**Colorado EHDI Alliance**

**Dx/Id and Entry into Intervention Task Force**

**Meeting Notes**

October 7, 2021

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| **Attendees** | |
| **Name** | **Role/Agency** |
| Heather Abraham | Facilitator/Notetaker |
| Arlene Stredler Brown | Facilitator/Notetaker |
| Leanne Glenn | CDPHE; Newborn Hearing Screening Coordinator |
| Laura Greaver | Pediatric Audiologist; Children’s Hospital Colorado Springs |
| Cliff Moers | Director; CO Commission for the Deaf, Hard of Hearing and Deafblind |
| Dawn O’Brien Taylor | Pediatric Audiologist |
| Ashley Renslow | CSDB; Early Education Consultant |
| Allison Sedey | CU-Boulder; Director, ODDACE Project & CSDB; Assessment Coordinator |
| Kristin Sommerfeldt | Audiologist; University of Colorado Hospital; Faculty CU Boulder |
| Emily Wojahn | CO-Hear Coordinator; Colorado Springs and SE counties |
| Lynn Wismann | CO-Hear Coordinator; Arapahoe & Douglas counties |

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| **Meeting Agenda** |
| **Outcomes:**   * Acquire knowledge about regional collaborations and Virtual Site Visits * Identify avenues to increase effectiveness of messaging about children with UHL |

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| **Agenda Item** | **Discussion** | **Action/Decision** |
| **Announcements** | Annette Landes, CO-Hear Coordinator, has retired and she will be missed! Her area is being covered by Kelly Doolittle. Annette was the representative from this task force to the Alliance, and she did a great job presenting the work we do. We are now looking for a volunteer to be the new representative to the Alliance. Allison asked if Annette would be interested in continuing in this role even though she is no longer a CSDB employee. | Allison will contact Annette to see if she is interested in continuing to be a member of this task force. |
| **Update on Virtual Site Visits & Expanded Collaborations** | This topic has been on the agenda for the Screening Task Force. But the work involves our comprehensive system, so it is being shared with this task force today.  Virtual Site Visits (VSV) is an NCHAM curriculum that is being piloted in 6-7 states, including Colorado. The goal is to make connections with individual birthing facilities to collect information and to enhance their screening programs. NCHAM asked to include the EHDI Coordinator (Arlene) and a parent (Jami Fries from Hands & Voices) in VSVs. Due to our state’s support for expanded collaboration, Colorado EHDI also included an audiologist (Kristin Sommerfeldt and/or Hannah Glick) and the CO-Hear Coordinator working in the region in which the hospital is located. We will also include an AuD student from CU-Boulder and Dr. Brian Hermann (ENT) in these site visits. We have followed the guidelines of the NCHAM pilot and added our broader vision of system collaboration. NCHAM is in support of our expanded effort.  **Regional Collaborations:** These collaborations go beyond screening and involve identification, early intervention, family-to-family support, DHH adult-to-family support and more.  **Future Work:** There are 54 birthing facilities in the state and we will continue to approach some of them. This is a temporary initiative while we wait for the CIHAC, CDPHE and the COEHDI Alliance to identify the responsible agency for site visits.  **Feedback from this task force’s members:**  A question was asked about how the regions would be determined. We intend to define “regions” to support the work that is being done. At this time, we are working with individual hospitals and bringing representatives of the EHDI system to each meeting. Our goals are to “connect people” and “build the EHDI system.” Inherent in the NCHAM curriculum is the need to focus on hospital screening programs.  Leanne indicated that CDPHE’s role does not include follow-up care coordination. Rather, CDPHE is running the database, getting the right people connected to the database, and helping HIDs users to enter data. CDPHE can share guidance from the CIHAC on their website with a caveat that the information is from CIHAC, not CDPHE staff.  Some of the issues addressed in the site visits to date include: type of equipment used, whether they know and use their own stats to modify their program, if they use a script, how they train screeners and how they track LTF/LTD. We will determine how many hospitals we need to “sample” in order to identify trends. EHDI will prioritize identified needs in order to support enhancement of the current system.  The question came up about CDC monies that can supplement HRSA activities. In the past few years, CDPHE has not applied for these funds. The question was asked about whether or not EHDI can apply for CDC funds; but, it must be a health department. CDC funds are competitive; they do not allocate monies to each state. CDC funds 35 states in the most recent grant round. | Colorado EHDI will continue to pursue site visits with birthing centers and identify opportunities for regional collaborations. |
| **Messaging about UHL** | The concern is that many families do not take advantage of the resources being offered to them. Two suggestions were made about ways to maximize effective messaging about UHL:   1. For audiologists: Review the potential impact on development (versus the impact on education). 2. PCPs: Jami Fries stated that it is important for PCPs to “plant the seed” that issues due to UHL exist when a child is very young, although they may become more prominent as a child gets older. Best practice suggests that each child needs to be monitored so they don’t acquire a delay that affects them when they enter preschool.   The group discussed the kinds of activities that might have the most impact on increasing the education around UHL with audiologists and PCPs. It is important to get the information to pediatricians, however, it may be an overwhelming task to get meaningful information to the large number of PCPs. Focusing on pediatric audiologists may be more beneficial. Laura Greaver shared that it’s difficult helping people understand the impact of UHL given that parents can become confused when their child responds to sounds and communicates. It takes persistent communication with families. Laura stated that collaborating with the CO-Hear Coordinator has helped emphasize the importance of monitoring development. In light of that, Emily Wojahn stated that families often get conflicting information from others in their community/family, so the consistency of the message from the audiologists, PCPs, CCBs, etc. is extremely important.  Allison indicated that the response to participate in progress monitoring has improved since the CO-Hear Coordinators started to receive all referrals of children with UHL in April, 2020. Lynn Wismann suggested that we not call it “monitoring” because CO-Hear Coordinators are providing many additional supports to families.  Some suggestions going forward include: (a) some kind of handout distributed by audiologists to parents that the parents take home; (b) include a picture and bio of the CO-Hear Coordinator on this handout; and (c) determine if referrals to a CO-Hear come within HIDS or from the audiologist (currently, mostly from the clinical audiologist). |  |

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| **Next Meeting(s)** | | |
| **DATE** | **TIME** | **FUTURE AGENDA ITEMS** |
| 11/4/21 | 4:00-5:00 PM | * More about UHL messaging * Update on VSVs if applicable |
| 12/2/21 | 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.*