

Colorado EHDI Alliance Meeting

Date: December 18,
2020

Meeting Called By: Colorado EHDI

Type of Meeting: Colorado EHDI Alliance

Facilitator: Heather Abraham

Notetaker: Arlene Stredler Brown

Alliance & Core Team Members: Emily Augsurger, Marti Bleidt, Pat Greenway, Sara Kennedy, Cliff Moers, Ashley Renslow, Sara Robinson, Christy Scott, and Sarah Honigfeld

Absent Members: Allison Cunningham, Geoff Goodside, Margaret Rutenber, Cory Portnuff, Maureen Cunningham, Jack Damico, and Amy Novotny

Core Team Participants: Heather Abraham, Arlene Stredler Brown, and Katie Cue

Task Force Representatives: Emily Chamberlain and Kristin Sommerfeldt

Accommodations: Gloshanda Lawyer (Trilingual ASL/English/Spanish interpreter); Richard and Leslie Blankis (ASL/English interpreters); and Kellie Schier and Carrie Apple (CLTs)

Agenda Item 1:

Adoption of
Meeting Minutes

Summary of Discussion: Adoption of meeting minutes for November 2020

Conclusions: Minutes were approved

Action Items: n/a

Person Responsible: n/a

Deadline: n/a

Agenda Item 2: Presenters: Heather Abraham, Katie Cue, Cliff Moers, and Sara Kennedy Updates		
<p>Summary of Discussion: The national EHDI meeting will be virtual; it will be held on March 1-5th. COEHDI submitted 3 abstracts: (a) our governance structure (not accepted); (b) DHH Adult-to-Family Services Program (accepted, offered as a poster, declined); and (c) telehealth (Christy Scott, Arlene Stredler Brown, and Beth Cole). This will be a 45-minute presentation. Some Alliance members are planning to attend the EHDI Conference (Sara Robinson, Ashley Renslow, and Marti Bleidt). Ashley Renslow reported that CSDB submitted 3 proposals; all were accepted as 20-minute presentations; all were declined.</p> <p>Cliff announced that the Commission’s Rural Interpreting Services Project (RISP), a 2-year pilot funding interpreter services, has been made a permanent program. The new title is, Rural Auxiliary Services (RAS). It has been expanded to include real-time captioning as well as sign language interpreting. To access these services, connect to the Commission’s website (CCDHHDB.com). (On the front page of the website, look for “programs” and click on “RISP”.)</p> <p>Sara Kennedy reported on the activities of the COEHDI subgrant awarded to CO Hands & Voices to support Spanish-speaking families.</p>		
Conclusions: n/a		
Action Items: n/a	Person Responsible: n/a	Deadline: n/a
Agenda Item 3: Presenter: Arlene Stredler Brown (for Margaret Ruttenber) HIDS Database		
<p>Summary of Discussion: Margaret Ruttenber supplied an update on the number of HIDS users by subgroup: (a) screeners and screening coordinators at approximately 32; (b) midwives at 8; (c) audiologists at 28; and (d) early intervention at 12. This is an increase of approximately 10 users from one month ago.</p> <p>Arlene is working with CDPHE to collect 2019 data as recommended by The Alliance in November. Margaret offered to send letters to current HIDS users to encourage them to upload 2019 and 2020 data (for children born in those years). There are some challenges to accomplish this task in that first one needs to be a current HIDS user; have accessible files for past years of data at their hospital, birthing facility, or clinic; and have time to input information in arrears. EHDI is supporting this initiative in these ways: (a) contracting with Hannah Glick to make personalized contacts with newborn screeners, screening coordinators, and clinical audiologists to explain the need to collect this data; (b) Hannah and Arlene will send out monthly or bimonthly emails to remind people to enter this data; and (c) articles will be written in our monthly newsletter. To date, CO-Hear Coordinators’ attempts have been most robust.</p>		

COEHDI’s commitment to CDC is to share 2019 data that is accurate, even if it is not complete (Because not all users of the old IDS system are current HIDS users.) Having this data will provide base rate information on which to plan goals to meet 1-3-6 benchmarks in coming years.

While we are currently focused on collecting 2019 data, this effort will be expanded to collect 2020 data. Hannah Glick’s funding from our HRSA supplemental grant (for COVID-related activities) includes this effort. Sara also mentioned that EBC data isn’t always accurate and there may be children who are not captured in the EBC.

Conclusions: CDPHE and COEHDI will continue to work collaboratively to collect and report 2019 stats for screening, diagnosis, and early intervention to CDC.

Action Items:	Person Responsible:	Deadline:
Arlene to check with Leanne Glenn to learn just when the letter from CDPHE to HIDS users was (or will be sent).	Arlene	ASAP as letter was to be sent by mid-December 2020
Arlene and Hannah – bimonthly emails to screeners & diagnosing audiologists	Arlene	Ongoing
Arlene – monthly announcements in COEHDI newsletter	Arlene	Ongoing

Agenda Item 4:

Screening Task

Force **Presenters:** Kristin Sommerfeldt

Summary of Discussion: Arlene Stredler Brown and Sara Kennedy are working to identify funding sources to support updating and editing the *Hands & Voices Roadmaps*.

In an effort to get more children screened and rescreened, and to mitigate LTF, Maureen Cunningham is leading the effort to include PCPs in a meaningful way. The potential role of the CO-Hear Coordinators has also been mentioned and will be discussed at the Screening Task Force, and other task forces, in the future. Because Colorado has educational audiologists in every local school district and BOCES, the task force members pursued the potential for educational audiologists to become involved in screening, rescreening, and mitigating LTF. The role of educational audiologists is supported by Lisa Cannon, who is the lead for educational audiologists in the state. While Lisa is funded by the CDE, educational audiologists’ activities are under the auspices of their individual administrative units (AUs), not CDE.

Discussion about educational audiologists becoming a **permanent resource**, as a safety net, to support screening, rescreening, and to mitigate LTF included these issues:

- This activity is within the scope of practice for educational audiologists. This activity is not considered a burden on AUs. Lisa will serve as the liaison with educational audiologists and their AUs.
- Educational audiologists are familiar with the systems/resources in their communities and AUs.
- Services from an educational audiologist are at no charge to families.
- According to a survey COEHDI distributed to educational audiologists, the majority of respondents reported they know how to screen, how to screen neonates, and have OAE equipment (approved in the JCIH 2019 guidelines for all neonates except those in a NICU). Neonatal screening is included in the pre-service training curriculum for all audiologists, including educational audiologists. Also included in pre-service training are the cultural and linguistic/modality choices that parents may choose for children who may have hearing loss.
- Listing educational audiologists on the Hands & Voices *Roadmaps* will be another way to connect families with educational audiologists in their communities. Especially in rural areas, educational audiologists are well connected with PCPs and hospital screeners.

The recommendation for educational audiologists to become a permanent resource was approved by all but one person (who was neither “for” nor “against”).

A second recommendation addressed the role of educational audiologists **statewide or only in rural areas**. Discussion about this recommendation included these issues:

- Educational audiologists can serve as a screener and/or a consultant. In metro areas, they are more likely to serve as consultants.
- Our survey results acknowledged that educational audiologists are comfortable, to varying degrees, conducting neonatal screenings. Therefore, their role then becomes a decision that is unique to each AU. Training needs will need to be addressed.
- Our survey also acknowledged that educational audiologist may, or may not, have OAE equipment. Again, the role of educational audiologists, and any equipment needs, can be decided by each AU.

The recommendation for educational audiologists to be a statewide resource was approved by all but 3 people (who were neither “for” nor “against” the recommendation). More discussion will take place at future Alliance meetings to address the concerns of those who are not yet certain about this recommendation. It will be important to have Lisa Cannon involved in future discussions.

Conclusions: Support for educational audiologists becoming involved, in their administrative units, in screening, rescreening, and LTF statewide.

<p>Action Items: Lisa Cannon and Arlene Stredler Brown will continue to work together to implement activities related to</p>	<p>Person Responsible: Arlene</p>	<p>Deadline: Ongoing</p>
-------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------

educational audiologists' role in hearing screening, rescreening, and LTF.	Arlene	January Alliance meeting
More discussion will take place at the January Alliance meeting.		

Agenda Item 5:

Dx/Id Task Force

Report

Presenter: Emily Chamberlain

Summary of Discussion: A discussion about the current referral process, from identification of hearing loss to early intervention, focused on the role of the Regional Colorado Hearing (CO-Hear) Coordinators. These topics were discussed: (a) CO-Hear current responsibilities and any recommendations going forward; (b) CO-Hear Coordinators' current caseloads; (c) the sustainability of the CO-Hear Coordinators in the future; and (d) a "wish list" for CO-Hear Coordinators' activities in the future. The CO-Hear Coordinators on the task force plan to discuss these topics among the seven CO-Hear Coordinators. The task force's discussion will resume at the next task force meeting.

It is notable that the caseloads for the CO-Hear Coordinators has increased significantly in recent months, when they assumed responsibility for all children with unilateral hearing loss in April 2020.

Ashley Renslow, the representative for the CO-Hear Coordinator program, which is funded by CSDB, reminded Alliance members that they may make recommendations. However, decisions about roles, responsibilities and funding are the responsibility of state agencies.

Conclusions: Continue discussions about CO-Hear Coordinators at task force meetings and bring recommendations to The Alliance.

Action Items: Discussion of the CO-Hear Coordinators' R&Rs in the transition from identification to early intervention at January task force meeting.

Person Responsible: Arlene and Heather

Deadline: January 2021

Agenda Item 6

Early Intervention

Task Force

Presenter: Heather Abraham

Summary of Discussion: This task force, the next (and last) to be launched in January, will address these topics (among others): (a) resources families are given; (b) family-to-family supports; (c) access to equitable services

statewide; (d) transition from Part C to Part B (preschool) services; and (e) data collection. An announcement was distributed last week; to date, more than 20 people have joined.

Conclusions: Early Intervention Task Force to have its first meeting in January

Action Items: Schedule task force meeting

Person Responsible: Heather and Arlene

Deadline: ASAP

Agenda Item 7

Family Task Force **Presenter:** Emily Augsburger

Summary of Discussion: The Family Task Force members are focusing on the availability of equitable family-to-family support services statewide. They are discussing a single point of contact for all family support services. As they pursue this topic, input will be obtained from as many families as possible in order to review their current experiences and make informed recommendations for revisions.

Conclusions: n/a

Action Items: Continue discussion at Family Task Force

Person Responsible: Heather

Deadline: Ongoing

Agenda Item 8

DHH Adult Task Force

Presenter: Heather Abraham

Summary of Discussion: The Alliance members were sent an attachment earlier in the week describing the newly-named Ascent Program. This program will provide DHH adult-to-family supports. The naming competition was based on a prominent feature of our state (mountains) and experiences one has as they “ascend” a mountain in the company of others who may be guiding the way. Thank you, Ashley Renslow, for suggesting this thoughtful name for this new program.

Alliance members raised these topics in our discussion:

- The content in the handout was developed by the Family Task Force after a thorough review of the published literature, inquiries with many programs in the US, and the results of a survey distributed to families in Colorado. The mission statement is based on this information which was reviewed by the Family Task Force. Changes can be made to this document going forward.
- Currently, The Ascent Program is for families of children birth – three years of age. Funding is exclusively by COEHDI, and COEHDI’s responsibilities are for this age group only.
- Data on parent and DHH adult satisfaction will be provided to the Alliance.

<ul style="list-style-type: none"> - In keeping with Part C language, parents, as well as caregivers, may receive services from The Ascent Program. The constellation of each family is unique and often includes caregivers in addition to parents. - Procedures for the program (e.g., recruitment, training, payment) are being developed. The first training will be in January. The program will be piloted during the first three months of 2021. The Ascent Program will be expanded, incrementally, each year. - Announcements to recruit DHH adults will be issued this month. An attempt will be made to recruit DHH adults living in all regions of the state. Opportunities to join this program will be advertised in a variety of ways (e.g., email, COEHDI newsletter). Members of the public can spread the word. - Input will continue to be solicited in Family Task Force meetings, the DHH Adult Task Force meetings, and by other task forces as appropriate. <p>A request for endorsement of The Ascent Program’s philosophy, mission, vision, and values was solicited from Alliance members. This recommendation was approved by all but 3 people (who were neither “for” nor “against” the recommendation).</p>		
<p>Conclusions: The Ascent Program will be announced in the January COEHDI Newsletter. DHH adults will be recruited in December and the first training will be in January. The program will be piloted during the last 3 months (January, February, and March) of this grant year.</p>		
<p>Action Items: Work on procedures.</p>	<p>Person Responsible: Heather and task forces</p>	<p>Deadline: ongoing</p>

<p>Agenda Item 9</p>		
<p>Closing Presenter: Heather Abraham</p>		
<p>Summary of Discussion: These words describe members’ impressions about COEHDI’s work to date: productive, grateful, collaborative, excited, positive, hopeful, inspired, momentum.</p>		
<p>Conclusions: n/a</p>		
<p>Action Items: n/a</p>	<p>Person Responsible: n/a</p>	<p>Deadline: n/a</p>

Our CO EHDl Alliance meetings are held on the 3rd Friday of each month.

Next meeting: January 15, 2020 at 10:00 – 11:30