

APPROVED ON 11/18/2011

**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
GENERAL MEETING TELECONFERENCE CALL
September 16, 2011**

MEMBERS PRESENT ON CALL:

Arleen Downing, M.D, Acting Chair
Gretchen Hester
Don Braeger, Designee for the Director (DDS)
Marie Kanne Poulsen, Ph.D.
Elaine Fogel Schneider, Ph.D.
Cheryl Treadwell, Designee for the Director (DSS)

MEMBERS ABSENT:

Susan Burger, Designee for the Director (DMHC)
Toni Gonzales,
Mike Fuller, Designee for the Director (First 5 California)
Beverley Morgan-Sandoz
Theresa Rossini, ICC Vice-Chair

OTHERS PRESENT ON CALL:

Debbie Sarmento
Anastacia Byrne-Reed, ICC Coordinator
Carolyn Walker, WestEd, Recorder

Please refer to Attachment A for a complete list of participants on the call.

CALL TO ORDER

Arleen Downing called the meeting to order at 8:30 a.m. She chaired the meeting as Theresa Rossini was unable to attend.

INTRODUCTIONS AND ANNOUNCEMENTS

Participants on the call announced themselves. Angela McGuire explained how participants can sign up for public input using the WebEx format.

AGENDA REVIEW

Arleen Downing reviewed the meeting agenda.

APPROVAL OF MAY 2011 ICC MINUTES

The minutes were approved as written.

EXECUTIVE COMMITTEE REPORT

Arleen reviewed the agenda of last week's teleconference meeting, noting the following highlights.

- Don Braeger gave an update from DDS and will report again today.
- The Under-Representation and Outreach Workgroup still needs one to two people from each committee to participate on the workgroup and also needs someone to lead the committee. Committee chairs should report names of volunteers to Angela McGuire.
- The Committee reviewed the list of special presentations and:
 - Confirmed that Nancy Sager would present today's presentation;
 - Confirmed that Cheryl Treadwell would follow up on finding a presenter on social-emotional foundations for early learning for November;
 - Agreed that, while Prop 63 funding is still an important topic, it would wait until details of the proposition have been ironed out;
 - Agreed that a presentation on the new Managed Health Care bill would be a good idea as it does affect children; a presenter will have to be found;
 - Agreed to add a presentation from the Family Resource Center Network of California (FRCNCA) on a status update of how well the prevention and referral service program is working.
- The Committee discussed an issue raised in standing committee regarding the fact that FRCNCA sits at the ICC table but is not a voting member. Cheryl Treadwell reported that nothing in the by-laws or research by the Child and Family Outcomes Committee seemed to preclude an FRCNCA representative from being a voting member without having to be appointed by the governor. Other members of the Executive Committee concurred and agreed to add the topic as an agenda item for the November General Meeting.
- Elaine Fogel Schneider raised another long-standing issue: that of the lack of regulatory recognition of the appropriate role of speech and language pathology assistants (SLPAs), the lack of standardization of their use in regional centers, and the fact that many children need but are not receiving attention because of the shortage of speech and language pathologists, in spite of the fact that SLPAs can perform the same functions as a speech and language pathologist except for testing. Arleen asked DDS for unofficial word on whether DDS perceives the issue as one of state regulation or regional center decision-making or an underlying policy of discouraging the use of SLPAs. Don committed to giving a report at the November meeting and seeing if this issue can be resolved.

- The Committee reviewed meeting dates for 2012 as an action item for today's General Meeting.

In discussing Arleen's report, Linda Landry requested that the ICC consider having the FRCNCA collaborative workgroup make a presentation on Prevention Resource and Referral Services (PRRS) and that they could do so in November. It was noted that DDS does have a PRRS update on its website.

ICC CHAIR REPORT

Arleen had nothing additional to report beyond the Executive Committee report.

ICC STAFF REPORT

Anastacia Byrne-Reed reported on behalf of Jeannie Smalley:

- Travel restrictions are still in force, so the November meeting will likely be via WebEx.
- DDS received the good news that they can advertise to fill two new positions: a Research Program Specialist I and Research Analyst II (or, alternatively, an Associate Government Program Analyst). Only internal DDS candidates are eligible to apply.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA REPORT

The Family Resource Centers Network of California (FRCNCA) Steering Committee met monthly via conference call. Seven additional meetings were convened to plan the implementation of PRRS and four committees were formed which met separately. A Capacity Building Grant from Strategies helped support two face to face meetings in Southern California

Outreach and collaboration activities included participation on the Training and Technical Assistance Collaborative, Lanterman Coalition, MIND Summer Institute, California Early Start Support Network, and on the planning committee for the California Network of Networks.

The **California Consumer Protection Foundation** webinar training grant is designed to enhance the skills of collaborative partner staff, other community-based organization staff, and family members to increase the ability of centers and agencies to provide timely information, education, support, and linkages to appropriate services for hard-to-reach families. The grant will conclude September 30, 2011.

To date we have presented webinars entitled "Out of the Spotlight: Siblings of Individuals with Special Needs, "Policy 101" presented by the California Family

Resource Association; "Introduction to the ADEPT Modules " presented by the UCD MIND Institute; and Developmental Care of the Recent NICU Graduate presented by Special Start. ``DRDP access Assessment for Preschoolers: The Role of the Family`` presented by DRDP Access, Universal Design for Learning presented by National Down Syndrome e Society Policy Center in collaboration with the California Association of Family Empowerment Centers, and Medi-Cal 101, presented in Spanish by Area Board Executive Directors Rocio Smith and Anastasia Bacigalupo in collaboration with Family Voices California.

The FRCNCA begin planning the implementation of Prevention **Resource and Referral Services (PRRS)** when **665 Transfer Reduced Scope Prevention Program to the Family Resource Centers was introduced and upon passage of Prevention Program for At-Risk Babies - AB 104: SIGNED by Governor 06/30/2011.** The legislation states that information, resources, referrals, and follow-up to parents and caregivers of referred *at-risk babies* (birth to 36 months) in all of the 21 regional center catchment areas. FRCs have been accepting referrals to PRRS from the regional centers since July 1, 2011.

- We have developed job descriptions, job announcements, posted them, screened applicants and are currently in our second round of interviewing to fill 3 PRRS positions, including the Program Director.
- We have created a PRRS Members only webpage with materials specifically for PRRS contractors.
- We developed the budget form, budget narrative instructions, monthly invoice and budget change form.
- We created a contract to provide PRRS which has been sent out and have either been signed or are being finalized. We have one entity that has no fiscal agent.
- We developed a MOU template and FRCs and RC either have signed and sent them in or they are working on getting their MOUs completed.
- A PRRS Fact Sheet has been developed and distributed to the field.
- We have held two webinar Swap Meets with DDS to train FRCs on PRRS as well as an additional Swap Meet on the budget and financial reporting aspects of PRRS.
- We are working on the data but need final clarification on several areas.
- We have not yet received the funding – it is in the mail.

We continue to seek additional funding sources to maintain the coordination of the Network.

ACTION ITEM

- Interagency Coordinating Council Meeting Dates for 2012

Proposed meeting dates are:

- February 23 and 24, 2012
- May 17 and 18, 2012
- September 6 and 7, 2012
- November 15 and 16, 2012

The meeting dates were accepted unanimously.

AGENCY REPORTS

First 5 California – No report was available.

Department of Managed Health Care (DMH) – No report was available.

Department of Developmental Services – Don Braeger, after being welcomed and introduced by Arleen as the new manager for the Children and Family Services Branch of DDS, reported on the following:

- Change is in the air, not only with Mike Fuller's retirement, but also at DDS. Rick Ingraham and Don Braeger switched areas, bringing Don to Children and Family Services, where he is excited to be on the ICC committee and looks forward to working with everyone. Julia Mullen, deputy director of DDS is stepping down from the Community Services and Supports Division; there is no word as yet as to who will serve as deputy director in the interim. Rita Walker is also retiring from DDS.
- After a seven-year wait, Early Start regulations have finally been published. Staff will review and analyze the new regulations and hopes to have information at the November 18, 2011 meeting.
- DDS is committed to reviewing the 12-year-old issue of appropriate use of speech and language pathology assistants and should be able to report at the November 2011 meeting.
- DDS launched the online Early Start Report July 1, 2011 and already has more than 700 users and 11,000 records.

- In the last couple of weeks, Don has received emails, questions, and comments about ICC. His first approach in responding is to refer to the ICC mission and by-laws. So that ICC does not lose its focus or momentum, DDS will now include the mission statement on all related ICC material. Don's first priority will be to fill the critical positions that have remained vacant for so long to close the gaps and infuse new energy—the chair, the new First 5 California vacancy, and the four agencies that have long been vacant (acknowledging that two of the four departments are going through significant reorganization and change).
- When queried about the nature of the questions and comments about ICC, Don responded that some individuals offered feedback that ICC is lacking individuals in some government-appointed positions, may have lost its focus a bit, and at times feels like a rubber stamp committee. In responding to the feedback, Don has kept a constructive focus on the issues and the mission of the ICC rather than engage in historical perspective or finger pointing. He looks forward to offering a fresh start and to having members join him in that and reassured the group that DDS staff is fully committed to the ICC. Marie Kanne Poulsen commented that historically one of the year's ICC meetings concentrated on strategic planning and suggested that a strategic planning retreat might facilitate a fresh start, to which DDS agreed. Arleen mentioned that the Quality Data Committee had recently indicated the time for new strategic planning is drawing close. Marie mentioned that the Committee would like to focus on how it can advise and support DDS and suggested that strategic planning might include consideration of focusing on critical issues rather than trying to deal with all issues. Don suggested that the mission statement and by-laws would provide a good focus. Gretchen cautioned that parent participation is dwindling, and she is concerned about and interested in getting the parent perspective of the ICC.

CALIFORNIA DEPARTMENT OF EDUCATION – No report available; position vacant.

DEPARTMENT OF SOCIAL SERVICES (DSS) – Cheryl Treadwell reported on the following:

- Regarding the budget, Assembly Bill 18 is the legislation that guides agency realignment. Approximately \$1.6 billion for realignment funding has been distributed to the counties. This is uncharted territory, and the department hopes to hear from many people. The goal is still to give local counties ultimate flexibility and figure out the state agency role.
- A settlement was finally approved of a lawsuit against DSS that has continued since 2002. The Caday Lawsuit charged that children in foster

care were not receiving coordinated mental healthcare services. The settlement also involves aspects of screening and assessment, collaborative activities, a host of details that will provide significant improvements for children in foster care.

- DSS was pleased to co-sponsor the upcoming IDA conference with UCD Family Focus Resource Center.
- DSS recently benefitted from a presentation by Penny Knapp, M.D. on the impact of trauma on brain development and recently had the opportunity to initiate discussion at the Child Welfare Council to examine issues of young children in foster care. The Child Development and Transitional Youth subcommittee will take up this issue to see what Child Welfare Council can do to improve services for young children in foster care. In relation to ICC, DSS hopes the conversation will advance some areas around early intervention and improve CAPTA implementation.
- A series of trainings sponsored by the National Child Trauma and Stress Network will occur over next year: October 6, the Impact of Trauma and the Experience of Children in the Child Welfare System. The network's website has information and a link for a zero-to-three workgroup that lists all workshops related to young children in foster care.
- There have been no personnel changes. DSS is still adjusting to its new director, Will Lightbourne; however, change is in the air. The department anticipates numerous retirements among the leadership.

Department of Public Health (CDPH) – Laurel Cima-Coates reported on the following:

CDPH is waiting for FY 2010-2011 funding streams for the In-Home Visiting Program; there are two funding streams being utilized for this project: formula funds and competitive funds. In early September, CDPH notified the counties that will not be funded and are now waiting to notify counties that will be funded. At that point, CDPH will be move onto the implementation phase of the program. This will take some consideration and planning because some counties will be funded thru formula grant monies and others thru competitive grant process. This is a funding plan imposed by the Feds HRSA. The program will be fully operational by Feb 2012. A lot of work needs to be done before then. Last year was spent writing grants and this year will be spent on implementation. There have been organizational changes at CDPH due to advent of In-Home Visiting program. There is a In-Home Visiting Branch with section chief Dr.Chris Krawyczky, Laurel Cima-Coates is the section chief heading the Program Policy and Quality Assurance Section, there is an Epidemiology Section with vacant section chief, and administration/operations section chief Jo Miller.

How does In-Home Visiting program affect kids 0-3? Two home visiting models have been developed; Nurse Family Partnership (ages 0-2) for first time moms. Start in pregnancy and focus on family up to two years old newborns' life. Linda Landry was on the planning committee was being interviewed when proposal for this piece was developed so Early Start input was provided. The other model is Healthy Families that focuses on prenatal, up to three months after post partum, and up to three years of the newborn's life. CDPH is still considering Nurse Family Partnership as the more favorable model to utilize. Still considering referrals, and other system integration pieces beyond a child's life after age 2.

Department of Alcohol & Drug Programs – No report available; position vacant.

Department of Mental Health – No report available; position vacant.

Department of Health Care Services – No report available; position vacant.

SPECIAL PRESENTATION

On behalf of DDS and the ICC, Erin Paulsen of DDS informed the group that Julie Kingsley Widman was the unanimous choice for the IDEA Infant and Toddler Coordinators Association (ITCA) 2011 National Parent Leadership Award. The award is given annually to acknowledge outstanding state parent leadership on behalf of the Part C program for infants and toddlers with developmental delays or disabilities and their families. A bouquet of flowers from the ICC was delivered to Julie at her office in the San Diego County Office of Education's HOPE Infant Family Support Program to coincide with the announcement via WebEx at ICC. Julie commented that the many sessions she attended at the Washington, D.C. conference where the award was announced are helping her grow personally and professionally and better support the ICC.

PUBLIC INPUT

Julie Kingsley Widman, parent and community representative from the San Diego County Office of Education HOPE Infant Family Support Program, working for SEECAP announced that registration will begin October 15 and close January 15, 2012 for a symposium February 28 to March 1, 2012, in Southern California and special events March 6 and 7, 2012, at the Rancho Cordova Marriott. The symposium will look at the new Part C regulations and offer many other sessions relative to birth through age five.

Linda Landry, community representative from Family Resource Centers Network of California, requested that the Child and Family Outcomes Committee consider ways

to ensure that parents participate and have the opportunity to provide input to the ICC if we must continue to meet via teleconference and WebEx. Stacie informed the meeting that Michael Miguelgorry at DDS is working on a public input form that will be available on the ICC website for parents to provide input, which DDS will then have ready to present at the ICC meetings. Suggestions ensued such as having partner agencies put a link to the form on their own websites to the form on the ICC website. Arleen asked that Stacie send the public input form to members.

A related discussion followed about the occasional need for parents to express complaints, which may be at cross purposes to the preference to have parents express issues and concerns and provide constructive, rather than emotional, criticism.

Robin Millar, community representative from the Child Development Center at Simi Valley Hospital, reported that the conference *Wonder and Resilience of Children* in Sacramento has been closed due to an overwhelming response that included registering an additional 10 percent beyond capacity. IDA will sponsor a statewide conference at the Mission Inn in Riverside the future and will announce details as they materialize. Robin wanted to thank Cheryl Treadwell and DSS for their financial support for the conference.

PRESENTATION – *Through Your Child’s Eyes: American Sign Language* by Nancy Sager of CDE (Attachment B)

The DVD project was funded by the Annenberg Foundation and jointly produced by CDE and CSU Northridge. It was created to clarify for parents that although ASL is a sign language and not a spoken language, parents do not have to make the choice between having their child learn to sign or learn to speak. Children can both learn to speak and learn to sign; it is not true that if you let your child learn to sign the child will not learn to speak.

The informative and well produced program is available on CDE’s website and on YouTube at: <http://youtu.be/FV69iJuXwP4>

STANDING COMMITTEE REPORTS

Child and Family Outcomes Committee – Cheryl Treadwell reported the following highlights:

- Discussed the possibility of including the Family Resource Center Network of California as a voting member on ICC and agreed to request at the September 8 Executive Committee meeting that the Executive Committee add the topic for discussion at the next General Meeting.
- Reviewed the work plan and discussed questions about indicators 4, 7, and 13. The committee will continue to discuss and assist the department.

- Discussed the need for participants on the Under-Representation Workgroup. Julie Kingsley Widman agreed to participate.
- Raised the issue of implications of foster children and Early Start services in light of the fact that CAPTA reauthorization now requires capturing referral data on foster children referred to Early Start. This requirement will involve closer collaboration with DDS.
- Discussed the need to increase the child welfare community's awareness of Early Start services and dispel any myths about the array of services.
- Discussed the need for clarity on the issue of consent—specifically who can legally sign for children when they enter the foster care system—because the inability to clarify who “owns” the educational rights of children has become a barrier to getting services for foster children. Often parents are still biologically able to sign for services, but if the children are under the care of the foster system, should it be the foster parent or social worker who signs on behalf of the child? There is no consistency on this within the state; some judges ultimately make the determination. Proponents for children must educate those involved about the law and determine the best strategies for encouraging entities to work together. The committee feels it could explore strategies.
- Discussed the new Early Start regulations and will have a Webinar in December to decide how to roll out information about the new regulations.
- Extended the deadline to nominate candidates for the ICC Parent Leadership Award to October 14, 2011.

A brief discussion ensued about the presentation on social-emotional foundations for early learning for November's meeting. Elise Parnes indicated that they contacted Linda Brault from the Center for Social and Emotional Foundations (CSEFEL) and she is planning to present on November 18, 2011.

On the question of whether there will be time for presentations on both social-emotional foundations for early learning and an update for PRRS, it was agreed that as part of her quarterly FRCNCA report Linda Landry could provide a brief update along with the PRRS-related handout that FRCNCA had created and a fuller presentation at the February meeting, leaving time for Linda Brault to do a full presentation at the November 2011 meeting.

Quality Data Committee – Arleen Downing reported on the following:

- The committee's expressed it's appreciation for Don attending their meeting, for Michael Miguelgorry's update, and for Elise's report.

- A review of complaint hearing and mediation (Indicators 10 &13). Reviewed data trends to see the possible reasons.
- The committee expressed it's pleasure at learning that the federal regulations had been updated on the Early Start website.
- Looked at information of children who are in the PRRS program, there are 2,713 kids so far. As for Early Start population, there are 27,653 kids. PRRS started July 1, 2011. The program, as handled by the Regional Center, will terminate on June 30, 2012. Children referred to PRRS after July, 2011 will be referred to the FRCs.
- Early Start Report (ESR) is fully functional and will be a great resource for the APR.
- Review of diagnostic categories which qualify a child for Early Start services was made to formulate ideas about possible trends that exist in the data presented.

Policy Topics Committee – Patsy Hampton reported on the following:

- Difficulty of communicating via conference calls.
- A discussion of barriers around the use of SLPAs. The committee requested that in addition to reviewing the new regulations, DDS confirm whether Medicaid or Medicare will not reimburse if a speech pathologist is not in the room with a SLPA.
- Discussed guidelines for use of private insurance. The committee is developing a guide for service coordinators, which it will review in light of the new regulations and submit to the full ICC at the November meeting for review.
- Considered future priority policy topic areas and noted that the first priority is the misunderstanding in the field of the intent of the revised Prevention (now PRRS) program regarding referral pathways, whether the program is a service or a referral, the general need for outreach and training to make sure children and families get connected, etc. and requested that representatives from both DDS and the FRCNCA make a joint presentation at the November meeting on this topic. Following that presentation, the committee will develop best practice guidelines. At the November meeting, it will also consider Part C and decide the particular policy topics on which the group should focus.
- Discussed the difficulties involved in meeting via teleconference calls: the frustration in being unable to engage new members, in creating opportunities for everyone to speak, concern about the loss of family and parent voice in the committee and at the General Meeting. The committee

wondered whether an exception can be made to allow travel to ICC and would like to make that request of the ICC and also asked whether families who received stipends to attend the ICC meetings might qualify for stipends to participate on phone calls.

- Further discussion ensued about PRRS. Linda Landry announced that FRCNCA had developed a fact sheet since SB104 started the new reduced scope of services for PRRS effective July 1, 2011. The FRCNCA is using Support from Families with Disabilities as the fiscal agent to manage 40 different contracts to the ES FRCs. ESFRCs have 20-year history of providing support and referral services and support to families, which is part of the reason they were given this charge. PRRS will have a project director who will oversee all 40 contracts and be sure staff is keeping up on data. Some contracts have been signed, but PRRS does not have money yet. The idea is for aggregate data to be submitted monthly by each of the contractors and posted on the Web to give everyone access. PRRS will also have a half-time finance person and an IT person and data person.

Don agreed that he, Linda, and Juno should prepare a presentation prior to November 2011 to answer questions about the confusion and noted that DDS has already begun to prepare a PowerPoint.

It was agreed that PRRS will be an agenda item for November with a presentation as well as perhaps information online and a special presentation even before the November meeting.

Qualified Personnel Committee – Marie Kanne Poulsen reported the following:

- Thanked Angela McGuire for running an effective and efficient first WebEx for QPC.
- Discussed the committee's long term and short term (Adhoc) tasks. Adhoc tasks are complete (i.e. ESPM, California Training Guidelines endorsed).
- Committee wondered if there was going to be a strategic planning meeting for 2012?
- Ongoing responsibilities have related to CSPD. Angela presented and demonstrated the first of eight new courses that address the Early Start Foundations. Each course will include presentations and on-line discussion boards which will be open to comment for a limited time. The development of these institutes were guided in development by DDS, CDE, FRNCA and Early Start vendors. There will also be institutes focused on skill building and the application of these essentials. Steering committee included DDS, CDE and WestEd. What an amazing contribution to the Early Start field!
- Reviewed the Early Start Report. In the past, QPC was assigned to look at the Indicators that governed social and emotional development and have lots of questions on ESR. As CFOC and QDC also seem to have questions

about the ESR, QPC is requesting a joint meeting with CFOC and QDC to understand the ESR in relation to the performance indicators.

- Revisited monitoring reports in light of what are current training and technical assistance needs and how they can be woven into the on-line courses and training institutes. Questioned how the monitoring process has been reconstituted with the advent of the ESR.
- Reviewed the new public input form. An excellent opportunity for the public to provide feedback to the ICC. Suggested distribution options besides making it “downloadable” as not everyone has easy access to internet.
- Linda Landry volunteered to provide membership to the Under Representation and Outreach Workgroup on behalf of QPC.

OTHER BUSINESS

- Laurie Jordan asked where the money is going that the ICC is saving by not traveling to meetings in Sacramento. Don responded that the program is funded at \$350 million, with the federal portion comprising less than one percent. Because this is a discretionary program, the object is to get the money out to infants and toddlers for services. As frustrating as it is to be unable to travel, DDS and ICC are doing as much teleconferencing as they can to direct savings into services for the children.
- Stephanie Myers reminded the group that Parent Leadership Award nominations have been extended to October 14, 2011. Members and participants should email her for questions and information at smyers@wested.org. Stephanie will email an announcement via Constant Contact.

ADJOURNMENT

Arleen adjourned the meeting at 11:09a.m.

**ICC TELECONFERENCE PARTICIPANTS
FRIDAY, SEPTEMBER 16, 2011**

COMMUNITY REPRESENTATIVES

Brigitte Ammons
Connie Moreland-Bishop
Kathleen Colvin
Wanda Davis
Tammy DeHesa
Toni Doman
Susan Graham
Laurie Jordan
Dwight Lee
Robin Millar
Peter Michael Miller
Kristine Pilkington
Julie Kingsley-Widman

DEPARTMENT LIAISONS

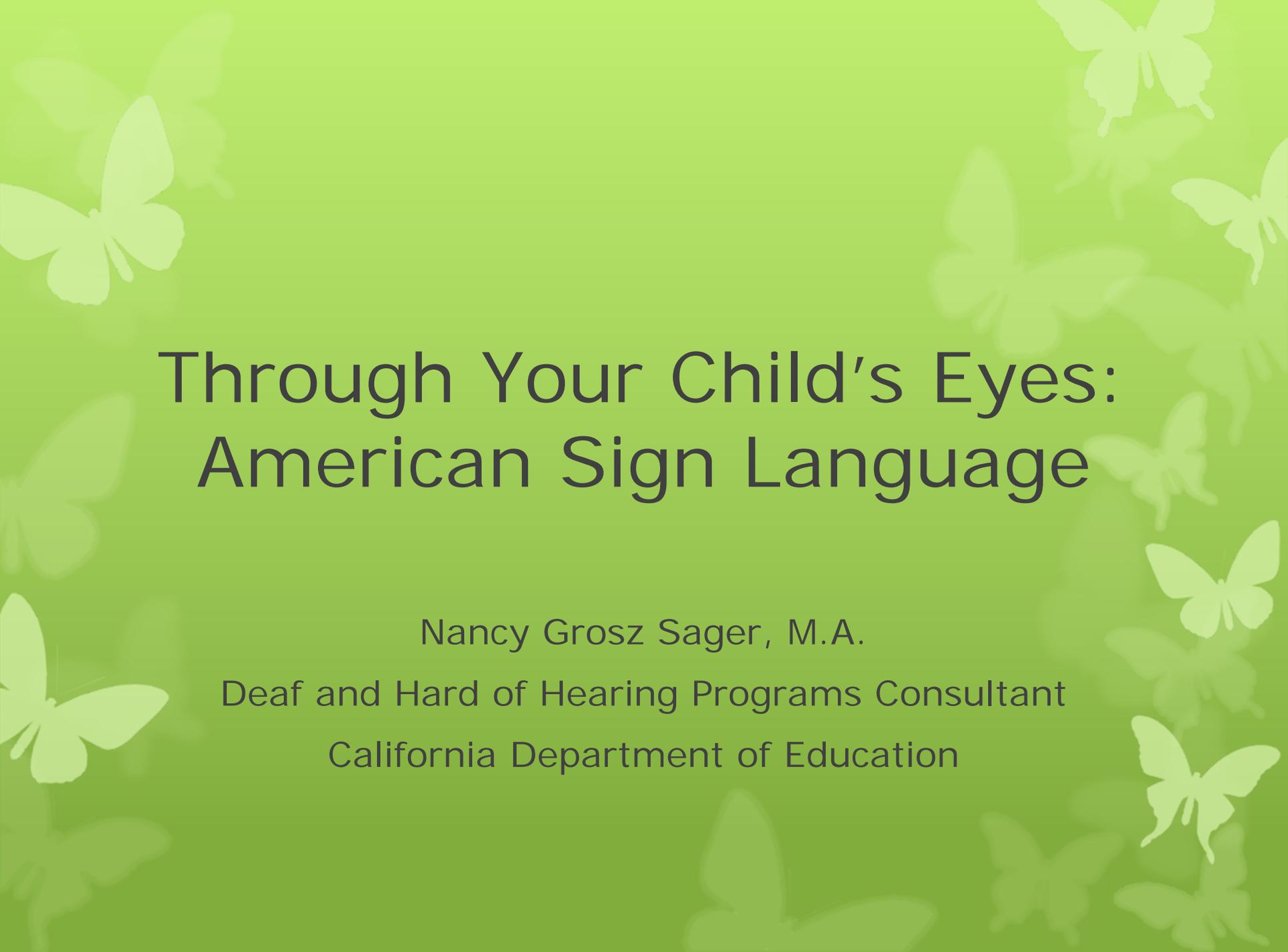
Michele Donahue
Erin Paulsen
Elise Parnes
Nancy Grosz-Sager
Michael Zito

WESTED STAFF

Peter Guerrero
Patsy Hampton
Angela McGuire
Stephanie Myers
Virginia Reynolds

GUESTS

Laurel Cima-Coates, CDPH
Linda Niemeyer
Sue Chapman, DDS
John Redman, DDS



Through Your Child's Eyes: American Sign Language

Nancy Grosz Sager, M.A.

Deaf and Hard of Hearing Programs Consultant

California Department of Education

History of Deaf Education

The Hundred Years War

Spoken language is the most natural way for human beings to communicate.

For a child who is deaf or hard of hearing, a visual language (American Sign Language) is the most natural way to communicate.

Beliefs

Every child who is deaf or hard of hearing has the **right** to learn to listen and speak.

Every child who is deaf or hard of hearing has the **right** to learn American Sign Language (ASL).

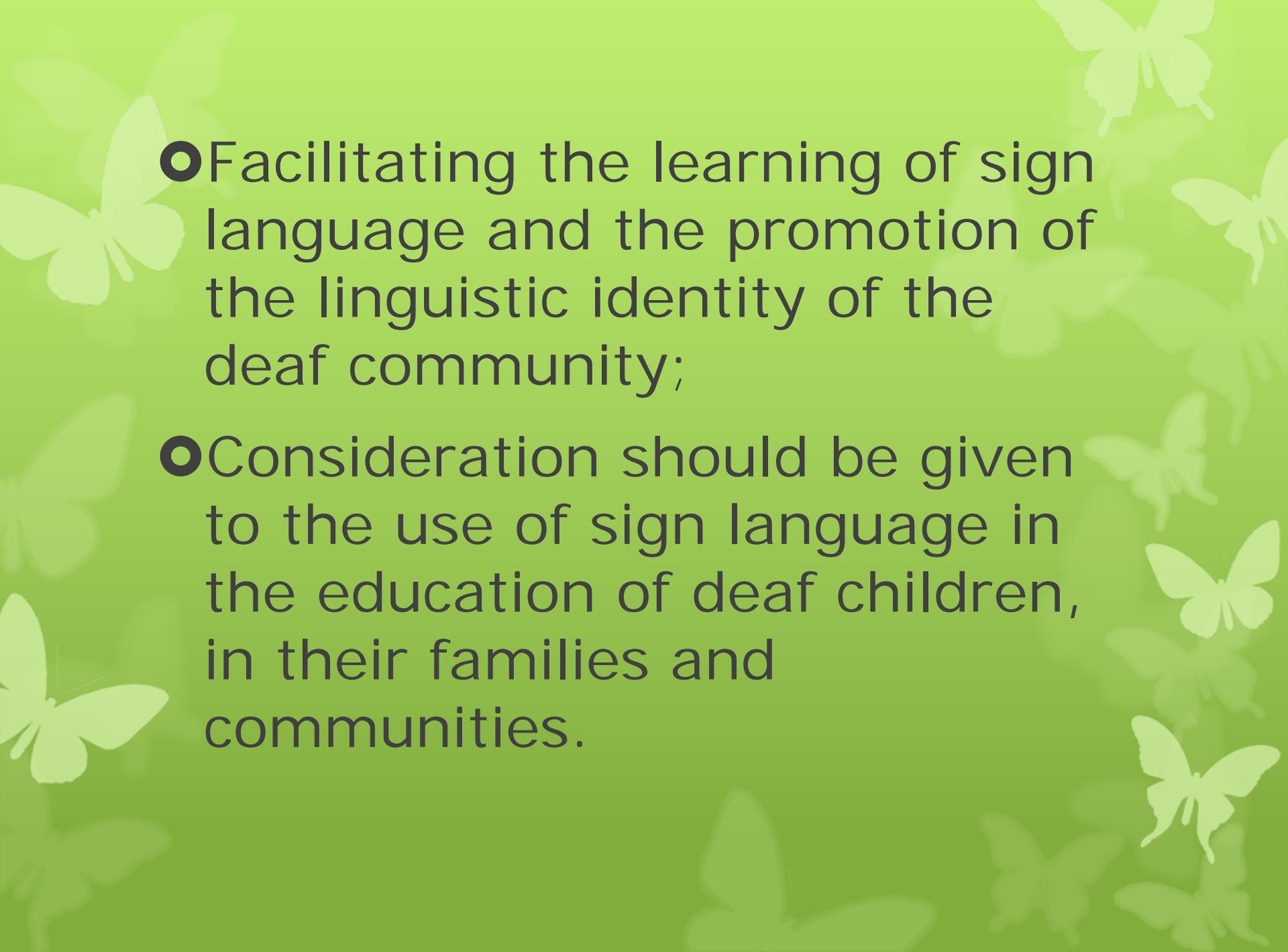
Language Goals

To learn to listen
and speak English

To be bilingual in
American Sign
Language and
English

2006 United Nations Convention on the Rights of Persons with Disabilities

States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- 
- The background of the slide is a solid light green color, decorated with numerous white butterfly silhouettes of various sizes and orientations scattered across the surface.
- Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
 - Consideration should be given to the use of sign language in the education of deaf children, in their families and communities.

We know that...

Being deaf or hard of hearing does not cause language delay.

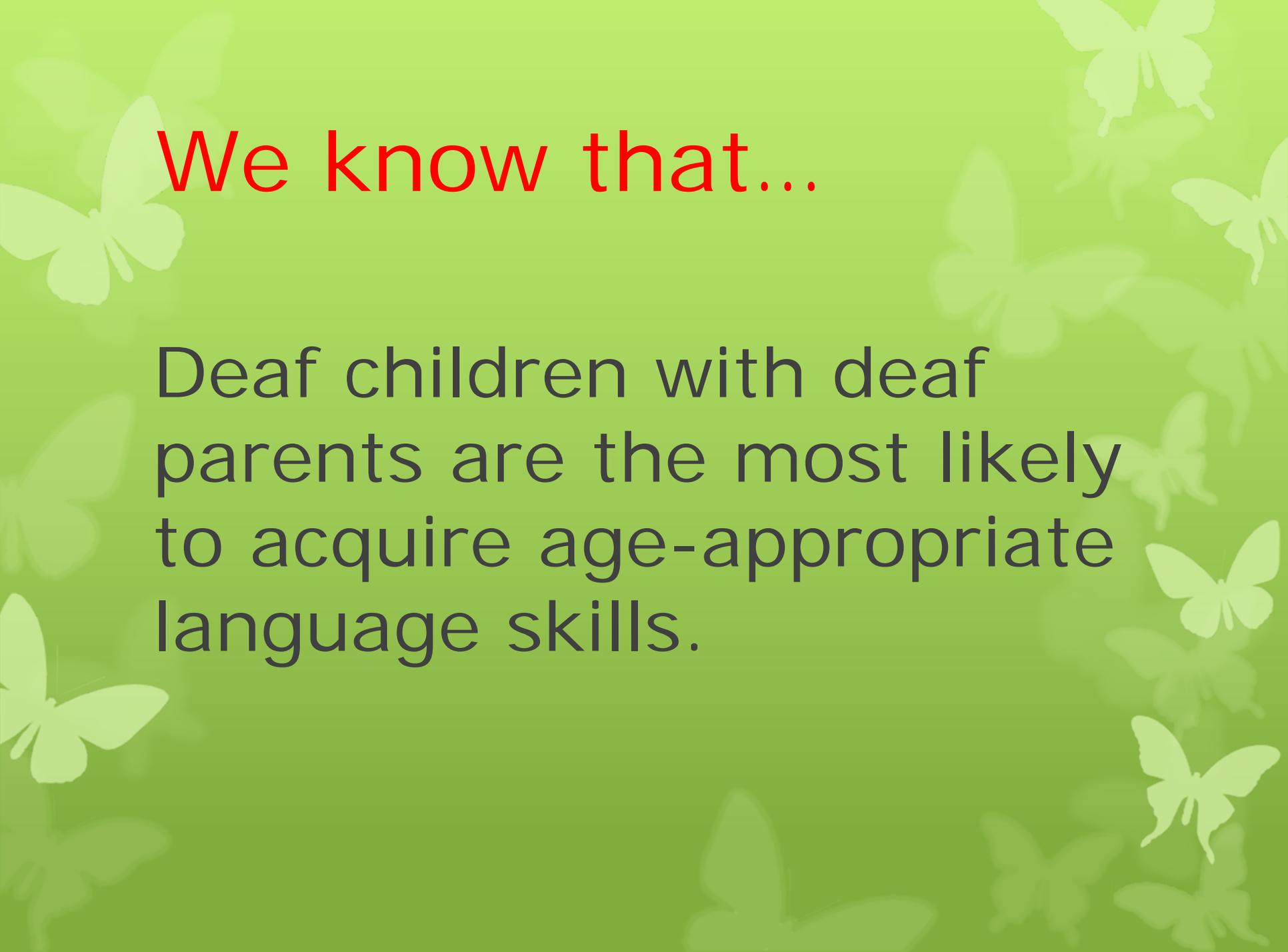
It is language deprivation that causes language delay.



We know that...

Language and cognition
are closely related.

Language deprivation
may result in cognitive
delays.



We know that...

Deaf children with deaf parents are the most likely to acquire age-appropriate language skills.

AB 2909 Study (2006)

Table O. Comparison of Cognitive Skills and Communication Skills by Home Language

Home Language	# of infants with normal cognitive and communication skills	% of infants with normal cognitive skills who also have normal communication skills
English	137	44%
Spanish	100	42%
English/Spanish	30	43%
ASL	25	78%

And we know...

That for children who are deaf or hard of hearing and have hearing parents, the most significant predictor of success is **AGE OF IDENTIFICATION.**

And we know...

When infants are identified and enrolled in appropriate Early Start services by six months of age, they can develop language skills commensurate with their hearing peers and with their cognitive abilities.

●(Yoshinaga-Itano, Moeller)

AB 2909

Table N. Comparison of Cognitive Skills and Communication Skills by Age of Entry in Early Start (IDEA Part C)

Age at entry to Early Start	# of infants and toddlers	# of infants with normal cognitive skills	% of infants with normal cognitive skills	# of infants with normal cognitive and communication skills	% of infants with normal cognitive skills who also have normal communication skills
1-6 mos.	657	505	77%	261	52%
7-12 mos.	191	137	71%	52	38%
13-18 mos.	70	59	84%	23	39%
19-24 mos.	75	53	71%	16	30%
25-30 mos.	15	10	66%	0	0%
30-36 mos.	8	6	75%	0	0%

What else do we know?

Advances in technology have made it possible for more children born deaf or hard of hearing to acquire listening and spoken language skills.

Sign language promotes and enhances the acquisition of spoken language and cognition.

The problem with “Communication Options”

Parents of newly identified deaf and hard of hearing infants are being presented with their “communication options” and are being asked to make a choice between spoken language and signed language, when:

- They are in a process of “grieving” or learning to cope with the news that their baby is deaf or hard of hearing.
- They know very little about the potential impact of language deprivation, and the risks and benefits of the “options” presented.

This sets the stage for...

- Competition amongst professionals
- Exploitation of young, vulnerable parents
- A return to an “oral failure” model (no matter how it is worded)

One family said, "We felt like we were being asked if we wanted soup or salad." And we said, "YES!!!" (The Roncos)



The California Department of Education agrees with that family.

Parents
should not have to
choose between
spoken and signed
language.

Through Your Child's Eyes: American Sign Language

- Joint project of CDE and California State University, Northridge CSUN
- Funded by the Annenberg Foundation, with in-kind support from CSUN
- DVDs have been distributed to Early Start programs, audiologists, Special Education Directors, etc.
- Available on-line at www.cde.ca.gov/sp/ss/dh/
- English and Spanish

CAUTION

When we talk about using ASL and English, we do not mean talking and signing at the same time.

Dennis Cokely, Ph.D.

Director, ASL Program; Chair, Modern Languages Dept.
Northeastern University

Prologue to The American Sign Language, by Harry
Hoemann, 1975

"American Sign Language is not English. American Sign Language has its own morphology and syntax which is distinct from English. While it is possible to utilize the lexicon of ASL and the syntax of English to communicate manually, this is not to be considered American Sign Language...An example may help further illustrate this point:

- English: Have you been to California?
- ASL: Finish touch California?

Now, of course, it is entirely possible to sign the first sentence using ASL vocabulary. However, the missing element, ASL syntax, is what distinguishes ASL from a mere coding of English."

Robert Johnson, Ph.D.,; Scott Liddell, Ph.D, Carol Erting, Ph.D.

Unlocking the Curriculum

Gallaudet Research Institute, 1989

- The use of signs to support English is often referred to as “sign language,” but it is not. This has been demonstrated by scores of researchers beginning with Stokoe (1960).
- ...the signed portion of SSS (Sign Supported Speech or Simultaneous Communication) does not have the grammatical, morphological, phonological, or lexical structure of American Sign Language.
- In fact, because ASL is so different in structure from English, it would be impossible to speak full English sentences and sign complete ASL sentences simultaneously.

Sue Schwartz, Ph.D., Editor
Choices in Deafness, 1996

- American Sign Language (ASL) is used by many members of the Deaf community. It is a visual language, not a spoken language... **Because ASL is a visual language, ASL users do not use speech...**ASL is a language distinct from English. Therefore, it has its own grammar and syntax...In ASL, words are not represented in English word order. Just as English has rules for which part of speech goes where in the sentence, so does ASL...Like all living languages, ASL is continually evolving. New signs representing new vocabulary are added, while outdated signs fall by the wayside. This makes it possible to express anything in ASL that can be expressed in English."

Paula Pittman, Ph.D., Developer SKI-HI Curriculum, 2004

American Sign Language (ASL)

- Is the native language of the Deaf
- Is a full and complete Language
- Is not English represented on the hands
- Was not invented
- **Does not involve speaking**
- Facial expressions and body movements are essential components
- Has its own principles and rules of syntax

Joint Committee on Infant Hearing Statement , 2007

**American Speech and Hearing Association (ASHA) and the
Council on Education of the Deaf (CED)**

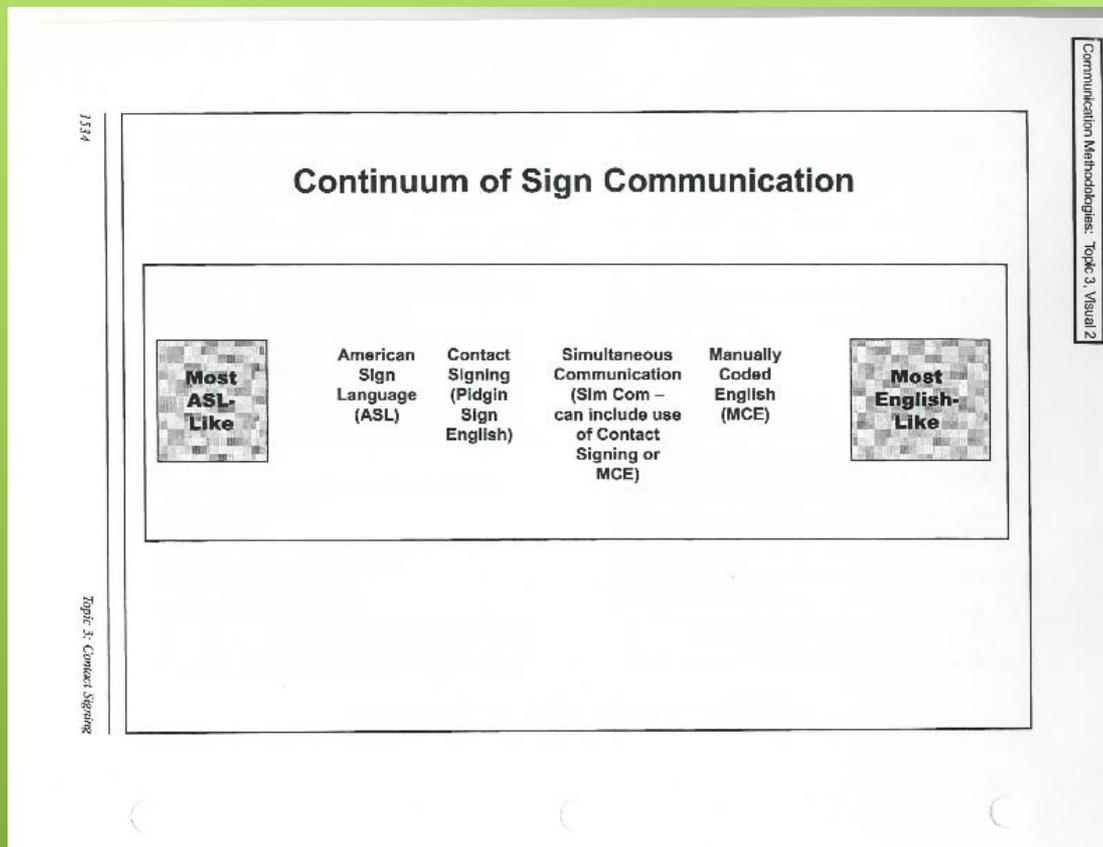
Recommendations included the following:

**Provide DIRECT communication with adults and peers
through one or more FULLY accessible **natural** languages
(i.e., ASL, spoken English, or Spanish)**

Simultaneous Communication Sim-Com

- This is not to say the Sim-Com should never be used.
- It does mean that when a person is using Sim-Com, he is not using American Sign Language.
- *Through Your Child's Eyes* is not promoting the use of Sim-Com.

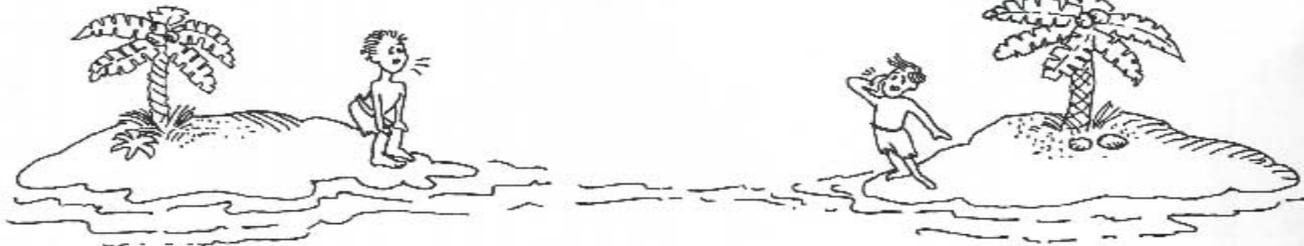
SKI- HI Curriculum



SKI-HI Curriculum

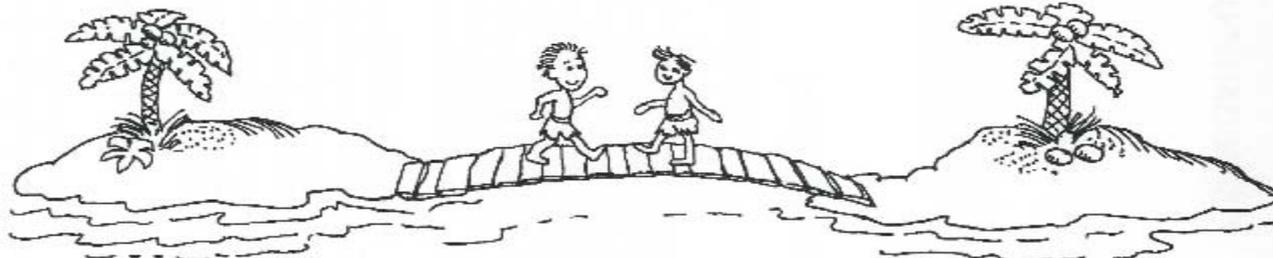
Topic 3: Contact Signing

Contact Signing



ASL

English



ASL

Contact Communication
(Contact Signing)

English

1335

Communication Methodologies: Topic 3, Visual 3



Through Your Child's Eyes: American Sign Language