



Centering & Guiding Families

May 18, 2022



King County

Best Starts for
KIDS

● AGENDA

**MAY
18TH**

- Welcome! Check-In & Intros in Chat
- ESIT/DHH Process Overview
- Policies, Procedures, & Practice:
 1. Holding Timeliness and Family Choice
 2. Communication & Collaboration
 3. Interpreters & Accessibility
 4. DHH Point Person & DHH FRCs
 5. Pilot Welcome Session
 6. Pilot Option for More than 1 DHH Agency
 7. Scheduling Assessment or Evaluation

● PURPOSE

- To create shared understanding of the policies, procedures, and practices prior to the July 1st implementation of the new King County ESIT/DHH Process.
- To continue building relationships within our ESIT/DHH Community.

ESIT/DHH Process Overview



1. HOLDING TIMELINESS AND FAMILY CHOICE

Full-Service agency holds timeliness and family choice:

- At every step in the process, the full-service agency is responsible for enrolling and serving DHH children/families with timeliness.
- DHH FRCs coordinate scheduling of evaluations/assessments and IFSP meetings in alignment with their agency's practices.
- DHH FRCs are responsible for ensuring that a family is informed and supporting their choice of a DHH agency.
- As soon as the family chooses a DHH agency, the DHH FRC informs/includes the assigned DHH provider as a full team member who is co-responsible for engaging in all subsequent steps in the process with timeliness.

ESIT-DHH Process Overview

Full-Service Agency's Process for DHH Child Moving Forward:

- Inform Family & Support Choices
- Alert DHH Agencies of scheduled dates to be ready
- Move child/family through process without delays



Once DHH Agency is Chosen:

- Include DHH Provider as full team member in all steps



Procedures for Referrals:

Child is referred in one of these ways-

1. Audiologist or Hospital Refers—including Audiology report and diagnosis:
 - Using Early Hearing Detection Diagnosis and Intervention (EHDDI) to DMS/WithinReach
 - OR
 - Using a referral form to WithinReach
2. Community provider refers to WithinReach using referral form
3. Child was already referred or served at Full-Service Agency, and has identified DHH



Procedures for Referrals (continued):

WithinReach follows up by:

- ❖ Checking daily for referrals
 - DMS for EHDDI referrals
 - Faxed and emailed referrals/audiology reports
- ❖ If more than one Full-Service Agency in catchment area, WR contacts family to choose Full-Service Agency (max of 2 days for family to choose or be assigned)
- ❖ WithinReach assigns in DMS to Full-Service Agency
 - Emails DHH FRC/Point Person
 - Faxes referral form and audiology report including diagnosis
 - If audiology report wasn't received, may follow up with audiologist



Procedure for Intake:

DHH FRC calls family to do initial intake.

1. Provides orientation to ESIT.
2. Asks family about availability for assessment/evaluation and schedules it
3. Provides orientation to DHH services within ESIT, including:
 - a. Explains that family gets to choose from three DHH providers
 - b. Shares next dates/times for Welcome Session with DHH Providers
 - c. Shares video link with family
4. Identifies family concerns, priorities, and finds out if there is a diagnosis.

● WHAT DOES IT LOOK LIKE: AT INTAKE-- DHH AGENCY NOT YET CHOSEN

DHH FRC:

- Provide neutral unbiased information
- Alert the 3 DHH Agencies via email
- Invite Family to scheduled Welcome Session
- Support Family's choice

DHH Agencies:

- Attend Welcome Session
- Share information about their programs with family
- Answer questions family may have

● WHAT DOES IT LOOK LIKE: AT INTAKE DHH AGENCY CHOSEN

DHH FRC:

- Invite Family to scheduled Welcome Session
- Support Family's choice
- Include DHH Provider as full team member in all steps of ESIT/DHH process.

DHH Agencies:

- Attend Welcome Session
- Connect with Family
- Full team member in all steps of the ESIT/DHH Process

● SMALL GROUP PRACTICE #1

Introductions—Name, Pronouns, Agency, Role

Take turns being a Caregiver, DHH FRC, & Observer.

1. Caregiver—Choose 1 Family to represent
2. DHH FRC--Explain options to Caregiver & support their choice
3. Observer--What worked well? What would you improve?

What to Share:	What <u>NOT</u> to Share:
Family has a choice!	Program Specific Information
3 DHH Agency Options: <ul style="list-style-type: none">• Video• Flyer: Includes information on Guide by Your Side	Personal Opinions that may influence family's choice
Information on Welcome Session	Personal Experience w/Programs or Approaches

2. COMMUNICATION & COLLABORATION

- **Timely Communication:** All team members respond to written communication within 2 business days, or sooner when possible, or when needed to meet ESIT timelines.
- **Inclusive & Regular Teaming:** Teams serving DHH children, and their families include all other team members in scheduling, planning, reflection, discussion of best practices and quality improvements for serving the family—via email and meetings.



Communication & Collaboration:

- **Centering Family Voices:** Choices are prioritized and amplified, always making sure family is looped in on communication.
- **Keeping an open mind:** Cultivating a lens of developing shared understanding.
- **Creating Community:** By establishing and growing trusting relationships.
- Respect for all voices, everyone has areas of expertise.
- **Patience:** Acknowledging change is difficult, this will be new for all of us, having grace with one another will be key.

COLLABORATIVE COMMUNICATION LOOKS LIKE....

**“Consistency,
continued follow
up in
communication”**

**“Courage for
difficult
conversations”**

“Flexibility”

**“We understand that
we are of the best
intentions. We are
creating space of
belonging”**

**“Be Open-
Minded”**

**“Lots of
listening”**

**“Patience and
grace. Creating
space. Be solution
oriented.
Compassion for
each other.”**

**“Trying to drop
assumptions, let go of
assumption, and
asking with curiosity.
Being
intentional/impeccabl
e with how we use
our words. Don't take
things personally.”**

**“Physical and
emotional needs
are being met.”**

—● 3. INTERPRETERS & ACCESSIBILITY

Scheduling Interpreters:

- DHH FRCs are responsible for ensuring the family's home language is supported by scheduling and arranging interpreters for every step of the IFSP process.
 - Let Norma know if an interpreter is needed for Welcome Session
- Direct service providers are responsible for arranging interpreters for services they provide.

Accessibility

- When a DHH child is referred, the DHH FRC will notify all three agencies of the scheduled evaluation/assessment and IFSP meetings including dates and times so that interpreters, to ensure accessibility, can be scheduled in advance if needed.
- When caregivers or team members need interpreters for accessibility, meetings will be scheduled at least two weeks in advance.
- DHH agencies are responsible for scheduling interpreters to ensure accessibility to ESIT activities for their staff members whenever needed.
- *In Process—King County will cover a percentage of staff interpreter costs, to ensure ESIT staff accessibility to all ESIT activities.*

● WHAT DOES IT LOOK LIKE: INTERPRETERS & ACCESSIBILITY REFLECTION

Choose **ONE** scenario: How will you build it into your practice? What steps will you take in planning for this family? (Welcome Session*, Assessment/Evaluation, IFSP Meetings, Services)

Scenarios:

- Caregiver speaks English & Somali: Somali interpreter is needed
- Caregiver uses American Sign Language: ASL interpreter is needed
- Provider uses American Sign Language: ASL interpreter is needed

● 4. DHH POINT PERSON & DHH FRCS

Each agency is responsible for identifying an ESIT/DHH Point Person. At full-service agencies, this role may be a DHH FRC.

ESIT/DHH Point Person	DHH FRC
Participate in all DHH training requirements	Participate in all DHH training requirements.
Participate in ongoing Community of Practice	Encouraged to join Community of Practice
Support all FRCs who work with DHH children/families at their agency, including: <ul style="list-style-type: none">• Share back with all DHH FRCs• Ensure DHH Policies & Procedures implemented	Support family throughout the entire process Implement DHH Policies & Procedures
Build collaborative relationships with: DHH Providers, DHH FRCs, DOH, & WithinReach	Build collaborative relationships with DHH Providers
Address & respond to concerns as they arise	

● COMMUNITY OF PRACTICE CALENDAR 2022-2023

DATE	TIME	TOPIC
July 13, 2022	3:00-4:30pm	Community of Practice
August 10, 2022	3:00-4:30pm	Community of Practice
September 14, 2022	3:00-4:30pm	Training: Thinking about DHH Children & Development
October 12, 2022	3:00-4:30pm	Community of Practice
November 9, 2022	3:00-4:30pm	Community of Practice
January 11, 2023	3:00-4:30pm	Training: Assessments/Evaluations
February 8, 2023	3:00-4:30pm	Community of Practice
March 8, 2023	3:00-4:30pm	Community of Practice
April 12, 2023*	3:00-4:30pm	Training: TBD
May 10, 2023	3:00-4:30pm	Community of Practice
June 8, 2023	3:00-4:30pm	Community of Practice

- No meeting in December
- April—Adjust for Spring Break(s) if needed

5. PILOT WELCOME SESSION WITH ALL 3 DHH AGENCIES

A joint virtual session with all 3 DHH Agencies will be scheduled weekly to:

- Support families in understanding their choices
 - Provide information
 - Answer questions
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- DHH FRC contacts Norma Lobo immediately if Family needs interpreter, allowing 1-2 weeks.



● **SMALL GROUP PRACTICE #2**

WELCOME SESSION

Brief Introductions—Name, Pronouns, Agency, Role

Brainstorm:

- One idea that will help this Welcome Session be successful for families
- One thing to avoid
- One question you think families will have



—● QUESTIONS?

- Norma Lobo:
nrenteri@kingcounty.gov
- Wendy Harris:
Wendy.harris@kingcounty.gov
- [ESIT/DHH Training Sessions](#) Feedback Please!

—● THANK YOU!

Check-Out in the chat:

- One thing you learned today
- One thing you're hoping to learn next time

