



Protecting, maintaining and improving the health of all Minnesotans

Guiding Principles of the **Minnesota Early Hearing Detection and Intervention (EHDI)** **Newborn Hearing Screening Advisory Committee (NHSAC)**

Approved, August 2012

We acknowledge and support the goals and principles of early hearing detection and intervention for young children who have hearing loss as written in the Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement; Principles and Guidelines for EHDI Programs.

“The goal of early hearing detection and intervention is to maximize the linguistic and communicative competence and literacy development for children who are deaf or hard of hearing.” JCIH 2007 Position Statement, Pediatrics Vol. 120 No. 4 October 1, 2007 p. 898

Vision:

We work actively and collaboratively with valued stakeholders in the community to build the capacity of families to help their children who have hearing loss achieve optimal growth and competence in the cognitive, communication, social-emotional, functional, and physical domains of early childhood development and literacy. Our activities are investments in the health, social, and educational well-being of children with hearing loss and their families statewide.

Principles:

- As representatives of Minnesota state agencies and programs, families of children with hearing loss, individuals who are deaf or hard of hearing, and medical, educational and social service providers, the work of the NHSAC is accomplished through collaboration and partnerships among all members of the committee. We respect each other as valued colleagues knowing that each of us has the goal of providing children and families with every opportunity to succeed.
- We recognize and support families as active participants in the Minnesota early hearing detection and intervention process at all levels, including the development of EHDI Guidelines, acting principles, and the statewide early hearing detection and intervention system.
- Each family’s rights and privacy are to be guaranteed through informed choice, shared decision-making, and parental consent in accordance with state and federal laws.
- All families have access to comprehensive, clear, and accurate information and resources about the full range of early intervention service* options for children with hearing loss and their families.

- All families have access to family-centered medical care. This care fully supports parents' informed choices regarding any and all medical interventions.
- Each family's choices regarding the use of hearing technology and communication mode(s) are respected and supported by all professionals and community support organizations.
- All families have access to a range of appropriate social and educational supports throughout the state of Minnesota, including, but not limited to, parent-to-parent support and MN Part C Infant Toddler Early Intervention Services or Preschool Special Education.
- Adults and children who are deaf or hard-of-hearing play an integral part in early hearing detection and intervention services and can enrich a family's experience by serving as mentors and/or role models informally or formally through such services as Deaf Mentors.
- Families who, themselves, have children with hearing loss can provide comfort and valuable support to families of newly diagnosed children and may also choose to serve as guides and role models.
- All families have access to early intervention services that are family-centered, family-driven, developmentally appropriate, and responsive to each child's and family's unique strengths, needs, culture, traditions, and informed communication choices.
- All families have access to high quality, appropriate, multi-disciplinary early intervention services for children with hearing loss and their families that are provided by professionals who are knowledgeable about childhood hearing loss and specifically qualified to provide high quality early intervention services for young children who have hearing loss.
- Quality early intervention services throughout Minnesota are to be based on the most current understandings of evidence-based practices specific to young children who have hearing loss, research on hearing and hearing loss, child development, communication development, literacy, effective cultural practices, and medical and technological advances.
- Initial and ongoing assessments of each child's learning needs and outcomes are to be family-centered. Families and professionals work closely together to monitor progress and make appropriate educational decisions.
- The Minnesota Departments of Health, Education, and Human Services collaborate to provide statewide aggregate data collection on newborn hearing screening, referral processes, early intervention services, and children's learning outcomes. This aggregate data will be reported and used to identify system strengths and needs, evaluate system effectiveness, and to create opportunities to leverage resources across agencies to ensure that each child and family in MN has equal access to quality early intervention services.

*Note: The term "early intervention services", as used throughout this document refers to all of the medical, social, educational, family support, and community services which may be provided to very young children with hearing loss and their families.