

Colorado EHDl Alliance Meeting

Date: October 15, 2021

Meeting Called By: Colorado EHDl
Type of Meeting: Colorado EHDl Alliance
Facilitator: Heather Abraham
Notetakers: Heather Abraham, Arlene Stredler Brown & Katie Cue
Zoom Facilitator: Katie Cue

Alliance & Core Team Members Present: Marin Adkisson, Leanne Glenn, Brian Herrmann, Sarah Honigfeld, Sara Kennedy, Cliff Moers, Amy Novotny, Ashley Renslow, Sara Robinson and Christy Scott

Alliance & Core Team Absent Members: Emily Augsburger, Marti Bleidt, Allison Cunningham, Maureen Cunningham, Jack Damico, Pat Greenway, and Shauna Moden

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

Task Force Representative: Kristin Sommerfeldt

Accommodations: ASL/English Interpreters: Leslie Blankis and Christine Pendley

Agenda Item 1: Adoption of Meeting Minutes		Presenter: n/a
Summary of Discussion: n/a		
Conclusion: September meeting minutes were adopted unanimously without changes.		
Action Items: n/a	Persons Responsible: n/a	Deadline: n/a

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Agenda Item 2: Announcements		Presenters: All	
Summary of Discussion:			
<ol style="list-style-type: none">1. Annette Landes (CO-Hear Coordinator for northern Colorado region) retired on October 1. A CO-Hear Coordinator job description is being updated by CSDB, and it will be posted.2. CSDB received a grant from EHDI for professional development. Their first workshop will be on November 12th (9:00am - noon); Heather Abraham will share coaching techniques for early interventionists.3. Leanne reports that Valley View Hospital in Glenwood Springs will take over screening from HSA effective October 25.4. Colorado EHDI was invited to present at the Colorado Academy of Audiology conference in Estes Park. The panel presentation included Arlene Stredler Brown (COEHDI), Heather Abraham (for COEHDI and Part C), Leanne Glenn (CDPHE), Becky Awad (CIHAC) and Jami Fries (CO Hands & Voices) .5. Arlene was invited to present at a meeting for midwives that was organized by Dawn O'Brien Taylor from NorthStar Audiology and Ted Maynard representing the Colorado Chapter of the American Academy of Pediatrics. Arlene was asked to advocate for neonatal screening for babies born at home. Participants asked for resources to purchase equipment and pay for annual calibration. Since this has not been determined to be the most effective strategy, and COEHDI does not have funding to support this, Colorado EHDI is considering other ways to increase midwives' access to newborn hearing screening. One free option is for midwives to have a baby screened by a participating educational audiologist.6. CDPHE plans to submit 2020 data to CDC. COEHDI will provide support on request.7. EHDI would like to acknowledge and thank Laura Merrill for her ongoing support. Laura has recently retired from her longstanding position with Early Intervention Colorado (Part C).			
Conclusion: n/a			
Action Items: n/a		Persons Responsible: n/a	Deadline: n/a

Agenda Item 3: Alliance Survey

Presenter: Heather Abraham & Arlene Stredler Brown

Summary of Discussion: Alliance members received a survey about their work. The survey utilized a Likert Scale of 1-5 for responses. When someone gave a rating of 1 or 2, they were prompted to provide a comment.

Twelve Alliance members responded to the survey which is a 67% response rate.

Several issues, identified by COEHDI staff, were discussed:

1. Alliance Membership: Only three Alliance members are not on (at least) one task force. It was noted that many of the same people sit on different task forces. When first organized, we had a large response to task force membership (which is voluntary). The number of people participating in task forces, over time, has decreased. All meetings focus on system issues - maintenance, enhancement and/or change.

One reason participation may have decreased is that some people may not be interested in system work. Another possible explanation is that infants and toddlers who are DHH is a low-incidence issue; there are not a lot of people working with this population. Yet another explanation may be that the time and day of the meetings may not suit everyone who is interested. Heather noted that COEHDI conducted Doodle Polls to find the best day and time of day for all meetings. And, the lack of representation of screeners may be due to the continual turnover among them.

Heather reported that EHDl staff is talking about the makeup of five task forces, and we plan to recommend some changes to increase participation of all stakeholders. The three task forces that focus on the majority of system issues are: (a) screening and transition to identification; (b) Identification and entry to early intervention; and (c) early intervention and transition to preschool. Colorado EHDl supports including more parents and adults who are DHH in our system work.

2. EHDl Staffing: Our grant supports two professionals (Arlene and Heather) who, together, represent 1.2 FTE. Katie Cue, who works full time with the CCDHHDB, participates in COEHDI activities. One pragmatic way to

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assess the adequacy of staff is to identify the amount of work that is getting done and any outstanding projects that cannot be done because there is not sufficient FTE.

3. Newsletter Frequency: To date, approximately 33% of those receiving the newsletter open it. This information may guide the frequency of the newsletter. In the future, increased privacy measures adopted by Apple's latest iOS update will make it more difficult for mass-emailing software to track how many people open the newsletter and what they are clicking on.
4. Use of Social Media to Support COEHDI: COEHDI staff is reviewing our presence on social media in light of our role to conduct reviews of our systems and to recommend enhancements and/or changes. For some information, other sites (e.g., Hands & Voices, CO AG Bell) are available. And, culturally-diverse families seem to use another platform other than the ones we are using. COEHDI is also aware of the need to assure accommodations for any social media platforms we use. As we review our presence on social media, COEHDI wants to be sure we are not duplicating existing resources. We also want to be considerate about duplicating the content in our newsletter.

Conclusion: COEHDI staff to follow up on discussion items.

Action Items: TBD

Persons Responsible: Arlene,
Heather & Katie Cue

Deadline: ongoing

Agenda Item 4: Screening Task Force

Presenter: Kristin Sommerfeldt

Summary of Discussion:

Educational Audiologists' Role in COEHDI: Lisa Cannon (lead for educational audiologists) is developing a map to identify the educational audiologists who are doing screening and rescreening and those that are only providing resources to families. This list will be shared with Leanne Glenn; Leanne is the contact person when a family member or a professional is looking for options. All educational audiologists work in local school districts or Boards of Cooperative Educational Services (BOCES) - also referred to as educational administrative units (AUs). Leanne will help families identify if their AU has an educational audiologist that is participating in NBHS activities.

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Leanne noted that she provides the names of educational audiologists as a resource for home births; these families often do not want to go to a birthing facility for screening.

NCHAM's Newborn Hearing Screening Training Curriculum (NBHTC): Pediatrix requires all of their screeners to take this new training at hire and annually thereafter. This training is recommended by CIHAC, but CDPHE cannot make a recommendation. CDPHE can link to a CIHAC document that mentions training recommendations. In the virtual site visits (discussed below), COEHDI is reinforcing this recommendation for all screeners. The training is also announced in all COEHDI publications (e.g., *NBHS Monthly*, *COEHDI EHDITION* newsletter).

Virtual Site Visits: COEHDI has conducted two visits to date. We use the NCHAM curriculum. Arlene and Jami Fries (with Hands & Voices), along with Kristin Sommerfeldt (clinical audiologist) and an AuD student at CU-Boulder attend the visits. The regional CO-Hear Coordinator is invited to attend. Dr. Herrmann has offered to attend pending availability. During each visit, recommendations, in light of JCIH best practices, are identified by both the birthing facility personnel and/or visiting participants. Maureen Cunningham, at the task force meeting, suggested inviting more stakeholders from the birthing facility. At today's Alliance meeting, a suggestion was made to include the person entering electronic birth certificate data.

Moving Child Find to Early Intervention Colorado: There is new legislation that will be moving Child Find activities for children birth to 36 months. Will this affect the work of educational audiologists who are supporting newborn hearing screenings and rescreenings? Lisa Cannon communicated, in the task force meeting, that the expectation is that educational audiologists will likely continue their current practices. Christy Scott stated at this Alliance meeting that screening is always required as part of an evaluation; any entity conducting evaluations will have to screen both vision and hearing. The role of educational audiologists would be a decision by the CO Department of Education and local AUs.

Survey of Birthing Facilities about Screening and Rescreening: Hannah Glick, PhD, CCC-A conducted a survey of birthing facilities one year ago. There was a 57% response rate. Respondents asked COEHDI to address these issues: (a) protocols for best practice in newborn hearing screening; (b) information about referral locations when a child does not pass a screen or rescreen; (c) current information about how to support follow up for screening; (d) knowing who to call for resources; (e) training on how to perform screenings and protocols for rescreening and

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referral to an audiologist; (f) tracking of data for missed follow-ups; and (g) ideas to support outpatient follow-up. COEHDI is addressing most of these activities (through our publications, virtual site visits, support of educational audiologists conducting screenings/rescreenings, etc); CDPHE is addressing the second request (“b” above).		
Conclusion: n/a		
Action Items: n/a	Persons Responsible: n/a	Deadline: n/a

Agenda Item 5: Diagnostic/Identification and Entry to Intervention Task Force	Presenter: Arlene Stredler Brown	
<p>Summary of Discussion: Virtual site visits have been piloted using the NCHAM curriculum with some modifications (i.e., including more stakeholders to represent our 1-3-6 system goals). The NCHAM curriculum utilizes specific forms that request facility data, materials used, processes in place, equipment and activities related to cCMV. While NCHAM required participation of the EHDl Director and a parent, we have expanded participation to include: (a) a clinical audiologist (Kristin Sommerfeldt, Hannah Glick); (b) a CO-Hear Coordinator; and (c) a pediatric ENT. Recommendations were collected for each site; three recommendations for one site and 10 recommendations for another site. COEHDI will conduct more VSVs. CDPHE management has determined that they cannot participate in virtual site visits. Leanne suggested contacting Michelle Cowell from CDPHE to enlist participation of personnel entering birth certificate data.</p> <p>The task force also discussed messaging about children who have unilateral hearing loss (UHL). Starting in April 2020, the CO-Hear Coordinators receive all referrals and offer supports to families. Families are underutilizing the CO-Hear Coordinators. This has led the task force to discuss the messaging that is offered by clinical audiologists and PCPs.</p>		
Conclusion: n/a		
Action Items: n/a	Persons Responsible: n/a	Deadline: n/a

Agenda Item 6: Early Intervention Task Force	Presenter: Heather Abraham
<p>Summary of Discussion:</p> <p>This task force continues to work on the transition process wherein children “graduate” from Part C and enter Part B (school-age) services. There are different models that are used by different CCBs. And we have resources (e.g., H&V) about this transition.</p> <p>A subcommittee of the task force has analyzed all the information collected to date and is developing recommendations to share with Part C. Part C is currently in transition too, as Child Find moves from CDE for children birth to 36 months of age, and the Department of Early Childhood is formed. The subcommittee is represented by educational audiologists, parents, CO-Hear Coordinators, a CCB Early Intervention Manager and COEHDI staff. Recommendations from this subcommittee focus on the communication between CCBs and AUs. Because CO is a locally-controlled state, it is difficult to standardize communication processes. In general, these are the recommendations: (a) start the transition process earlier to help AUs to prepare for an incoming child; (b) ask AUs to have a person in the AU who is knowledgeable about children who are DHH at transition meetings; (c) specialized service coordination by Part C Service Coordinators; (d) sample language to be included in inter-agency agreements between CCBs and AUs; (e) utilize resources in the Hands & Voices document (e.g., Deaf Child Bill of Rights, Communication Plan); and/or (f) training Part C Service Coordinators. Our efforts are to make system-wide recommendations; but the fact that Colorado supports local control leaves the decisions to the AUs. The task force will forward our recommendations to EI Colorado.</p> <p>Of note:</p> <ul style="list-style-type: none">• While the CO-Hear Coordinator is a knowledge authority and involved in transition activities, they are not employees of Part C nor of the AU.• Christy reported that the new interagency agreement, effective July 1, 2022, reflects the new Child Find legislation and assures children who are DHH (and blind-visually impaired and deafblind) will start the transition process at 2-years-three-months of age.• Christy also noted that transition activities are the responsibility of <i>both</i> Part C and the receiving AU. New guidance will be shared with providers and families in both Part C and Part B programs.	

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Conclusion: n/a		
Action Items: Subcommittee work shared here will be shared with the Early Intervention Task Force at their upcoming October meeting.	Persons Responsible: Heather	Deadline: October 19, 2021

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

The next meeting will be November 19, 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)).*