Colorado EHDI Alliance Meeting

Date: June 18, 2021

Meeting Called By: Colorado EHDI
Type of Meeting: Colorado EHDI Alliance
Facilitator: Heather Abraham
Notetaker: Heather Abraham, Arlene Stredler Brown & Katie Cue
Zoom Facilitator: Katie Cue and Luke Adams

Alliance & Core Team Members Present: Marin Adkisson, Marti Bleidt, Allison Cunningham, Jack Damico, Pat Greenway, Leann Glenn, Brian Herrmann, Sarah Honigfeld, Sara Kennedy, Shauna Moden, Cliff Moers, Amy Novotny, Sara Robinson and Christy Scott

Alliance & Core Team Absent Members: Emily Augsburger, Maureen Cunningham and Ashley Renslow

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

Task Force Representatives: Annette Landes and Kristin Sommerfeldt

Accommodations: ASL/English Interpreters: Julia Ostberg and Leslie Blankis

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<tr><td colspan="2">Agenda Item 1: Adoption of Meeting Minutes</td><td>Presenter: n/a</td></tr>
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Agenda Item 2: Announcements	**Presenters:** All

Summary of Discussion:
Sarah Honigfeld: The National Deaf Education Conference starts next week. It will be virtual. There will be topics related to early childhood (birth to three).

Sara Kennedy: CO-Hear Coordinators are meeting with families for the "Wednesdays in the Park" activity in some regions. And, there will be an in-person event in Durango that is sponsored by Animas Valley Audiology.

Allison Cunningham: Children's Hospital is putting together a parent workshop series about the impact of toxic childhood stress or Adverse Childhood Experiences (ACEs). This series will be for all ages, including the birth to 3 population. More information to come!

Cliff Moers: The Rural Interpreting Services Project (RISP), originally a pilot project, has now become a permanent program. The new name is Rural Auxiliary Services (RAS). It includes interpreting and CART services which can be requested at no cost to the clientele or the consumer. This service is available for COEHDI activities.

The Boulder chapter of Hearing Loss Association of America (HLAA) announces open captions at selected theaters for 8 weeks running. You can check the Hands & Voices Facebook page for access.

The Boulder chapter of HLAA has brought a bill to the state legislature regarding 24/7 open captioning for movies. This bill is being held until the next legislative session.

Conclusion: n/a

Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

Agenda Item 3: HIDS Database Users	**Presenter:** Leanne Glenn

Summary of Discussion: HIDS User update: There are currently 136 users, which is an increase of one since last month. Users, by discipline are: 57 screeners, 14 midwives, 52 audiologists (including 13 educational audiologists) and 13 early intervention personnel. The informatics group is addressing the edits that users have requested. There will be new access to the "worklists" that should be ready this month.		
Conclusion: n/a		
Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

Agenda Item 4: Legislative Initiatives Update	**Presenter:** Christy Scott

Summary of Discussion: Three initiatives, two of which are legislative, were described by Christy Scott. Thank you, Christy!

SB 21-275 (Child Find): This bill moves responsibility for evaluation of children, birth to three years of age, from the CO Dept. of Education (CDE) to the CO Dept. of Human Services (CDHS) with an effective date of July 1, 2022. This is the second piece of legislation for this action. The first bill required CDE and CDHS to review evaluation processes and determine the most appropriate administrative structure. Subsequently, this current bill reflects the recommendations made jointly by CDE and CDHS that were submitted to the JBC. This current bill transfers responsibility for evaluation of Part C eligible children from CDE to CDHS. This bill identifies several actions:

- Identifying when the Part C system lets the Part B Administrative Unit (AU) (aka; local school district or BOCES) know there is a child who might be eligible for special education services. (This is currently no later than a child's age of two-years-nine-months. The new bill will require referral at an earlier age.)
- The bill calls out children who are deaf/hard of hearing (DHH) and blind/visually impaired (B/VI). These two groups shall be referred to the AU no later than *two-years-three-months of age* in order to offer ample time to plan for Part B services.

- Special attention is given to rural communities where special education services may be more difficult to find.
- CDE and CDHS will create an interagency agreement soon.
- Committees have been tasked with looking at the current system of evaluation and improving it so it is more streamlined for families.
- Stakeholders are invited to offer advice about the upcoming transition processes.

AUs will continue to evaluate incoming students through April 31, 2022. As of May 1, 2022, children eligible for Part C services will have their evaluation completed by Part C.

The bill has a fiscal note that appropriates $8.2 million, and additional FTE, to CDHS to fully fund these evaluation activities. Notably, to date, these activities have been underfunded at an appropriation of ~$2.5 million). In the 2021-2022 fiscal year, $6.8 million will be reappropriated to CDE, for distribution to AUs, to support the cost of conducting evaluations. This amount is prorated for the 10 months of the upcoming fiscal year during which CDE will continue to perform the evaluations.

A stakeholder task force has been meeting, and will meet next week, to talk about system design, the logistics of transferring responsibilities to CDHS and the inter-agency agreement for the transition.

Early Start Program: This initiative through CDHS is in the development phase. It was conceptualized as a result of the impact of COVID on the CDHS budget. When reductions in the CDHS budget were made, Part C changed eligibility criteria for children. Previous to COVID, eligibility was based on a 25% developmental delay; this was changed to a 33% delay. Subsequently, many children do not meet requirements for Part C even though they have a delay (but the delay is less than 33%). Early Start was conceptualized to address this.

This program does not need to follow the requirements of Part C. Different supports - other than direct early intervention services - can be offered to families. Risk factors were added (e.g., developmental delay, a factor that can influence development such as substance exposure, perinatal depression, food insecurity, etc). Notably, children with unilateral hearing loss (UHL) fit the definition of a risk factor. Currently, children with UHL are not categorically eligible for Part C. But they will qualify for Early Start.

The Early Start work group is identifying: (a) eligible risk factors; (b) ways to market the program; (c) care navigation procedures; (d) costs; (e) services to be provided; and (f) how to connect families to established programs.

Funding for Early Start is being solicited through foundations. There is hope for state funding in the future to assure sustainability of the program. This could require legislation. You can find more information at: www.EIColorado.org

HB 21-1304 (Early Childhood Department): This bill had its final reading on June 7, 2021. The bill creates the new CO Dept. of Early Childhood. In addition, the bill creates a transition working group to identify existing programs that will move into the Dept. of Early Childhood. The move is to be done by November 1, 2021. The transition working group will develop recommendations for the universal preschool program. (This program makes preschool available to all children one year before kindergarten, and is to start July 1, 2023). Subgroups of the transition working group will look specifically at Special Education preschools.

Questions asked by Alliance members and the public were answered by Christy:

- What are the strengths of the new Dept. of Early Childhood? *Answer*: While there is currently an **Office** of Early Childhood at CDHS, the intention of a new **Department** of Early Childhood is to assure all supports for early childhood are under one roof. This will allow for better leverage of funds and more supports for families. A more comprehensive program will result by having many early childhood programs, now dispersed in different agencies, all together in one department. It is not known at this time which programs will move to the new department (with the exception that universal preschool will be in the new department). It is likely that child care will move too. When it comes to preschool services, there may be a mixed delivery system which will make preschool available in different ways (e.g., through the AUs, in childcare, possibly in private settings).
- Will SB 21-275 include any specific information about evaluation for deaf children such as language acquisition? *Answer*: Children who are deaf are categorically eligible for Part C so they do not need to go through the evaluation process. Children who are deaf are currently referred by the diagnosing audiologist to regional Colorado Hearing (CO-Hear) Coordinators. Children go directly into early intervention services

without having an evaluation. There is some discussion about evaluations conducted during IFSP development.

- Will the Dept. of Early Childhood discuss ways to support the unique needs of DHH children (e.g., through universal preschool)? *Answer*: There will be a survey distributed to stakeholders working with DHH children. There is an opportunity for people to participate in stakeholder work groups. Christy has made a recommendation to have representation for children who are DHH and B/VI on committees and she will continue to advocate for the need to maintain a focus on this population. Link to request participation in Transition Advisory Group: Click Here
- There is new information, not yet published, about children with UHL having reading outcomes similar to children with more significant degrees of hearing loss. Will this information inform eligibility of children with UHL for Part C? *Answer*: There has been a work group that looked at Part C established eligibility conditions. Ashley Renslow was on this committee. After much discussion, including a review of the published research, the team determined that while UHL was a risk factor, it did not correlate with a high enough incidence of delay occurring before the age of three to make children categorically eligible with an "established condition". Children with UHL, with a 33% delay in one developmental area, do qualify for Part C services. All children have the opportunity to be monitored. As of April 1, 2020, monitoring was assigned to the regional CO-Hear Coordinators. Notably, all conditions are reconsidered periodically for eligibility as an established condition.
- The importance of focusing on language development of DHH children was emphasized.
- The CO Commission for the Deaf, Hard of Hearing and Deafblind (CCDHHDB - aka; The Commission) looks positively at the transformative impact of creating the Dept. of Early Childhood and the ways in which it may influence COEHDI activities. The Commission is actively involved in the development of this new department. .
- The CO Dept. of Public Health and Environment cannot store data for any children after 36 months of age. Will both bills help to maintain data after 36 months? *Answer*: There are possibilities. It will be important to assure stakeholders involved in creating the Dept. of Early Childhood are aware of the issues. The hope is for data to follow a child from identification to school entry.

Conclusion: n/a		
Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

Agenda Item 5: Screening and Entry into Clinical Audiology Task Force	**Presenter:** Kristin Sommerfeldt

Summary of Discussion:

- Involving PCPs in EHDI: Maureen Cunningham has been an effective link between COEHDI and pediatricians. We are also looking at these other groups of PCPs: Family Practice Physicians (FPs), Physician Assistants (PAs) and Nurse Practitioners (NPs). Arlene has reached out to NCHAM; there are no current national initiatives related to FPs, PAs and NPs. Arlene is working with Maureen and Ted Maynard (CO-AAP) to engage more cohesive participation of FPs, PAs and NPs. She is meeting with the CO Academy of Family Physicians this week.
- The Hands & Voices *Roadmaps* are being updated. A contact for educational audiologists will be included.
- A review of the 2019 data raised a concern about reporting on the degree of hearing loss. Slight hearing loss (16-25 dB) is a curious category, but it is the ASHA definition that is used by CDC, so we will continue to report this. There is a percentage of children whose degree of hearing loss is noted as "unknown" in HIDS. This may be impacted by the transfer of data for 2019 from IDS to HIDS. Audiologists will be encouraged to update diagnostic data.
- There are currently two working versions of the NBHS Brochure. They are being combined and adjusted to an accessible and recommended reading level of ~4th grade. The writing subcommittee will work to identify a version that can be shared with the Screening Task Force members. The Screening Task Force will ultimately make a recommendation to the Alliance for their review of the brochure.
- The idea of EHDI regional meetings was conceptualized. In small group discussions, members of the task force were asked to identify the outcomes of regional meetings, the content to be shared and the stakeholders to be invited. The W. Slope has offered to pilot regional meeting(s).

Conclusion: n/a

Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

Agenda Item 6: Diagnostic/Identification and Entry to Intervention Task Force	**Presenter:** Annette Landes

Summary of Discussion:

- A comprehensive review of 2019 data is complete. These issues were highlighted:
  - In 2019, the prevalence was ~3/1000. This is higher than the national average of 1.7/1000 births.
  - It seems problematic that HIDS does not allow a baby to be connected to a clinical audiologist. Rather, an audiologist needs to "break the glass" and get permission to access the record of a baby they are testing.
  - Arlene and Heather are working with CDPHE to collect more data about: (a) incidence of false positive screens; and (b) the percent of children who did not pass the initial screen and did not have a follow-up rescreen. CIHAC has a work group that is trying to determine screening numbers, loss-to-followup numbers, and other trends for hospital screens. CDPHE is working to identify what information will be made available to hospitals.
- Unilateral Hearing Loss (UHL)
  - Effective April 1, 2020, an audiologist refers a child identified with a UHL to the regional CO-Hear Coordinator. The CO-Hear Coordinator connects with the family, answers questions, provides technical assistance, connects the family with H&V (H&V has a UHL Guide), and offers participation in the developmental monitoring assessment (housed at CU-Boulder). To date, family participation in this developmental monitoring program has been limited. Perhaps messaging needs to be adapted.

Conclusion:

Action Items: Continue discussion about UHL developmental monitoring in the task force	**Persons Responsible:** Arlene & Heather	**Deadline:** ongoing

Agenda Item 7: Early Intervention Task Force	**Presenter:** Heather Abraham

Summary of Discussion: The discussion about the transition from Part C to Part B continued with a focus on the program developed by Developmental Pathways (CCB). Thanks to Beth Little and Lynn Wismann for developing a presentation and reporting on their 15-year-old model that is specialized for children who are DHH. A future topic will focus on assessment during transition. Allison Sedey at CU-Boulder has been invited to participate.		
Conclusion: n/a		
Action Items: Discuss assessment as children transition from Part C to Part B	**Persons Responsible:** Arlene & Heather	**Deadline:** Ongoing

Agenda Item 8: Family Task Force	**Presenter:** Heather Abraham
Summary of Discussion: COEHDI initiatives were reviewed. Family experiences with NPs and PAs was discussed. Families were asked how to promote the Ascent Program. COEHDI staff wants to expand participation in the Family Task Force and to include more diverse representation (e.g., geographic, cultural).	
Conclusion: n/a	

Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

Agenda Item 9: Summer Meeting Schedule	**Presenter:** Arlene Stredler Brown
Summary of Discussion: There was consensus to cancel the July meeting and reconvene in August, 2021.	
Conclusion: n/a	

Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

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Agenda Item 10: Closing		**Presenter:** All
Summary of Discussion: The one-word checkout this month included these descriptors: informed (by the expertise of COEHDI personnel); progress; helpful (hearing all that is going to be changing); learning (about how systems work and new knowledge); information (reporting is thorough and detailed); possibilities; representation; bright (future); positive system change; diligence.		
Conclusion: n/a		
Action Items: n/a	**Persons Responsible:** n/a	**Deadline:** n/a

COEHDI Alliance meetings are held on the third Friday of each month.

The next meeting will be August 20, 2021

10:00 – 11:30 AM

Note about accommodations: Beginning February 1, 2021, all Alliance meeting and task force meeting accommodations (e.g., American Sign Language (ASL) interpreters, Cued Language Transliteration, and/or Spanish translators) must be requested at least 72 business hours/3 business days in advance. ***Requests may be made via your task force facilitator and/or at*** *info@coehdi.org. ASL interpreters will continue to be provided for all Alliance meetings. We will also enable Zoom's Live Transcription feature for all meetings. (Note, Live Transcription utilizes automatic voice-recognition and computer-generated captioning. As such, the accuracy cannot be guaranteed. It is not a substitute for the full functionality of Communication Access Realtime Translation (CART)).*