This report represents John Tracy Clinic's responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

**John Tracy Clinic**
806 W Adams Blvd, Los Angeles, CA 90007
213-748-5481 (ext. 236)
http://www.jtc.org

**Mission:**
John Tracy Clinic's is a leading non-profit 501(c)(3) organization, with a mission to provide parent-centered services to young children with hearing loss, offering hope, guidance and encouragement. Our goals are to help children develop the speech, language and listening skills they need to thrive in the hearing world. Further, we equip their parents with the necessary knowledge and training to help their children achieve their full communication potentials.

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1. What are we aiming to accomplish?

John Tracy Clinic’s mission is to provide parent-centered services to young children with hearing loss, offering hope, guidance, and encouragement. JTC was founded in 1943 by Louise and Spencer Tracy, whose son, John, was born deaf. JTC offered one of the nation’s first spoken-language education and support programs for parents of children with hearing loss. Over the years, we have introduced programs and services that have transformed the field including hearing testing, teacher training, parent-infant programs, and community hearing screening. Today, JTC is the recognized leader in the field of early childhood deaf education and the world’s largest private provider of services to young children with—or at risk of—hearing loss. JTC pursues 5 organizational goals: 1. Detect hearing loss at the earliest possible time in a child's life 2. Provide parents with emotional, social and educational support and resources to become confident advocates for their child 3. Provide each child with optimal access to sound, spoken language and social-developmental activities 4. Prepare children for spoken-language kindergarten classrooms 5. Furnish leadership in the field Population: JTC offers direct services to 22,000 families in Southern California with children ages 0-5 who are born deaf, develop hearing loss by age 5 or are at risk for hearing loss. Our Parent Distance Education Program reaches 3,000 more families with a deaf child in 48 U.S. states and territories and 85 countries. Roughly 75% of families in our Southern California programs are low-income and an additional 12% moderate income. Approximately 44% are Latino, 25% white, 18% Asian, 9% African American and 4% of other ethnicities. Needs: Technological advancements over the last 25 years, such as cochlear implants and digital hearing aids, have enabled deaf and hearing-impaired children to access sound and develop speech—but diagnosis and intervention must begin at an early age. In the United States, 1.6 of 1,000 infants are born with significant permanent hearing loss (National Center for Health Statistics, 2009), which grows to 9 or 10 in 1,000 by school age (Sharagorodsky, Curhan, Curhan and Eavey, 2010; White, 2010). Without early intervention, the average deaf child achieves only a fourth-grade reading level (Gallaudet University Literacy Study, 2011). However, studies consistently show that when children receive hearing aids or cochlear implants and participate in early, intensive programs like those offered by JTC, they can develop communication at the same rate as their hearing peers (Yoshinaga-Itano, 1998; Berko, 2008). Young children with hearing devices require specialized education to foster listening and comprehensible speech. Our goals for the next 3 years are to 1) achieve excellence and innovation in our programs for children with hearing loss and their families; 2) maintain a strong organization to support our programs and 3) grow, develop and sustain John Tracy Clinic.

2. What are our strategies for making this happen?

JTC provides comprehensive services for children with hearing loss ages 0-5 and their parents. JTC offers exclusively spoken-language programs so that hearing-impaired children become prepared for mainstream kindergarten classrooms. Through our programs, parents learn to become their children’s teachers and advocates. Strategies: Audiology: JTC offers comprehensive pediatric audiological testing using the latest technology and equipment. JTC administered more than 2,200 tests on-site last year. These tests revealed permanent hearing losses in 389 children. Community Hearing Screening: JTC tests the hearing of children age 5 and younger at daycare and preschool centers in Los Angeles, Orange, San Bernardino and Riverside counties to detect temporary or permanent hearing loss. In 2011-12, JTC screened 18,619 children. Testing detected 1,971 children with undiagnosed hearing problems, and their parents received referrals for appropriate follow-up services. Parent-Infant Program: JTC teaches parents of babies and toddlers newly diagnosed with hearing loss and develop speech through everyday experiences. Services include audiological and developmental assessments, counseling and support groups. The program served 121 families in 2011-12. Preschool: JTC’s preschool prepares hearing-impaired children ages 2 1/2 to 5 to enter mainstream kindergarten with hearing classmates or other programs that use spoken language. Services include individual speech and language sessions, parent education, counseling, a two-week summer school and innovative dual-language learning in English and Spanish. Last year, 100% of graduates enrolled in spoken-language programs. Parent Distance Education: For families that cannot participate at our sites, JTC offers online and mail courses in English and Spanish that enable parents to build language and develop speech in their hard-of-hearing children. A total of 2,298 families in 85 countries and 48 U.S. states and territories participated last year. Also, families enrolled in the distance education program can attend one of three intensive summer
sessions in Los Angeles. Last year, 30 families from 10 countries and seven U.S. states attended. Counseling and Child Development: A diagnosis of hearing loss in a child can cause significant changes in a family, so JTC provides individual consultations and support groups, as well as counseling that is embedded in our other programs. Last year, staff conducted 198 support groups, 25 parent workshops, 549 counseling sessions and 161 developmental consultations. Teacher Education: To meet the tremendous national demand for auditory-oral teachers of the deaf, JTC offers an accredited master’s and credential program in partnership with the University of San Diego. Last year, 16 students were enrolled, and 100% of graduates had obtained or maintained jobs in the deaf-education field for two years following graduation.

3. What are our organization's capabilities for doing this?
For nearly 70 years, JTC has been the recognized leader in early childhood deaf education. From the beginning, JTC was considered a national model program. Founder Louise Tracy was widely recognized for her pioneering work. She instituted standards and practices for parent-centered intervention with deaf children that have become the basis of programs in deaf centers around the world. In the decades since 1942, we have introduced programs and services that have transformed the field. JTC was one of the first organizations to conduct hearing screening of infants, to embrace cochlear implants in early intervention, and to develop parent-infant programs. In 2008, we developed a new initiative for young deaf children to learn both English and their home language, which is helping to transform the field. Over the years, JTC professionals have been mentors and conference presenters, disseminating our successful techniques nationwide and worldwide. Also, our website is a leading global source of information, demonstration videos, special papers and referrals on childhood deafness. Plus, JTC’s Parent-Infant and Preschool programs act as a lab school for fieldwork done by students seeking master’s degrees in auditory-verbal deaf education, in a partnership between JTC and Mount St. Mary’s College. The master’s graduates disseminate JTC’s best practices and strategies throughout the nation to promote systemic change. JTC master’s alumni have founded schools modeled after JTC’s program in Texas, Australia and England. JTC has a long history of collaboration, partnership and coordination of services with hospitals, universities, state and county agencies and nonprofit organizations. These activities enhance our practices and our influence, and they create opportunities to serve a broader range of families. We have primarily referral partnerships with the House Research Institute and area hospitals for early identification of hearing loss and referrals for intervention. In addition, JTC is a member of OPTIONS schools, a national advocacy group for listening and spoken-language programs for the deaf, and of the Alexander Graham Bell Association for the Deaf and Hard of Hearing, national and international umbrella organization for auditory-oral services. We work with school districts in Los Angeles County to coordinate Individual Education Plans for JTC families. Also, the Mount St. Mary’s College is the degree-granting partner for JTC’s master’s and credential program in deaf education. JTC staff are considered experts in the field and are active on numerous national and local roundtables, committees, associations and consortia related to hearing impairment, child development and teacher preparation. Currently, JTC is pursuing authorization to accept Medicaid and state designation as a nonpublic agency and nonpublic school, which will strengthen our resources.

4. How will we know if we're making progress?
JTC establishes participation objectives for each program annually. The following selected outcomes measure the impact of our programs: • Audiology: Of the 5% to 10% of children whose tests reveal permanent hearing loss, 100% will receive timely, appropriate referrals to medical specialists, audiologists who dispense hearing aids or counseling. • Community Hearing Screening: 100% of screened children who have undiagnosed hearing problems—approximately 5% to 10% of those screened—will be referred to their pediatrician or John Tracy Clinic for comprehensive evaluation and treatment. • Counseling and Child Development: At least 90% of parents will indicate they are “satisfied” or “very satisfied” with on-site programs. 95% of preschool parents will meet their individual goals for acquiring the skills in their Individual Service Plans. • Parent-Infant: 80% of children enrolled in the three components of the Parent-Infant Program will demonstrate progress in hearing awareness and oral communication. 85% will demonstrate improvement in social, cognitive, gross and fine motor, and self-help skills. • Parent Distance Education: 95% of families will report growth in their child’s listening, language and speech skills. 90% of parents will report an increase in confidence, ability and knowledge as a result of participation in the
courses. • Preschool: 85% of preschool children will graduate to either mainstream schools with hearing classmates or other educational programs that use spoken language as the main communication medium. 80% of children in the Preschool Program will demonstrate progress in listening and spoken language, and 85% will demonstrate developmental improvements. • Master’s Program: 100% of participants will graduate with a master’s degree in deaf education, and those from California will also earn a California teaching credential. 94% of graduates will obtain or maintain jobs in the deaf-education field for two years following graduation. Evaluation Plan: JTC staff members track service or attendance to measure participation in the programs. Staff in audiology and Community Hearing Screening maintain service logs and record the referrals and follow-ups provided to families of children who do not pass hearing tests. Staff assess children in the Parent-Infant and Preschool programs using established tools that measure language and developmental progress. Parents fill out an annual satisfaction survey, report progress toward their individual goals, and inform staff about the schools that their graduating children enroll in. Families enrolled in Parent Distance Education self-report changes in children’s language skills and parents’ confidence and ability in an online survey. In the master’s program, staff track the graduation status and employment of participants. Staff and the board regularly review outcomes to ensure continuous improvement.

5. What have and haven't we accomplished so far?

JTC is: 1) 1 of the 4 leading centers for pediatric audiology in L.A.; 2) largest community hearing screening program in area; 3) pioneer in early childhood deaf education, preparing children with hearing loss to enter mainstream school; 4) nationally recognized programs that teach parents of deaf children how to nurture their child’s language skills. JTC has helped reduce the average age that a deaf child is identified from 2.5 years in 1988 to 6 months in 2012. JTC led the effort to institute universal hearing screening for newborns in CA hospitals. In 2008, JTC introduced 2 groundbreaking initiatives 1) for Spanish-speaking children to learn English in preschool, while 2) helping their parents develop a plan for speaking their birth language at home with their deaf child. In 2011, JTC completed a 3-year pilot program in L.A. to build the region’s 1st model for incorporating hearing screening into well-baby care in community medical clinics. The program tested 9,500 babies & trained 326 medical personnel. As of 2012, our screening programs have assessed the hearing health of 290,000 children in 4 So. California counties. While JTC has the largest community hearing screening program in So. California, we do not have capacity to test every child who should be tested. Our Distance Education program has a national & international presence. Next we will bring our parent-infant services to isolated families via face-to-face video on the Internet in English & Spanish. Technological advancements play a key role in the field of pediatric deafness. JTC is a leader in adapting early education programs to advancements, including digital hearing aids, cochlear implants, & sophisticated screenings for infants. The latest is auditory brainstem implants; the FDA approved the first U.S. clinical trial with children in early 2013. JTC has worked with children from Europe with ABIs to participate in our summer programs. We must continue to forge groundbreaking methods that maximize the benefit of new technologies. An obstacle to early identification/intervention is lack of parental follow-up after initial hearing screenings reveal possible hearing loss. Studies show lack of follow-up may occur as much as 25% due to language & cultural barriers, lack of time, transportation, medical insurance or the lack of urgency. Our vital Community Hearing Screening Program finds children who were lost to follow-up after newborn screenings. Our hearing screening program includes follow-up/referrals provided by JTC audiometrists with parents & preschool leaders to ensure children identified with possible hearing loss are seen by an appropriate professional. An additional limitation occurs when the family pediatrician reports that a child who failed the initial screening has no apparent hearing problems. Many physicians do not have tympanometers for accurate testing. Fortunately, these children are usually found during rescreening by JTC & parents are urged to see a specialist.