Connecting UNHS and Part C
Children with identified hearing loss are connected with appropriate early intervention services.

Children without a documented follow-up from NHS have an opportunity for follow-up.
Concerns

- Children not passing UNHS who need follow-up
- Children with late-onset or progressive losses that can’t be identified by UNHS programs
- Children not screened at birth
Head Start
Early Childhood Hearing Outreach (ECHO) Initiative

- ECHO Teams established in 19 States
- 100+ EHS/MHS grantees trained and implementing OAE screening
- Outcome data collected / 10,000+ children to date

- Oregon
- Washington
- Utah
- North Carolina
- DC
- Nebraska
- Kansas
- Colorado
- Iowa
- Pennsylvania
- Alaska
- Michigan
- Arkansas
- Connecticut
- Illinois
- Hawai’i
- Missouri
- Kentucky
- Virginia
Identifying a wide range of hearing health needs including...

- Permanent Hearing Loss
  - Approx. 1 per 1000
- Ear infections/Otitis media
- Fluid
- Excessive ear wax
Identification Rate

- Approx. 1 per 1000

- A number of children already enrolled in Part C services without hearing loss identified
What methods do Part C (and 619 Preschool) programs use to screen hearing?

How satisfied are programs with current methods?

What is their knowledge of the use of objective screening methods (OAE)?
Hearing Screening/Assessment In Part C and 619 Programs

IDEA of 2004: PL 108-446

Relevant to:
- Child Find
- Evaluation
- Assessments
(3) Evaluation (for eligibility determination) and Assessment (for determining individual strengths, needs and services) must include the following:

i. a review of pertinent records related to child’s current health status and medical history

ii. an evaluation of the child’s current level of functioning in each of the following developmental areas:

   a) Cognitive
   b) Physical, including vision and hearing
   c) Communication
   d) Social or emotional development
   e) Adaptive