

Enhancing Early Intervention Access in Texas: Perceptions from the Field

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Objectives

1. Participants will explore their own state referral and early intervention enrollment procedures.
2. Participants will discuss barriers and potential solutions to timely enrollment and intervention services.
3. Participants will identify trends in EI management and tracking.

Background

- EHDI Guidelines of 1-3-6
- 2021, percent of children in Texas who were loss-to-follow-up was 61.4%
- Texas ECI
 - Over 40 different ECI agencies across the state
 - Children are dual enrolled in ECI and the school district to receive DHH services from a teacher of the deaf and hard of hearing

Goals and Research Questions

- Goals
 - To discover what is working and what is not from the perspective of the professionals providing early intervention services
- Research Question
 - What can the knowledge and experiences of early intervention specialists and providers in Texas tell us about the barriers to receiving services that families of children who are deaf or hard of hearing face?

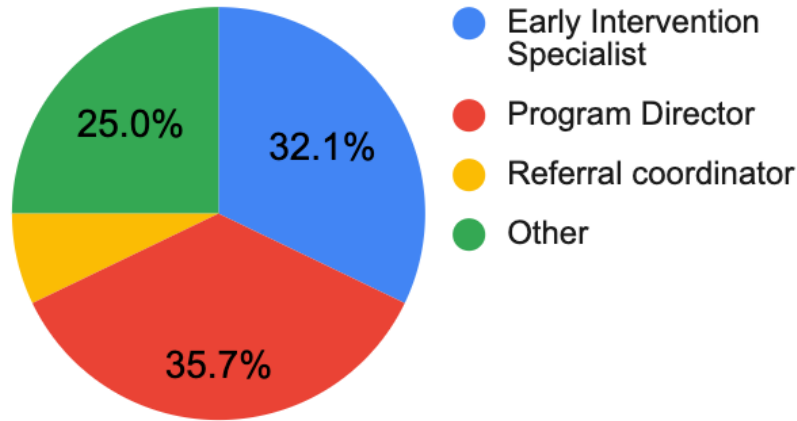
Methods

- Qualitative, phenomenological study
- Survey for initial data collection
- Semi-structured interviews to collect data on practitioner perspectives and experiences
- Open coding for data analysis

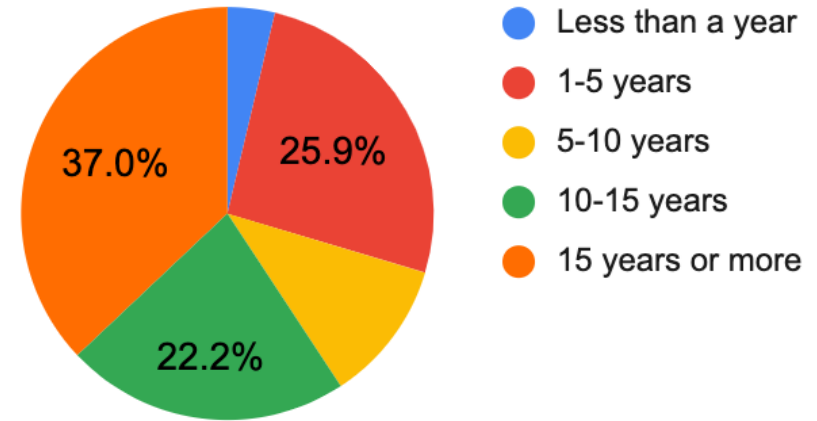
Participants: Survey

- At least one participant from every health region (n=38)

Roles of Survey Participants



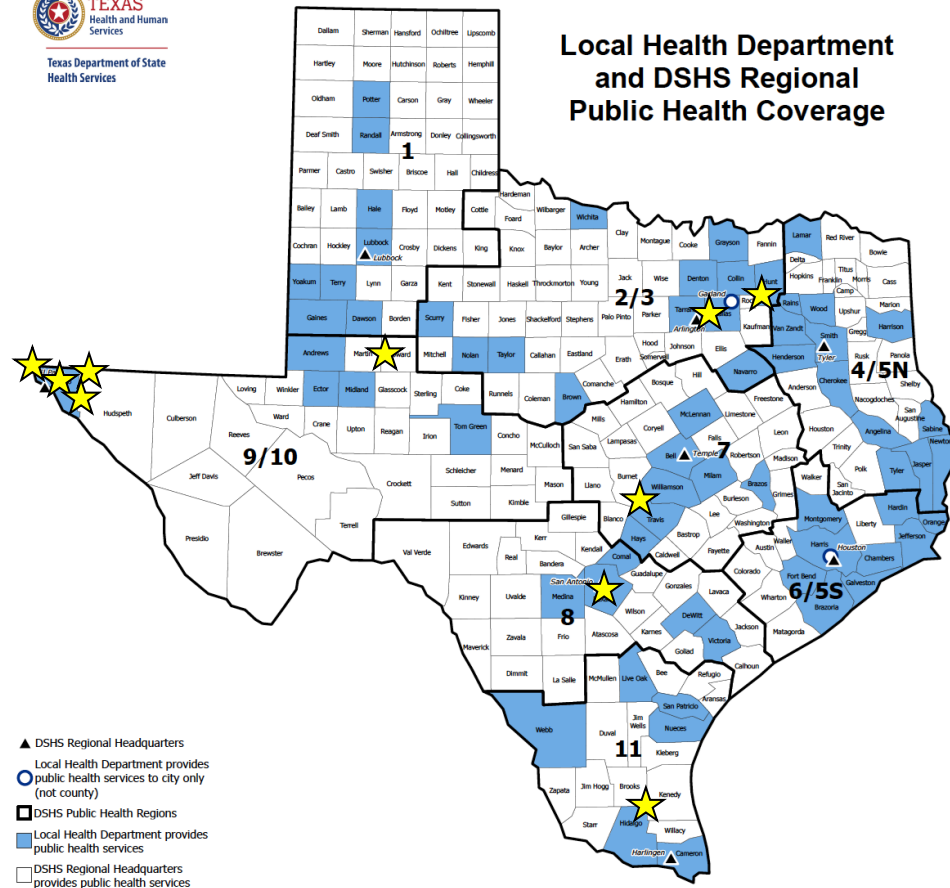
Years of Experience



Participants: Interviews

- 10 interview participants

n=?



Source: Texas Department of State Health Services, RLHO, October 2024

Findings – Emerging Categories

- Roles and responsibilities
- Deaf is different
- Families
- Geographic location
- Challenges/Barriers
- Successes/What Works
- What's Needed/Next Steps

Roles and Responsibilities

- Multiple roles
- Changes over time
- Different with different districts

“I kind of feel like the pioneer of this position, because there was no real true job description...there was a job description, but it was very vague. And as each year goes on, we add to it because we're like, Okay, now we kind of understand what, what my role is.”

Deaf is Different

- Evaluation
- Medical professional
- Refer to audiologist
- EHDI makes it different
- Services have to be from TODHH
- Different technologies,
- Different communication options
- Cultural aspects
- “But if you have [deafness], it’s definitely different. It is so much....Everything is so unique.”
- “When its deaf, that is different. You can't see it, right? Until you can. It takes a lot of parent education.”

Families

- Choice private vs. public
 - Need more information
 - Second guessing
 - Culture
 - Deaf culture
 - Diverse cultures
- “We have [Non Part C Agency], which is amazing. They're like, we don't have to do anything. Honestly. It's like we refer them and they they take off from there they, the deaf ed teachers go down there with the parents. They do the meetings. Like my service coordination part of that is nil because they do it all. So it's very easy for us. We're very lucky.”
 - “I think that the doctors are the problem. Let's be honest. Late referrals ...we're in the land of a let's wait, let's wait till he's two, or let's wait a little bit longer, or let's test him one more time. And then, historically, the parents value what their doctors say, Parents always want a second opinion or a third opinion on hearing loss before they really see a problem.”
 - “Some of them said ‘Oh, I was tested by my pediatrician and he said everything's fine.’”
 - “I think parents are in denial somehow about the hearing loss.”
 - “And I think the parents sometimes either just don't want to believe it. I don't know personally, because I've never been in that situation. But it just seemed like it was like almost overwhelming.”

Challenges and Barriers

- Need for documentation and how we get it, when, where, who, what happens when you don't have it
- Inconsistencies with professionals, both medical and school
 - Summer school
- TEHDI system (data tracking)
- Rural providers
- “If a child comes in, and we know that there are concerns for hearing, but there's no diagnosis, and for whatever reason, well, this is a big barrier for us...”
- “They have to travel to [city name] ...And so there's like an extra barrier to them actually getting the hearing eval done.”
- “There used to be a mobile audiologist. But they're no longer mobile. So it just, it's the lack of resources really here for them.”

Challenges and Barriers – TEHDI System

- “Our TEHDI system is ridiculously difficult. It is way out of date. It's a terrible system. You don't even get notifications consistently from them.”
- “It's just the outdatedness of that system is terrible, that in and of itself is a challenge, just trying to use that TEHDI system.”
- “Because, like, you gotta click 400 places to get where you want to go. And you can't just hit back. You gotta like, go all over again.”
- “There was recently something that came up from the state that did some investigating, and they emailed me our program to say, we've identified somehow these referrals that never made it through the TEHDI system. And I don't know if they're trying to address like, the little hospital here that doesn't know how to do the TEHDIs.”

Geographic Location

- Urban vs. Rural
- Our area is so geographically large, we have 40 school districts. So every single school district has a different contact- a different process. We have four different educational service centers that we're we're a part of.
- We're [name] Center so we cover 23 counties. They're all rural, or what is also called frontier counties.

Successes– What is working!

- Collaborative efforts/Task forces
- Qualified providers
- Resources (what resources to give and who could give them)
- State early intervention specialist is GREAT

“Well, she [state DHH early intervention specialist] is amazing. She is amazing at keeping us connected and communicating, and I email her anything, and I'm like this that the other she's sending me like resources. I mean, she knows her stuff. And so to have her as a resource is like, unbelievably amazing.”

What's needed? Next steps

- Consistency
- EHDI “overhaul”
 - Cumbersome system
 - Accurate and correct information
 - Needs to be a way to mark that family declines to include their information
- Need more information
- Different acronyms
- Difficulty finding information or where to get it
- Tracking
- Collaboration can be positive and negative

“I would say they [District DHH providers] work very different. That is a whole other kind of process to know which one wants which documents and at what point they need them. And so what would be really nice if it was just the same for everybody. Which I would think that it should be but it's not.”

What have you seen?

Let's discuss and share experiences



Suggestions for Practice

- Importance of collaboration and communication
- Improved training practices
 - For screeners, to provide and record accurate information
 - For doctors, to understand the urgency
- Consistent programming and eligibility measures
- What else?

Questions

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Acknowledgements

We just want to acknowledge and thank the participants who shared their experiences. We recognize the vulnerability this requires and appreciate their desire to help improve services for children who are deaf and hard of hearing.