

**Colorado EHDI Alliance  
Dx/Id and Entry into Intervention Task Force**

**Meeting Notes**  
August 5, 2021

Handout from **Laura Merrill - CDHS**  
October meeting date

<b>Attendees</b>	
<b>Name</b>	<b>Role/Agency</b>
Allison Bieber	Pediatric Audiologist; Rocky Mountain Ear Center
Arlene Stredler Brown	Facilitator/Notetaker
Jessi Cooney	Colorado AG Bell
Cathy Cortese	EI Facilitator; Mom; ASL Interpreter
Jami Fries	CO Hands & Voices; Guide By Your Side Coordinator; Mom
Leanne Glenn	CDPHE; Newborn Hearing Screening Coordinator
Laura Greaver	Pediatric Audiologist; Children's Hospital Colorado Springs
Annette Landes	CO-Hear Coordinator; Northern Colorado Region
Laura Merrill	Evaluation Manager EI Colorado @ CDHS
Dawn O'Brien Taylor	Pediatric Audiologist
Sara Robinson	SLP Children's Hospital Colorado Springs: HH adult for the Ascent Program
Kristin Sommerfeldt	Audiologist; University of Colorado Hospital; Faculty CU Boulder
Lynn Wismann	CO-Hear Coordinator; Douglas & Arapahoe Counties (not Aurora)
Emily Wojahn	CO-Hear Coordinator; Colorado Springs and SE counties

**ASL Interpreter:** Leslie Blankis

## Meeting Agenda

**Outcomes:**

- Develop a common understanding of issues specific to children identified with unilateral hearing loss (UHL)

**Agenda:**

- System support for children identified with UHL - analysis of current data, needs and family involvement

Agenda Item	Discussion	Action/Decision
<b>Announcement: 2020 Data for CDC</b>	<p>Based on last year’s timeline, Arlene expects the CDC to initiate the request for 2020 data in about a month. Last year, we were given two to three months to compile and report our data. COEHDI is sending reminders to all HIDS users to backfill 2020 data in HIDS.</p> <p>After reviewing worklists in HIDS, Leanne Glenn has emailed hospitals and asked them to check their worklists to identify any need for corrections. It would be ideal to do this before Bill Vertrees retires in September 2021.</p>	
<b>Announcement: Tele-Audiology Initiative</b>	<p>The Tele-Audiology Subcommittee will have their next meeting on August 23rd. Arlene sent a request to many agencies/hospitals/clinics to solicit interest in serving as the hub site for this project. To date, one center has responded affirmatively.</p>	
<b>Announcement: Definitions for Early Intervention</b>	<p>Preliminary steps have been taken to organize a meeting with four agencies (CDPHE, EI Colorado, CU-B/CSDB, COEHDI) to review definitions about entry into early intervention.</p>	
<b>UHL</b>	<p>Annette Landes shared the number of children with UHL who are currently on the caseloads of the seven CO-Hear Coordinators. There are 60 children with UHL receiving Part C services. Eligibility criteria for these 60 children may reflect: (a) a multi-disability with documentation of a delay in another developmental area; (b) a</p>	<p>Follow the lead of EI Colorado about messaging and public awareness of the impact of UHL.</p>

delay of 33% based on quantitative and/or qualitative assessment; and (c) eligibility based on “informed opinion about delay”. Laura Merrill developed a document for evaluators on what it means to find a child eligible based on “informed opinion about delay”. This includes taking all sources of information (quantitative and qualitative) about child, discussing these considerations as a team, and making a determination if the child is showing a delay. This document accompanies the meeting notes.

In addition to the 60 children with IFSPs, the CO-Hear Coordinators are tracking an additional 148 children with UHL. Of the 148 children who do not have an IFSP, not all families choose to have the services of a CO-Hear Coordinator. The exact number who do receive services from a CO-Hear Coordinator is not known. The CO-Hear Coordinator may continue to reach out to families who have not opted for their services, from time to time. The frequency of these contacts is individualized by each CO-Hear Coordinator for each family.

Our system guidance has the diagnosing audiologist referring all children identified with a UHL to the Regional CO-Hear Coordinator. The CO-Hear Coordinator is to contact the family within 48 hours. CO-Hear Coordinators’ guidelines identify these activities: (a) provide information about the diagnosis of UHL; (b) describe the potential impact of UHL; (c) arrange a meeting with family; and (d) send information in the mail for families to review prior to the initial meeting. During COVID, all meetings were conducted remotely which gave the CO-Hear Coordinators adequate time to include all of these children with UHL on their caseloads.

There is a developmental monitoring program at CU-Boulder which has been in place for at least 20 years. At age-specific ages (6 months, 15 months, 21 months, 27 months, 33 months), CU sends protocols (DAYC-2, MacArthur) for developmental monitoring to the family. If the packets are returned, the assessment protocols are scored, a report is written, and the report is sent to both the family and the CO-Hear Coordinator. In addition, another developmental monitoring option has become available to families; the LENA assessment is offered at these ages: 9 months, 18 months, 24 months, and 30 months. There was no report as to the number of children

Arlene will continue to work with PCPs and ENTs on messaging. Arlene will start to work with PAs and NPs on messaging.

Continue messaging about guideline to rescreen both ears even if a child did not pass a hearing screen in one ear.

Arlene will connect with Allison Sedey about data collection and reporting.

Place this topic on the EI Task Force agenda.

who participate in the developmental assessment &/or the LENA assessment. This information may be available from CU-B.

There are many supports for families of children with UHL, and the CO-Hear Coordinators offer them to each family they meet. These supports include: (a) Hands & Voices (Kelly Fernandez-Kroyer); (b) community events for all kids who are DHH (offered by CSDB, Children’s Hospital, RMDS); (c) The Ascent Program (to meet with an adult with UHL); and (d) materials about preschool eligibility (requirements for preschool are different than eligibility for early intervention).

Laura Merrill reported on Early Start which is a Part C initiative that is currently being developed. The committee is identifying eligible risk factors. At this time, UHL is being considered a Tier 1 Risk Factor. The intent of Early Start is to assure families are connected with programs that can support them.

There are two action steps going forward:

1. Messaging: How do we encourage families to participate in the developmental monitoring project? How do we encourage families to receive services from the CO-hear Coordinator? Potential activities include:
  - a. Review initial messaging by audiologists, ENTs, and PCPs
  - b. Emphasize that UHL can impact development
  - c. Work within local communities on public awareness and messaging
  - d. Consider the opportunities with the new Dept. of Early Childhood that is being formed.
2. Data Collection: It would be ideal to have some baserate data now that the CO-Hear Coordinators are available to meet each family that has a child with UHL.

Next Meeting(s)		
DATE	TIME	FUTURE AGENDA ITEMS

9/2/21	4:00-5:00 PM	<ul style="list-style-type: none"><li>• Follow up on activities (e.g., messaging, data collection) associated with UHL</li></ul>
10/7/21	4:00 - 5:00 PM	TBD

***A note about accommodations:*** Beginning February 1, 2021, all Alliance meeting and task force meeting accommodations (e.g., American Sign Language interpreters, Cued Language Transliterators, and/or Spanish translators) must be requested at least 72 business hours or 3 business days in advance. Requests may be made by contacting the Alliance or your task force facilitator. We will also enable Zoom's Live Transcription feature for all meetings.