Colorado EHDI Early Intervention Task Force

Meeting Notes

January 18, 2022

Attendees		
Name	Role/Agency	
Heather Abraham	Facilitator & Notetaker	
Arlene Stredler Brown	Facilitator & Notetaker	
Marti Bleidt	CO AG Bell; Parent	
Kelly Doolittle	CO-Hear Coordinator	
Kelly Fernandez-Kroyer	Data Outreach Coordinator and Parent Guide, CO Hands & Voices; & Parent of a child with UHL	
Kirsten Gardzelewski	CO-Hear Coordinator	
Brittany Goodside	Program Manager, Imagine! CCB; Parent of child who is deaf	
Sarah Honigfeld	Bilingual/ASL/Early Intervention Consultant; NAD, Education Policy Specialist	
Beth Little	Early Intervention Program Manager; Developmental Pathways CCB	
Elaine McCarty	Educational Audiologist; St. Vrain Valley Schools; Early Interventionist	
Shauna Moden	CO Dept. of Education, DHH Consultant	
Wayla Murrow	El Colorado	
Missy Oller	Adams County CCB: Early Intervention NICU Service Coordinator	
Jessica Peterson	Educational Audiologist, Adams #12	
Ashley Renslow	CSDB; Early Education Coordinator	

Jennifer Schryer	Educational Audiologist; Colorado River BOCES; Early Interventionist
Allison Sedey	CU-Boulder; Director of ODDACE Project; & CSDB; Assessment and Accountability Coordinator for B-3
Tiffany Sharpe	Developmental Disabilities Resource Center, PT
Lynn Wismann	CO-Hear Coordinator

Agenda Overview

Outcomes

• Increase awareness of COEHDI activities in process

Agenda

- EHDI Updates (45 Minutes)
 - CDC Data Collection & Reporting
 - Child outcome data (e.g., The FAMILY Assessment)
 - Services for children with unilateral hearing loss/single-sided deafness (UHL/SSD)
 - Transition from early intervention to preschool services for children 2 1/2 3 years of age
 - Ascent Program
 - Family-to-Family Support Data

Agenda/Actions/Decisions			
Agenda Items	Discussion	Action/Decision	
Announcements	Kelly Doolittle announced: A new CO-Hear position has been posted for Adams County. Several existing CO-Hear county assignments have shifted in recent months. Kelly Fernandez-Kroyer announced: Sara Kennedy is retiring as the director of CO H&V effective February 28, 2022. CO H&V is recruiting for another director.	n/a	

Update: CDC Data Collection & Reporting	CDPHE reported 2020 NBHS data to the CDC. A discrepancy was identified; that is the number of children in early intervention that is reported to the CDC (based on HIDS data) and actual numbers based on data reported by The CO-Hear Coordinators. One explanation for this discrepancy is the CDC reporting criteria: a child is only recognized as being enrolled in early intervention if there is a documented "did not pass" hearing screen and documentation as being DHH by an audiologist. We are encouraging more utilization of HIDS in which audiologists and CO-Hear Coordinators document children who are DHH. One caveat is that most of 2020 data was entered in arrears; we will see if complete reporting improves for 2021 data which would have been entered in real time. In addition, CDPHE only reports on children born in CO in the reporting year; this eliminated ~7 children who were born out of state from the report for 2020.	n/a
Child Outcome Data	First, some background: There are currently two references to "family assessment". One is Part C's family-focused assessment that identifies the <i>family's goals</i> for their child and what is needed to accomplish these goals. The FAMILY Assessment, specific to children who are DHH, focuses on the <i>child's developmental</i> skills. The FAMILY Assessment is a child-centered assessment that was originally developed in the 1980s. The acronym is "Family Assessment of Multi-Disciplinary Interactional Learning for the Young Child." Wayla Murrow indicated that Part C identifies specific evaluation tools for the <i>family</i> portion of the assessment. For the <i>child</i> assessment, Part C allows providers to use their discretion. Utilization of The FAMILY Assessment: In 2020, 80% of children who were eligible to participate in The FAMILY Assessment is to review how many participated in <i>all</i> assessments that were offered in the same time period; this number is slightly lower at ~70%.	We will continue to analyze the needs and opportunities for pursuing alignment of the FAMILY Assessment with Part C practices
	Discussion among task force members: Members discussed how The FAMILY Assessment might become part of the Part C assessment process. This action, if taken, could take a time burden off of families and interventionists who currently conduct the Part C assessment <i>and</i> The FAMILY Assessment. The results of The FAMILY Assessment provide early interventionists with information that can contribute to the IFSP and can be used to create intervention session plans. The protocols in The FAMILY Assessment are norm-referenced, have age equivalents and/or standard scores. The FAMILY Assessment also aligns with the intent of the LEAD-K initiative.	
	Training to utilize The FAMILY Assessment: A question was raised regarding the type of training that might be needed in order to assist early interventionists to conduct the assessment and to help members of the IFSP team to utilize the information. Brittany Goodside and Missy Oller, both employed in CCBs, indicated that this might be a good time to look at the assessments since there are so many changes happening in the state (e.g., Child Find legislation, Dept. of Early Childhood). Elaine McCarty, an early interventionist, commented that training and support are needed by the early interventionists who are completing the assessment in the home. Elaine	

received technical support from personnel at CU-Boulder as she learned to administer the protocols.
 Can The FAMILY Assessment be used by Part C contracted early interventionists: Moving this initiative forward: Wayla Murrow shared that the initial <i>evaluation</i> indicates eligible for Part C. Since children who are DHH are categorically eligible for Part C services, they do not need to have an evaluation prior to the first IFSP. And, the early interventionist working with a family can use any assessment tool(s) they deem appropriate to measure child development. Length of The FAMILY Assessment: There are many protocols included in the assessment. A video recording is also included. A question was posed soliciting family input about the length of The FAMILY Assessment. While there are many protocols included in the complete FAMILY Assessment, the early interventionist can choose which protocols are appropriate at any given time. When is The FAMILY Assessment administered: The timeline in which the assessments are administered are currently at fixed ages (e.g., 6 months, 15 months, etc). This differs from Part C's IFSP (and associated assessments) which are based on each child's date of entry into services. Allison Sedey indicated that the ages at which the assessments are done can be adjusted in keeping with Part C requirements. Accessing protocols: Allison Sedey discussed the delivery of assessment protocols. This could be a paper copy that is sent via postal mail (currently done) or access can be provided electronically. Utilization of electronic protocols could make it easier to flex the dates to align with each child's IFSP.
This task force spent a lot of time discussing transition from Part C to Part B. The discussion about assessment in this context is relevant. Wayla Murrow reported that the start of transition is likely to shift so it starts at 2-3 years of age (for children who are DHH, BVI, and DB). This will be affirmed in the summer.

Next Meetings		
Meetings of the Intervention Task Force are on the 3rd Tuesday of each month from 2:00-3:00.		
DATE	ТІМЕ	AGENDA ITEMS
2/15/22	2:00-3:00 PM	 Continue updates regarding EHDI work (services for children with UHL/SSD, transition from early intervention to preschool services, the Ascent Program, family-to-family support data)

	Formulate a plan to promote integration of The FAMILY Assessment into Part C
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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 your task force facilitator**. We will also enable Zoom's Live Transcription feature for all meetings.