Also, some of the things that are coming from this that we want to make better is making sure that we don't have lots to follow up. So, in our state, we were looking at the reports recently from the CDC on what our lost to follow up is. These are rough estimates because I didn't know write them down. Just going off the top of my head. Surprise. We got information ability how many children were diagnosed with hearing differences in our state and then, of that number, how many were referred to our early intervention program, and of that number how many were actually enrolled. So diagnose, referred, enrollment, they did this. And there were 40 kids, roughly, that did not get referred to us. Where are they? Who are they? Have we heard of them? Who is the audiologist? Can we contact the audiologist to team them how to make a referral? Maybe they don't know how. The issue is that right now the data sharing agreement is with Asa and DHS and we don't have a way of seeing all the kids to say this is actually a cousin to this kid, I think we can find them. We don't have a way to do that. So we want to find a way to have a better way of sharing that information so that we can make sure that we don't have that lost to follow up.

We talked about the end of the CDC grant funding for ODDACE and, through the data project, we get to have Allison support us for another year and hopefully will continue going. ODDACE. We are in conversations with our umbrella organization to figure out how to share data better, how can we use this information, and they're constantly doing improvements and adding to their data system as well and thankfully we are in a good partnership and we're sharing information and we need regularly. It's very important to have those good relationships.

Kendra talked a little bit about being child and family‑focused in that parent view. And, again, this is just all evidence to show that we need to empower families and we need to have families feeling like I know insides and out, and that way, when a professional says to you, you should X, Y, Z, the parent can say, well, I thought about that, and this is the direction I want to go. And then the professional can go, oh, you know stuff. Okay. That's have a relationship.

Doing all this data connection again, this is my big why, is that, really, my ultimate dream with this and what I kept bringing to the table when we were having discussions is it's easy to make assumptions, it's easy to say, well, you know, I had this and, so, this needs to be for everybody, or I didn't have this, so everybody needs to have it, because I didn't. That may be true or maybe not because, again, if you've met one person, you've met one person. So we want to be able to see trends. We want to see what impact our work has on families, what impact does seeing a family weekly have opposed to seeing a family once a month? Is there a difference there? Can we look at that and make a decision? What is going on with our child who has a unilateral hearing loss who gets certain supports? Does that make a difference? How do we know? So, we actually want this to grow and become something longitudinal and we want all of Arizona to be a part of it, all the districts, everyone. So that's one of the reasons we picked Synergy, too, is we want to be able to facilitate this and have people go on forward.

Going back to parents, if parents are aware of what we are doing, they can influence their school district to continue.

Okay. I kind of said all of that.

>> (Inaudible).

>> So we are going to continue our data collection every six months, doing all our developmental assessment and language connections and discussing with families those reports. Oh, and I do want to give a shout out to my team of teachers, who I think are phenomenal. I supervisor twelve teachers of the Deaf ‑‑ well, eleven teachers of the Deaf and one speech language pathologist who are providing Early Intervention Services in Maricopa County. We have roughly 220 kids that are eligible in my area. So each teacher is carrying a case load of maybe 20, 25 kids. I have a couple that are a little bit lower. They are collecting this data on a regular basis, and they're having conversations with their parents, and then they're taking this information and coming back together and saying this is what I'm seeing that's making an impact. How are you doing this? How can we have that? So it's creating great conversations and building their strengths. And one of the things, one of my teachers created a smart goal for herself and she's, like, I want a really clear, visual way to share this information with my parent so they can take this to their pediatrician or audiologist or the pre‑school team when it's time for evaluation. So she took all of the McArthur information, and she ‑‑ you know, it's by category, so you will have clothing, you will have toys, you will have furniture, all the different categories. So she takes and puts their score from assessment number one into her spreadsheet she created, and then she takes scores from six months later and puts them in there and makes this lovely graph so parents can see, oh, in the area of furniture, we've gotten nowhere. We don't talk about furniture. But in the area of clothing we've skyrocketed and built this language, or toys or whatever, and parents can look at that and say maybe we need to do more language exposure in these areas or find books about this. It's helping parents engage and understand what's happening with this information. Quite a few teachers are, like, that's my smart goal, too! I'm, like, yes! I hate data but let's do it! No, I love data but I hate data. It's a love/hate relationship, because it takes time, and who has that?

Anyway, going forward, continuing to create those relationships with parents, with legislators, with our counterparts, you know, Arizona early intervention program, and I didn't even mention developmental disability, or the program we work with, there, too, that covers children with multiple needs. We want to continue to build those relationships. We want to continue to educate them as well on what we're doing because if they see the value of what we're doing, maybe it will catch fire and maybe our teams will do the same things. Right now they're collecting data at entry and exit. So ‑‑ and they may not do further evaluations. If a child has qualified based on professional opinion, then, annually, they'll do an assessment to see if that child still qualifies, but ongoing assessments the way we do, that's not part of the programming. So that data collection, maybe, will catch fire, and they'll do the same, so we can continue to make those long‑term decisions together to best benefit all kids without pigeon holing them in one area.

Okay. Questions. Yes, ma'am.

>> Thank you, Carol. You didn't have to use your ten minutes, Carol.

>> Just exciting stuff. Thank you for sharing. I'm assuming, at some point, you're linking this to EHDI data?

>> That's the hope.

>> Okay. Sorry.

>> That's the hope.

>> Okay.

>> The reality is these guys have everything except the newborn screening data.

>> Okay.

>> So that's the only thing missing. They have the diagnostic data, already, they've got the early intervention data, it's just the screening data that needs to be linked. A lot of presentations, we've talked about the difficulty of getting data back from FERPA. This is where we're actually looking at the other direction and looking at data to FERPA where it can be used. We want to move the date as close to possible to the people using it on a daily basis.

>> I want to be clear, Synergy, just to clarify, is that what your current school is using or a separate data system where everything is coming in?

>> So Synergy is ‑‑ if I understood your question correctly ‑‑ student information system is what our entire school from pre‑school to grade twelve uses for enrollment data, attendance and behavior tracking. It's already there and customizable, so we can build the data fields in for birth to three that don't typically land there.

>> That's our challenge is we don't have your school, so every school has their own data system, so that's what I was clarifying. Thank you so much.

>> Yes.

>> Any other questions?

>> How did you get six agencies to work together?

[Laughter]

I am in Texas, and we have multiple agencies, and it complicates things constantly for us in terms of data collection, data tracking, who has what and will you share it today. How did you do that?

>> So let me ask this: If you are in this room and from Arizona and one of those six states agencies, stand up. I know I see you out there. You're out there. Come on. I know there's more. Fran, is that you? I can't see. We've got folks from our agencies in here. It's an intergovernmental agreement. It just used to be five state agencies and a year ago they added a Department of Child Services as well. It's Arizona cost system, ASD, DDD, DHS, who am I missing ‑‑ access ‑‑ ADE, Department of Ed. So it's an intergovernmental agreement.

>> I want to add to that, too, because ‑‑ I have been around a long time. So, originally, when I started in early intervention, the agencies weren't necessarily working together‑together. So, AzEIP has contractors. They divided the state into 22, 23 regions throughout the state and get contractors to provide the early intervention service in the regions. They will have two or three per region. So, before 2013, we ASDB were a service‑providing agency on our own and held service coordination, and all of these contractors held service coordination, and then DDD comes in, so, if a child has one of the four qualifying conditions for DDD, then DDD takes over that service coordination. And we were all competing with each other to find the services that we need. We had part‑time parent advisors at that time, and I don't know if you've had part‑time parent advisors, but having fidelity, having similar services and addressing all the things that need to be addressed, you have no control over that when you have a bunch of part‑time people who have full‑time jobs and can't come in and get training on a regular basis. So we were competing, all of us together, to find physical therapists, speech therapists, whatever it was, and the waiting list was ridiculous and families were not getting the services they need. So AzEIP, our Part C overseer, said we've got to do things differently. So they decided that they were going to change us to a team‑based model, and ASDB relinquished service coordinator so we are no longer service coordinators. I fought that because I like to have a modicum of control. You know, I think I know best, so ‑‑

[Laughter]

And sometimes it's like when it comes to transitioning from Part C to B or whatever comes after, I'm, like, please let me be in control again because I don't like how this is happening. But that's okay, I'm letting it go, still ten years later. So what happened at that point is our contractors started holding all the service coordination unless they were DDD and, at that point, we worked together. So what you're looking for was our AzEIP said we're changing to a team‑based approach, you have to work together, and we were, like, all right, we'll figure it out. I love it, you know, playing in the sandbox together is a lot of fun, and I love doing joint visits, I love having a visit with a physical therapist or having a visit with the OT, whatever it is me may be doing, because when they're working on the motor skills, we can also work on receptive language. You don't have to do your physical therapy in silence, let's do something. Or I can teach you signs to let this child know what's happening. Or in a situation where the child is DeafBlind and you can talk about touch and don't surprise the kid, like, hey, we're moving! And we have regular meetings together as well. Quarterly, each region has a meeting. So, like, whenever one of our regents ‑‑ a provider is Sunrise and another is ACT, so, quarterly DD, ACT and ASDB get together and say what are the issues that we're coming across? How do we support each other better? Then we go back to our teams. Does that help you?

>> Any other questions? Okay. Well, thank you guys all for coming.

>> Thank you.

>> Thank you.

[End of session]

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Captioner standing by.

>> Okay. Good morning, everybody. Thank you for coming to this presentation today. I'm honored to be here and present along with our colleagues today on this panel discussion about a model state government program for early language and literacy development for Deaf and Hard of Hearing children. I just want to take a moment to do some introductions. My name is Elizabeth Hill, Executive Director of the New Jersey division of Deaf and Hard of Hearing hearing. I am a product of hearing family in Gallaudet University, which is my Deaf family. I'm proud, you know, of this conference emphasized people having multiple identities and I thought it was a nice thing to put out there.

I would like to turn it over and have introductions for the people on our panel. Would you like to introduce yourself?

>> Good morning. I am Heather Osowski. I work at the college of New Jersey under the Center on Sensory and Complex Disabilities. The project that I work on that I'm project coordinator of is our partnership with the Division of Deaf and Hard of Hearing in New Jersey called the Campaign for Language and Literacy Excellence. I am a Teacher of the Deaf by my background I taught for 17 years at our state School for the Deaf. I'm also a graduate of the College of New Jersey and I am happy to return to my Alma Mater. I became interested in becoming a teacher and in the Deaf Community and here I am.

>> My name is Matthew Hall, assistant professor of communication sciences and disorders at Temple University. I direct the first foundations lab and our mission is to promote the overall well being of all Deaf and Hard of Hearing children through theoretical and empirical research. Right now, our primary focus is on preventing language deprivation. I'm also hearing, I'm a second language signer of ASL. And you will hear more about my role in the project in a few minutes.

>> Good morning, everyone. My name is Jerry Petroff and I am the executive director of the College of New Jersey's Center on Sensory and Complex Disabilities which is a research, training and technical assistance center that has a number of different projects that started with the DeafBlind project. My background primarily is in DeafBlindness. I am a professor in our language and literacy department in special ed, and I'm happy to be here. And I'm also hearing.

>> I also want to take a moment to recognize some people in the audience. One of my team members is Carrie Pogue. She's sitting right there, and she works on our team. She is actually a coordinator for the program that we're going to be talking about today. She was also one of the very first people involved in the building up of this program. So really happy to have Carrie with us today and her work. I also want to recognize three other people I see in the audience who are some of the people who made this program happen. I would like for the New Jersey people, Michelle and Stephanie and Pam, to have a moment of recognition, if you don't mind, standing up for you.

So as we will get into this program today, it really was a team evident, and I'm honored as executive director to be tasked with the implementation of this program that we're going to be talking about, which is the language instruction program that I had to implement statewide. And as a person who is deaf, I have had a career spanning 25 years. And throughout my entire career, I've always found a passion for promoting and advocating for children and families, so very honored to be working on this program and building it up.

So as I mentioned, today's program will be talking about our language instruction program which is under the Division of the Deaf and Hard of Hearing. We will also be talking a little bit about the partnership, actually a lot about the partnership that our office, we are a state agency, that we have developed a partnership with the College of New Jersey and Temple University to look at ways to enhance our program, make sure our program is focused on ways to make it more effective, to make sure that we're providing the best support possible for children and families. These efforts we will get into the slides, focus on research, development of evidence‑based practices, training initiatives and data collection.

As part of this effort, we are looking at ways to support children and families in a holistic way and on multiple levels.

Trying to get this slide. I think our PowerPoint is not cooperating today. Oh, okay. I'll try that. Okay.

So the New Jersey division of the Deaf and Hard of Hearing, we are a state agency under the New Jersey Department of Human Services. We have a variety of services include hearing aids programs, equipment distribution programs, a Deaf advocacy team, a communication access team, and we have a lot of programs and services that sort of act as a central hub for Deaf and Hard of Hearing New Jerseyians, whether you are age zero, birth, to your end of life. As part of our effort to serve New Jersey families, we have implemented what's called a language instruction program. This program is very unique in a number of ways. We are providing up to 25 hours of language instruction services per week. What makes this program very unique is we work with the child. We pair the child up with what's call an American Sign Language deaf sign language associate, an ASL/DLA. These Deaf adults are fluid in sign language and when we get an adult interested in wanting to promote the child's language development through visual language, we work to carry ‑‑ Carrie our team member works to match a family with an propose Deaf Language Associate based on the availability, cultural background, a variety of factors we try to pair them up with.

Children can have up to 25 hours a week in these language instruction services. Any place that the child is during the time that week. So, for example, if a child spends the minority of the time in a childcare center, the child can have services at the childcare center. If they're in a pre‑school program, we'll send the Deaf Language Associate to the pre‑school program to work with the child in the pre‑school program. If they're in a summer camp, recreational group, wherever they are, for the majority of the time that week, we provide the services. If the child happens to be home during that time, if they just don't ‑‑ if they're not enrolled in any other program, we will provide home services as well.

This program is such a unique program in a variety of ways because the goal of this program is to really provide consistent language opportunities for the child wherever they are and not to be in an environment or a program where they have no language access. So if children are in a childcare center or pre‑school program five days a week, the parents are off working, the fact is, Deaf and Hard of Hearing children are often in programs by themselves. That's just a fact. So, for us, as a program, we're providing a Deaf adult to provide consistent language opportunities, language enrichment, we are looking to have a child develop their language and be academically ready by the time they enter kindergarten and first grade. So that's one of the things that's really different about this program.

The other thing unique about this program is there are no entry restrictions. You just need to be a resident of New Jersey, your child needs to have a hearing loss, that's it. To be a resident of New Jersey and to have a child with a hearing loss, you're eligible for our programs. There's no income restrictions, there's no wrong‑door philosophy. As a Department of Human Services, there is a human services approach to this program, so families can refer themselves. They can look us up on Google, they can contact our office directly. They don't have to be referred by a medical provider or any other specialized services. But they can be. We have good relationships with early intervention providers, we have relationships with people who work with families on the ground, social workers, case managers. People can absolutely connect them to us, but they don't have to be. So there's just no wrong door that, you know, families can come to us by a variety of means. And we have made it a point to ask families how they learn about our programs, and it's various ways. Sometimes they just Google Deaf and Hard of Hearing services, and they will coming up with our office, or they will have a family member who knows about our services or an educational advocate who knows about our services. So the point is we as a human services Department and office for the Deaf and Hard of Hearing, what is nice about having this program under our office is we provide a holistic approach. One of the things that is nice about having a program under the Division of the Deaf and Hard of Hearing is we automatically can then connect these families to all the services that our office provides, so if they have questions about hearing aids, if they have questions about resources to equipment distribution, or if they have questions about advocating for the child when they go to the doctor and the doctor is not providing an interpreter or other communication accommodations, our team, we know in this family, so our team is intimately connected with them and has an automatic way of advocating for them. For example, if your child is two years old and going to the pediatrician, there's opportunities there for our team to be involved in helping advocate for an interpreter to start being there. An interpreter in the pediatrician of the child, there's language there and being able to participate in their health care at a young age. So that's one of the unique things about having it at a Deaf and Hard of Hearing office, for us to be sort of a wrap‑around service for families and support them on the journey. So, when a child reaches their sixth birthday ‑‑ because the program is zero to five, but we don't stop services at fifth birthday. We let the child continue through their fifth year. So, when they become six, they're ready to transition out of our program. As part of that process, when they ‑‑ we know that they are soon going to be aging out. We know they are soon going to be entering elementary school, we work with the Department of Education and work with them to link the families to the resources New Jersey has to offer through New Jersey's Department of Education. There's communication plans in New Jersey, Deaf Students Bill of Rights, there are a number of resources families need to know during the transition to link and support them because there's often sort of anxiety that we see with the families. They have been working with Deaf language associates for so long and have been accessing our service force so long, and when they enter elementary school, it's a new world. It's different. And to have the ‑‑ our office to be there as a support as a transition and to link them for those resources has been enormously helpful and encouraging for families in that journey.

We also have post‑relationships with the Department of Health and other resources for our families, so it is a key central hub for them. And to be able to show that families are not alone. And even when families do age out and they go on to, you know ‑‑ their child goes to their journey in elementary school, they still can come back to our office and are able to access resources our office has. For example, if the child is age 14, and it's time for them to think about what happens after high school, what do they want to do, you know, with their life, we always try to encourage families to connect with the Department of Labor, rehabilitation services. So if we connect with a child early, we are able to be with them throughout their lifetime.

A program like this really provides a meaningful way of including Deaf and Hard of Hearing adults in a state's existing network and a state's existing infrastructure, while also providing holistic support to families and the child's developmental journey. And this is really in alignment with the Joint Commission also on infinite hearing, goals 11 and 12, and really promoting language and speech and social‑motional and academic development of the child. I do want to say that, while a program is focused on visual language development and language acquisition through visual opportunities, no child is turned away from our program. We have serve children with cochlear implants, hearing aids. We connect families. If they have questions about wanting to get cochlear implants, well connect them with resources in New Jersey for that. We connect them with resources for hearing aids. There are a number of programs for sources for hearing healthcare that we connect them with. We are fully of the view that there is not a choice that parents have to make. Parents can absolutely ‑‑ family caregivers can absolutely participate in a program regardless of whether they are also participating and listening in spoken language opportunities or focusing on auditory development through hearing aids and cochlear implants. We have all variety of children, and we also really appreciate the emphasis this morning on supports for Deaf and Hard of Hearing children with additional disabilities, which we also have in our program as well. And that was really a greatly appreciated in today's keynote presentation this morning about that.

So, with that, I just want to take this opportunity to show you a sort of overview of this before I turn it over to my colleagues for the campaign for language and literacy excellence. I also want to say, before I turn it over, that, if your state has an office for the Deaf and Hard of Hearing, it is a rich source of collaboration. If you state is not already doing so, it's something to strongly consider. There are a number of Deaf and Hard of Hearing offices across the country. You can find them at that link on the slide here. Also absolutely an opportunity if not already taken advantage of to work with your state's Office of The Deaf and Hard of Hearing. Some states are called commissions, some are called divisions, some are called departments. We have different names, but we're all sort of similar in our goals and our commonalities in that. So take advantage of that if possible. It goes to saying to connect with Deaf and Hard of Hearing investing partners at every level.

With that, I just want to turn it over to Heather.

>> Good morning. I am Heather Osowski, project for the campaign for literacy excellence. I want to do a quick overview of who we are and what we're doing. So our overall goals is focused on the development of research guided training curriculum for the Deaf language associates under the language instruction program. Collaboration of TCNJ, we provide support for the curriculum, Deaf language associates and hope of accredited association. We're conducting regional research that supports the program goals and also provide opportunities for families. So four of our project initiatives are first and foremost the family matters project. This project, we host family events all over the State of New Jersey for families who are enrolled in the program, also not enrolled in the program. So if you have a Deaf and Hard of Hearing, DeafBlind childbirth to five, you're welcome so any of these events. We want to provide this opportunity for families to meet each other and network and have those connections beyond just daycares or childcare or pre‑school programs. We want them to be out in the community and supporting each other, plus having their children have other peers their age. Also an exciting part of this project is our scholarship program which we provide funding for families to attend ASL classes, workshops, trainings. They are welcome to apply for this program. We've also collaborated with the American Society for Deaf Children, all the families enrolled in the language instruction program have free memberships for a year. So that's an exciting part of the program. Is second piece is the curriculum and training program. We are, as I mentioned before, developing curriculum specific to the deaf language rolls and talking about curriculum.

We have a research evaluation which impacts the curriculum and language assessments which we'll delve into in more detail in a minute. One of the important aspects is the community engagement. We have social media, Web sites, resources for families and other stakeholders along with a consulting committee that helps guide us in the work that we do.

We are a small but mighty team for the campaign language and literacy excellence. I want to give a shout out to everybody because without the support of all of us, this couldn't happen.

And before I introduce our next team member, I just want to point out quality indicators that are guiding the work of the Campaign for Language and Literacy Excellence. As mentioned before our training and curriculum, our language instruction program structure ‑‑ how does that program work, how do we match it with our training curriculum, how do we match it with the research we're doing and improve on the program ‑‑ and our family immersion opportunities. These are the quality indicators guiding the work for CLLE.

Next I'll introduce Dr. Matthew Hall from Temple University to explain the work she's doing on language assessments.

>> All right. Thank you. I have been coming to EHDI for only five or six years, I think, but, already in that time, it is such a thrill for me to see the different emphasis that there is now in paying attention to language outcomes. So exciting to see that. Language outcomes across modalities. Of course, in this program, our primary goal is to support the acquisition of ASL for these kids. That's what the parents are compressing when they opt in to the program. And, so, we want to know is the program helping Deaf and Hard of Hearing learn ASL and how can we make it better, this part of this quality improvement cycle?

So, like any natural language, ASL has structure at multiple levels and, so, we want to be capturing all of the richness of ASL that's available for kids to learn. So we have to think a little bit creatively about how to do this in our context because, given the nature of our program, we can't tell the speech language pathologist on the IFSP team what assessments to give. We don't have that authority. We can't pull the kid out of a pre‑school session to do a direct assessment ourselves. We can't film a language sample in the classroom. Gosh, that would be nice. But there's still a lot that we can do and, in particular, we can leverage a partnership between our program staff, which, at this point, is me, and the Deaf Language Associates. Our Deaf Language Associates are proficient signers who spend a lot of time with these kids. They know the kids very, very well, but they don't have training on research or assessment. I have training on refer and assessment but I don't get to see the kids. So we put our heads together. Every six months I have a Zoom call with the Deaf Language Associate, and over that past six months, they have been observing the child, and they report to me in a structured format. I walk them through the assessments, and we complete them together.

So, to measure ASL vocabulary, we're using the new CDI, the ASL‑CDI 2.0. Who is not familiar with that assessment? Cool. So it is ‑‑ it follows the similar logic of the McArthur Bates communicative developmental, but it is developed to focus more specifically on ASL rather than being a para site on the English version, the way the sort of old one kind of is. And it is a web‑based portal. It does your scoring for you. It's pretty user friendly to use.

To measure more connected language skills, we're using the VCSL, the visual communications sign language checklist. Who are are not familiar with that one? Just a few. So it is a criterion referenced checklist, basically language milestones for the kinds of skills we expect to develop in ASL at different ages.

And then for pragmatics, we are using the pragmatic checklist. A show of hands for to whom is this new. So this is an informal assessment that was developed, what, 2012, I think was the original, and it's been adapted for use for Deaf and Hard of Hearing. It asks ‑‑ it's for use with kids who are three or older, so we're not using it with our birth to three kids, but just the older kids in our study. And it looks at their ability to use language to accomplish different communicative functions ‑‑ getting information, sharing information, coordinating with other people, those kinds of skills. So it's not formally linguistic. It's looking at how can the child use their language in an authentic communication context. We're scoring it a little differently. I'll explain when we get there.

So these are the three assessments we use for the vast majority of kids in our program. Once again, relative to the keynote from this morning and as Liz mentioned, we serve children with a wide range of cognitive capacities, and, so, there are some kids in our program who don't have the cognitive capacity yet and maybe never will to develop formal language. For those kids, we look at the development of their intentional communication using the communication matrix assessment. I'm not going to be showing outcomes for those kids today. There are only a small handful of kids using that in our program but I'm happy to talk about that, if you like.

The idea is that we assess every child every six months time locked to their birthday or half birthday. So, as our partnership continues, by the end of it, we should have at least four time points, sometimes six time points on all of the kids. This is still relatively early in our journey. So the logic there is that, by the ‑‑ we can leverage ‑‑ even though this is a correlational design, we can look at variation in how long they have been enrolled in the program as an indicator of is this program associated with helping them develop their ASL scores.

Do I have a laser pointer on this? Yes. Good.

These kids are all four years old, but this kid has not been participating long. This kid longer. If the program is helpful, we should see better outcomes in the dark rather than the light blue. That's the logic.

Right now, our data look a lot more like this. So we are still early on in the data collection process. We have two time points from a small percentage of kids, but we have the first assessment time point from almost everybody, so I will be sharing the cross‑sectional data at this point and, as time goes on, we will start to be able to look more systematically at the growth over time, the longitudinal data.

So here's the way that I'm going to be showing the data. The X axis is the months of participation in the program from when you first received service until ‑‑ this is the end of December or, if they left the program. We know that there is diversity in the amount of hours of service that the children received, so not every child is getting 25 hours. Some families only request one, three, five hours. We want to look at that data, but we don't have those numbers yet. So this is just the months from start to finish. Then their score on the assessment is on the y axis. You can see a strong and significant correlation between months of participation and their outcomes in receptive and compressive vocabulary. There's also a strong positive correlation between months of participation and their score on the VCSL.

I'm going to take a moment to explain the VCSL scoring. Those of you who use it clinically or to provide intervention services are probably familiar with the basil and ceiling scores. That's not what I'm showing here. This is a rash score. There's a publication in 2022 showing how to get a score that represents the performance across all items on the VCSL, so it's a sort of more informative single‑point estimate of how they're doing. So it's really friendly for researchers, and if you have more questions about that, I'm happy to talk about that as well.

And while we're on the subject of scoring, for the pragmatics checklist, because we are getting these values by reports from the Deaf Language Associates, we are not distinguishing what skills they can or cannot do in English. We are really only looking at what they can or cannot do in ASL, and we are summing the top two categories there, uses one to three words or signs and uses complex language. So this score sums both those two categories. It really is mostly the one‑to‑three signs at this point. But just wanted to explain what you're seeing.

The next question is, okay, great, we're seeing correlational data, months of participation is good, but kids also get older as they participate longer. Are these just effects of age? Not really. But there's some complexity. So when we do a logistic regression ‑‑ or multiple regression with age and participation as predictors, for vocabulary, it actually looks like participation in the program is not a significant predictor for vocabulary, but age is. However, for those more complex skills that are captured on the VCSL and the pragmatics checklist, for the VCSL, both participation and age are significant predictors, with participation actually being larger. And this is a special case. Usually we can't compare regression coefficients but in this case they're on the same scale so it's meaningful to compare them. We're seeing larger regression for the VCSL. And for pragmatics, it was the only predictor in that model.

So it's encouraging that, in this context, you are seeing better outcomes in the more complicated, more advanced language skills. You can learn vocabulary anywhere, but this is a contexty we're seeing some of the more advanced skills develop as they participate more.

So that's where things stand with respect to language assessment. Now I will turn it over to Jerry, who will tell us more about some of the curriculum and training program initiatives.

>> We'll have time, also, at the end. So the down is advanced.

So research and evidence‑based practice. I'm going to talk to you about some research efforts we're doing that are not correlational but qualitative in nature. What we've done so far, we're just kind of in the beginning.

Oops, sorry. Did I do it? Oh, sorry. I'm used to have a big, booming voice.

So what is our charge? We are trying to develop and validate a training program for our DLAs. By now, everyone knows that stands for Deaf Language Associate. That leads to some type of certificate that will be sanctioned by the College of New Jersey. So that was our charge. We needed to do that. So where would we begin?

So what we're doing is our program elements are the training program as well as another research initiative called DTS. The confusing thing is that we have two Dr. Matthew Halls in the project, okay. So it's Dr. Matthew Hall from Temple, okay, and Dr. Matthew Hall who is a literacy expert and Teacher of the Deaf from TCNJ. And Dr. Hall from TCNJ and I are colleagues there on the faculty of our special ed future preparation program. Both have an interest in an area called visual thinking strategies that I will explain in a moment. So we are taking new initiatives to develop some practices that are evidence‑based using visual thinking strategies that I will explain.

Did I do that right? Is it right?

The ASL training program first. We use grounded theory. What would we ‑‑ how do we begin? Okay. We came into the program thoughing ‑‑ we came into the program knowing that the language instructional program has been operational. So DLAs are doing their thing with children all around, so where would we begin? As qualitative researchers we said, well, we're going to begin by observing. Let's see what they're doing. So we put together an observational protocol, and myself and as well as Dr. Steve Singer, who is another colleague, we went ‑‑ who is deaf himself and works in our Teacher of the Deaf training program. Both us as well as Heather and others went to gather some information, some impressions of what was going on. And we took our qualitative notes and started doing a content analysis to say, well, what is the role, really, of the DLA? How is it different?

Qualitative research starts out very messy, especially if you're using a grounded theory approach, where we said we don't have any impressions on what they should be doing. I mean, who are I? You know, we didn't know. So we said, let's take a look at that. So we started doing that, and that was a really important step in our research.

So, as we went to each of the centers or pre‑schools, we observed in communities, in daycare centers with a number of different students, and we started building an impression. That impression led to more questions and research, which usually happens in qualitative research, which said, well, okay, here's what's happening, what do we as experts in early childhood development and deaf education and early childhood deaf education, what do we think they need? So we started doing that. Now, what's happening next is that we are ‑‑ which isn't on these slides now, but what we're engaged in now is taking what we've learned, putting that into interviews, where we are now doing interviews with the DLAs to obtain more information from them to say what do you think you need? What do you need? What's frustrating to you? What are you challenges? And we're in the middle of doing that, as we are developing the curriculum framework, which I will show in a second.

Heather, if I miss anything ‑‑

All right, so that's what we're doing. Okay. So let me go back for a minute. Let me just summarize. So what we did, we observed, we gathered information, we did a content analysis of all our observations. We took our own expertise and we infused that and said, okay, here are some questions we would like to ask the DLAs themselves. We're in the middle of those interviews now. Let's get a framework of our curriculum, where we're going, and I will show you where we're at. We're really kind of in the beginning, even though we're going to pilot the training this summer. We're getting there.

The VTS, the his wall thinking strategies, again, was a brainstorm of both Matt Hall from TCNJ and myself, who previously have been trained as trainers in visual thinking strategies.

This may sound strange to you, but I. going to tell you the origin of VTS. The origin of VTS, first of all, is rooted in evidence‑based and in research, but not from an area that you think it would be. It came from docents who are in art museums who had to go around and show people famous paintings. What they noticed was here's the Mona Lisa, and people moved on. Here's this painting, and people moved on. They said, we need a way of explaining this and to understanding that there's much ‑‑ it's much deeper when you visually look at a painting. And they developed the processes that is a facilitated processes on how to develop visual thinking strategies.

The further that research went on, the further we saw there was cognitive correlates along with language development that they were reporting, saying, this seems to develop people's way of using their vision to obtain important information. So, Dr. Hall and myself said, wow, well, we are involved now in this campaign for language and literacy, we're doing ‑‑ for language and literacy, we're developing training from the very scratch for our DLAs, is there something here that will enhance that and does research correlate with that? Okay. That's where we are at with that. So what we did, we did a professional development program where we took VTS professionals, who trained us, we brought them with DLAs, and we said, let's do the training to you. And we used pictures and famous pictures and photographs and we asked the DLAs what do you think? What we found out is something we thought would be a way. They said they had a better way of questioning, of engaging their students more, and they really enjoyed using this as a track in their work with children ‑‑ young children who are deaf.

I said, okay, that's good. So now how are we going to progress with that? So what we're doing right now and in April, right, we're doing our second round with a little bit more focus on developing a practice based on visual thinking strategies to develop for DLAs to use because we really do believe that there's something about visual thinking strategies that will link to young children's willingness to participate in learning visual communication.

So that's where we're at. Again, as qualitative research design. We have an approval from our IRB to ‑‑ now to interview the DLAs after they go through this second training and see if our practice that we are thinking we are developing is going to happen, and then following that into ‑‑ fold that into the curriculum, we are designing to train DLAs.

Anybody wants to know more about that, I love talking about VTS because it has improved my own practice in teaching college students, anyone else. So we did that. If we had time today, I would have practiced it with you. But we have such little time.

So the reason why docents or people who take people around art museums really wanted to have a technique to use was for their aesthetic development. And I do think there's some comparison between the aesthetic development of a visual language similar to that of visual thinking strategies and how it's being used, used in the museums. So we really thought that it would be successful. Language community holds potential for one to foster learning ASL for both Deaf students and their families. That's our hypothesis, right? That's what we want to prove. We're hoping to do more research if and how on VTS supports to access ASL. We're going to continue down here until somebody says you're fools or it's not working. I'm not sure. But, right now, we're excited, and things are moving ahead.

So the language instruction program curriculum and training program. You want me to continue or? Oh, you want me to continue. Okay.

The outcome of this is this TCNJ certificate based on the completion of a Deaf language associate training program and the submission of an evaluation of a portfolio. In other words, to be honest with you, what we based some of our approach to the DLA certificate was similar to those of you who know or understand something about intervener training for children with DeafBlindness, I said this is a great way to look at training certificates for the DLAs. So we borrowed from the processes that ends with a portfolio of artifacts in which a neutral or expert panel of people may say, okay, this DLA deserves this certificate, they have the skills necessary. So we really want to make this really used throughout the country, I mean, if possible. And Heather ‑‑ is it all right if I say it at this point? Maybe you could talk better about this.

>> So, part of this, we are in the middle of finalizing a draft of core competencies which is going to guide us in the development of the courses in our curriculum and training program. So once we've established these core Koch tenseys, we're going to ask our consulting committee as well as other professionals in our field to take a look at them, did we miss anything, should we change anything? Once we have that finalized, we're going to start working on our curriculum development and developing various different courses that will help at least in the field.

This will hopefully lead to an implementation with a certificate program offered by the College of New Jersey. We're planning to offer this in a hybrid model with ongoing field based developing portfolio O. you will start with the intense training, go back out into the field, you will have trainings and be collecting your artifacts as you're working. So it's realtime support in what you're doing and modifying what you're doing when you're working with the children.

Now, as we were talking about visual thinking strategies, this is also going to be part of our training program, so there are different levels of certification and training. We're right now in the second beginning trainer, which is happening this April. Once those DLAs are trained, they're going to be moving into the next advanced part, and then we'll start a second round of beginner training. So this will be a cyclical process that we'll continue throughout our curriculum and training.

As well, we're also doing more professional development throughout the year with the DLAs. Part of our curriculum, we want to make sure they are familiar with pre‑school curriculums used in New Jersey, not that they are implementing the curriculum, but they should be familiar with how the curriculum works and what the teachers are doing. We want to take burden off the teacher. We don't want to add burden. We want to make sure our DLAs have sufficient knowledge and a base of educational theory, language development, what's happening in the environments that they're in, so that we kind of take that on as our own, so they can better collaborate with the staff they're working with.

And look at that. Five minutes left. We would like to open it up to any questions.

>> Thank you for this. I just wanted to comment how much I appreciated the mindfulness of the work that you've done in creating this certification. I have five questions but I can probably gelt it answer in one question quickly. Will this information be able to end up on an IFSP?

>> And she gives it to me.

[Laughter]

You know, I'm not sure.

>> Okay.

>> Maybe Liz could answer that.

>> To date, we don't have our Deaf Language Associates participate in IFSP or IEP meetings because they don't have the current training to do so. But what we do find is that the relationship between the Deaf Language Associate and the caregivers ‑‑ parents, caregivers, guardians ‑‑ that has an informed practice so the Deaf Language Associate with provide the caregivers and family members with information they might happen to notice, information about the language outcomes. Carrie, our team member, is available to families who have additional questions for the families themselves and, in part, their viewpoint in an IEP or IFSP meeting. The other thing to point out is one of the advantages of having this program centered in the Division of Deaf and Hard of Hearing is we can also provide parents access to information ability education advocates. For example, where other educational resources where parents can get a sense that they can advocate for themselves and go in with information that makes them feel more confident to impart their views at these meetings. Not to say that won't be a development in the future, but as of right now that's the current setup.

>> One more question just about the BLA observation and reporting for developmental tracking. How are you verifying that? If that makes sense.

>> Yeah, it's a question that I think about. I'm not entirely satisfied with the process. The ‑‑ there are two levels of sort of checks. One is that, if they are giving me something that seems off, I can go and do a direct observation every now and then. I did that a lot more in the beginning, when I really was new to the program and I was just, like, is this consistent with what they're telling me? And, for the most part, they were, so I have been doing those less frequently.

And then the second level of checking is just I do ask them to give me a qualitative description of how the child is doing before we launch into any of the quantitative assessments, so I am comparing responses to the item levels with the overall narrative and that tells me when I need to progress with can you give me an example of that or before you mentioned this ‑‑ so there's a bit of triangulation assessment during that process.

>> Okay, I think we only have about two minutes left. Maybe one more question. Do we have time for that?

>> So I am formally from New Jersey, now live in Massachusetts, and one of the questions that I have that I'm looking and trying to figure out is, so, we passed the Lead K in New Jersey and we're encouraging language outcomes for children zero to five. How is the current structure ensuring that the outcomes are correlated between that, or is each program separate and are their outcomes completely separate?

>> So my understanding of what is in the New Jersey Lead K law is that the language outcomes that get reported are reported with the language acquisition rating scale, which only applies to kids three and older who are in public pre‑schools. And we don't have access to the individual data on that. We can look at the statewide report and see how kids in our program are doing compared to the statewide report. We would like to request that the families who have those scores would be willing to share them with us. We are in the process of trying to get those, but we don't have enough yet to analyze.

>> We're out of time. Thank you everyone for attending today. This is our contact information. Feel free to follow us on social media to check in and see how we're doing. We'll be here for a couple of moments after, if you have any additional questions. Thank you again.

[End of session]