

**Colorado EHDI
Early Intervention Task Force**

Meeting Notes
February 15, 2022

Attendees	
Name	Role/Agency
Heather Abraham	Facilitator & Notetaker
Arlene Stredler Brown	Facilitator & Notetaker
Marti Bleidt	CO AG Bell; Parent
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
Moniqua Johl	Part C Manager; Early Intervention Colorado (State Part C)
Elaine McCarty	Educational Audiologist; St. Vrain Valley Schools; Early Interventionist
Shauna Moden	CO Dept. of Education, DHH Consultant
Cliff Moers	Director; CCDHHDB
Wayla Murrow	Training and Technical Assistance Manager; EI Colorado
Missy Oller	Adams County CCB: Early Intervention NICU Service Coordinator
Ashley Renslow	CSDB; Early Education Coordinator
Allison Sedey	CU-Boulder; Director of ODDACE Project; & CSDB; Assessment and Accountability Coordinator for B-3
Tiffany Sharpe	Developmental Disabilities Resource Center (CCB), Physical Therapist

Lynn Wismann

CO-Hear Coordinator

Agenda Overview

- Updates/Announcements
- Child Outcome Data: Assessment & Evaluation Requirements and The F.A.M.I.L.Y. Assessment

Agenda/Actions/Decisions

Agenda Items	Discussion	Action/Decision
Announcements	Kelly Fernandez-Kroyer: Jami Fries is going to be the new director of CO Hands & Voices	n/a
Child Outcome Data - The F.A.M.I.L.Y. Assessment	<p>A review of child outcome data and The F.A.M.I.L.Y. Assessment was identified as an important topic during the January Early Intervention Task Force meeting. To date, Heather Abraham and Arlene have spoken with Laura Merrill (recently retired from Part C) about the use of the F.A.M.I.L.Y. Assessment to monitor child outcomes. In these conversations, there was discussion about the dates The F.A.M.I.L.Y. Assessment is offered. It is currently administered at specific ages (6 months, 15 months, 21 months, 27 months, 33 months) rather than being administered at dates based on a child's enrollment in Part C. COEHDI staff have also met with Allison Sedey to discuss this, and additional ways, to align administration of The F.A.M.I.L.Y. Assessment with Part C (e.g., frequency of assessment, alignment with each child's IFSP). COEHDI staff also have met with Wayla Murrow and Moniqua Johl, both at Early Intervention Colorado (Part C), who were in agreement about giving these changes some consideration in order to align administration of The F.A.M.I.L.Y. Assessment with Part C requirements.</p> <p>A document was shared via email before the task force meeting about evaluation and assessment requirements identified by IDEA and ECEA, which was adapted from the Part C to Part B Side-by-Side document created by CDHS and CDE. Wayla Murrow shared that, with new legislation, there will be some changes to this document (specifically the entities associated with the activities in the document).</p>	Discussion will continue at the next meeting

Takeaways from this Side-by-Side document, that seem relevant to today's discussion, were presented by Heather Abraham and include: (a) children with bilateral hearing differences have "an established condition" and can be enrolled in Part C without needing an *evaluation*; however, there still needs to be an *assessment* of the child in order to develop the IFSP. The clinician, working with the regional Community Centered Board (CCB) has some discretion regarding the tools that are utilized; (b) there needs to be a family-directed assessment and interview with the family; and (c) during transition from Part C to Part B, the team can "consider early intervention assessments" as part of the assessment process.

Local administrative units (aka; school districts or BOCES) can utilize, at their discretion, child assessment data completed while the child is enrolled in Part C (during the transition time from 27-36 months of age). Ashley Renslow mentioned that the CO-Hear Coordinators, along with local Part C personnel in regional CCBs, have a role to support an assessment of the child's development.

The discussion then focused on "The F.A.M.I.L.Y. Assessment". Arlene shared that this assessment has been in place since the late 1980s. Though confusing in its title, it is *not* an assessment of the "family"; it is an assessment of the "child". It is confusing! The acronym stands for, Family Assessment of Multidisciplinary Interactional Learning of the Young Child. It was developed specifically for young children who are deaf and hard of hearing. In the 1980s, the Colorado Department of Health funded early intervention; the joint budget committee asked for justification that the early intervention services were effective. The F.A.M.I.L.Y. Assessment was developed to provide this justification. (And, it did.) The data that was collected was later used by Christy Yoshinaga-Itano and her collaborators to support the efficacy of newborn hearing screening. The F.A.M.I.L.Y. Assessment could be utilized as part of an assessment of a child's development. Currently, it is likely underutilized.

Allison Sedey provided an update on the current iteration of The F.A.M.I.L.Y. Assessment. It is a multi-domain assessment. It relies on parent participation in the assessment; it utilizes parent report and parent interaction with their child to obtain observational data about the child. Starting at 27 months of age, some clinician-administered assessments are also included.

Developmental questionnaires and protocols that make up the assessment are mailed to the child's clinician and/or to the parents for completion. Forms are also available in pdf format which can be filled out electronically. A child language sample is collected by recording a play session

between parent and child. This recording is a highlight of the assessment; it provides an example of the way the child communicates (using speech, sign language, or both). The language sample is analyzed for semantics and syntax.

Many of the questionnaires in The F.A.M.I.L.Y. Assessment are norm-referenced. By using norm-referenced assessments, a child's skills can be compared to children their same age. This is a most reliable way to collect data; it is more evidence-based than completing a checklist. Not incidentally, norm-referenced assessments address the goal of LEAD-K (Language Equality and Acquisition for Deaf Kids): how much developmental gain has there been in a specified amount of time. If, for instance, 6 months of growth is not accomplished in 6 months' time, then there is due cause to review the intervention program, the frequency of early intervention sessions, the communication approach being used, and more.

Some benefits of using The F.A.M.I.L.Y. Assessment are: (a) parent input is included in the assessment process; (b) child skills are assessed in five domains (e.g., cognitive, expressive and receptive communication, social emotional, physical, adaptive); (c) developmental delays can be identified in a timely way; (d) a child's rate of progress can be monitored over time; (e) assessment data can inform intervention; (f) parents learn the developmental sequence their child is following; (g) data identifies when other disciplines (e.g., OT, PT) need to be involved; and (h) the information can be used to develop an IFSP and/or IEP. It is important to note that The F.A.M.I.L.Y. Assessment does not take time away from intervention; rather, assessment data *informs* the intervention. The F.A.M.I.L.Y. Assessment obtains objective information that can be used to guide decisions families make.

Funding for The F.A.M.I.L.Y. Assessment is currently provided by CSDB with supplemental funding from the CDC through the ODDACE grant at CU-Boulder. Currently, 14 state EHDI programs participate in a modified version of The F.A.M.I.L.Y. Assessment.

The protocols in The F.A.M.I.L.Y. Assessment are:

- A multi-domain assessment - DAYC (Developmental Assessment of Young Children): This assessment protocol reviews five developmental domains.
- MacArthur-Bates Communicative Development Inventories: This protocol assesses receptive and/or expressive vocabulary (spoken &/or signed). It is available in English, Spanish, and American Sign Language. For the younger child, gestures and symbolic play

are also assessed. For older children, early sentence comprehension and production are assessed.

- The Communication Matrix: This is available for children with a primary cognitive disability that impacts language. It measures pre-symbolic communication in small increments.
- Functional Auditory Skills (aka; listening): The LittleEars is used with younger children; the Cincinnati Auditory Skills Checklist is used for older children.
- Vision Screening: A functional vision assessment, completed by the parent, inquires about the appearance of the eyes, visual behaviors and asks about any concerns the parent may have. Some CCBs require its use.
- Pragmatic Language (sign and/or spoken): This assessment documents the different ways children use language. For instance, how does a child make a request versus a comment; or, does the child communicate in different ways with different people (e.g., parent, stranger, doctor); or, can the child “take turns” during a conversation.
- Clinician-Administered Assessments: Two assessments are administered to “older children”. These are the Expressive One Word Picture Vocabulary Test and the Goldman-Fristoe Test of Articulation.
- LENA: This is an optional assessment for families whose children use spoken language. The child wears an audio recorder which records all the language spoken to a child, the sounds/words the child says, and noise in the environment.

During the last ten minutes of the meeting, a few questions were asked and answered:

- Cliff Moers: How are people trained to do the assessment?
 - Allison Sedey: Clinicians receive training before they administer The F.A.M.I.L.Y. Assessment. A clinician, contracted by a CCB, can receive guidance from the CO-Hear Coordinator. Workshops are offered approximately one time each year. Many clinicians are familiar with these assessments from pre-service training and/or previous experience.
- Cliff Moers: Should we extend The F.A.M.I.L.Y. Assessment to age 5 to continue monitoring a child’s growth?
 - Allison Sedey: There was once an extension of The F.A.M.I.L.Y. Assessment for preschool-age children: The Preschool edition of the Colorado Individual Performance Profile (Pre-CIPP). It was discontinued for two reasons: (a) required state assessments were of more importance; and (b) funding from the Colorado Department of Education was discontinued. An assessment beyond three years of

	<p>age would be of value since LEAD-K guidance assesses children birth to six or eight years of age.</p> <ul style="list-style-type: none"> ● Cliff Moers: How is The F.A.M.I.L.Y. Assessment funded? Is the funding sustainable? <ul style="list-style-type: none"> ○ Allison Sedey: The assessment is currently co-funded by CSDB and the CDC. The CDC funding is short-term grant funding; the current grant round will end in 18 months. There is a possibility for renewal. The CSDB funding has been ongoing since 2000. This funding, too, is subject to budgetary decisions that are made by CSDB. Funding solely by CSDB is not sufficient to sustain the assessment in its current form. 	
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<p style="text-align: center;">Next Meetings</p> <p style="text-align: center;">Meetings of the Intervention Task Force are on the 3rd Tuesday of each month from 2:00-3:00.</p>		
DATE	TIME	AGENDA ITEMS
4/19/22	2:00-3:00 PM	<ul style="list-style-type: none"> ● Continue discussion about The F.A.M.I.L.Y. Assessment

*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.*