

**HANDBOOK
2022-2023 EDITION**

COLORADO EHDI ALLIANCE

MEETING 3RD FRIDAY OF EACH MONTH

BY COEHDI STAFF



COLORADO

Department of Human Services

Colorado Commission for the Deaf,
Hard of Hearing, and DeafBlind

Early Intervention
Colorado

August 13, 2020

As the co-Principal Investigators of the Health Resources & Services Administration (HRSA) awarded Colorado Early Hearing Detection and Intervention (EHDI) grant, we are pleased to welcome each and every one of you to your seat on the Colorado EHDI Alliance. The Alliance currently consists of 16 members representing the different factions of the EHDI system here in Colorado. These factions include; families of deaf and hard of hearing (DHH) children, DHH adults, EHDI professionals, Part C services, and various system transition points between the three phases of the EHDI system.

From day one, it was clear to us that an independent council was needed to serve as a crucial “checks and balance” to our work. In addition, we envisioned this council providing insight, expertise, and guidance to our task forces, Core Team, and EHDI staff. Careful thought and consideration went into establishing the membership of the Alliance. It was also important to keep the number manageable in order to maximize its impact and success.

Since launching the grant on April 1, 2020, the EHDI staff, along with support from the EHDI Core Team, has been busy implementing the various phases of our work plan. The formation of the Colorado EHDI Alliance is integral to our work. We could not be more pleased to write this letter of welcome because it means that a major goal is coming to fruition. We look forward to the start of a beautiful collaboration that supports our goal of improving outcomes for DHH children statewide.

The intent of this handbook is to provide a reference guide to the various people and organizations, acronyms, work plan, sub-grants, and task forces of the Colorado EHDI system. We hope it will come in handy.

Sincerely,

Cliff Moers

Director, Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind
Colorado Department of Human Services
Co-Principal Investigator, Colorado EHDI Alliance Grant

Christy Scott

Director, Early Intervention (EI) Colorado
Colorado Department of Early Childhood
Co-Principal Investigator, Colorado EHDI Alliance Grant

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Role of Early Hearing Detection and Intervention

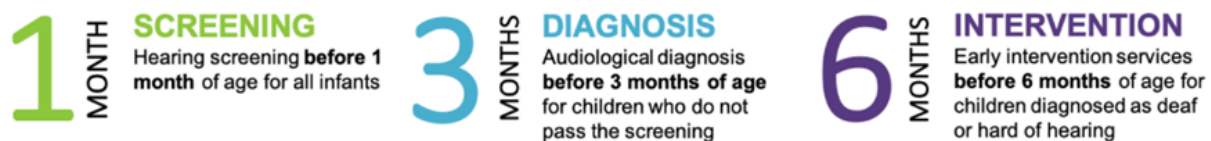
According to the Health Resources and Services Administration (HRSA) who administers the grant program for all 50 states and territories, Early Hearing Detection and Intervention (EHDI) refers to the “...complete and coordinated systems of care [...] to ensure newborns, infants and young children that are deaf or hard of hearing are identified and get the care they need when they need it. Early involvement can help these children meet age-appropriate language, social, and developmental milestones.”

HRSA goals include supporting the development of state and territory programs and systems of care with regards to screening, diagnosis/identification, and early intervention, “to optimize language, literacy, cognitive, social, and emotional development.” Also important is the ability to access services, family-centered medical home in their communities, early and continuous screenings, and that families are, “engaged as active partners in the care of their children.”

Areas of focus include:

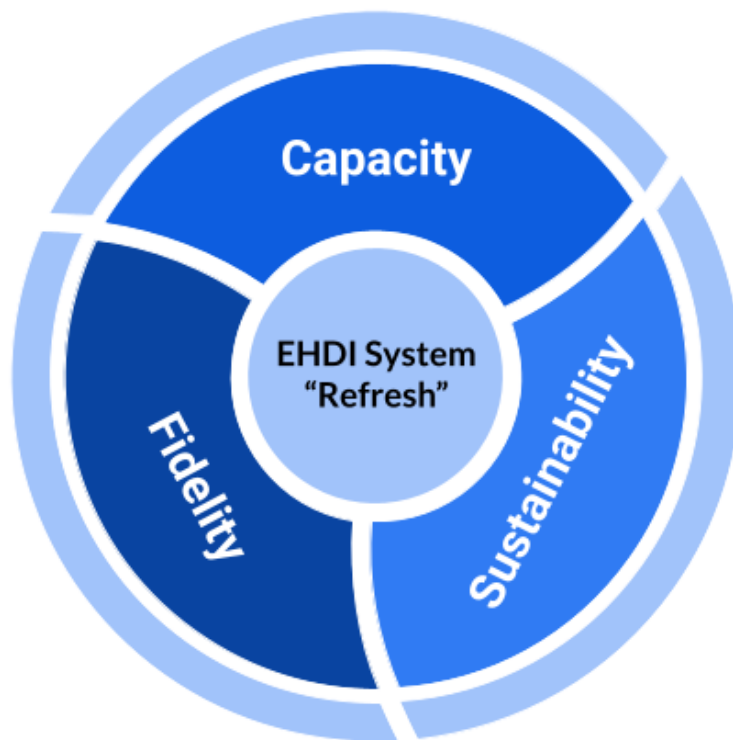
- Improving access to early intervention services and language acquisition;
- Increasing health professionals’ engagement in and knowledge of the EHDI system; and
- Improving family engagement, partnership, leadership, and support.

The goal of the EHDI system is summed up in the 1-3-6 graphic below. As the graphic shows, the goal is to ensure screening by one month of age, diagnosis/identification by three months of age, and enrollment in early intervention services by six months of age. Long term, we aspire toward a goal of 1-2-3 (screening by one month of age, diagnosis/identification by two months of age, and enrollment in early intervention services by three months of age).



COEHDI Grant Overview

1. Adhere to the 1-3-6 benchmarks in order to ensure optimal, developmentally-appropriate language outcomes for children;
2. Improve data collection and reporting to measure outcomes of the EHDI system;
3. Establish the Colorado EHDI Alliance to assure the state has the opportunity to collectively assess and make recommendations on how to make the EHDI system as seamless as possible;
4. Prioritize resources, including engagement opportunities, for families with deaf and hard-of-hearing children; and
5. Develop a deaf and hard-of-hearing adult involvement program (The Ascent Program)



Work Plan

Our work plan, as submitted to HRSA, is extremely detailed and 26 pages long. Below is an overview of the goals and objectives for reference purposes. A complete work plan will be made available to Alliance members.

Goal 1: Adherence to the 1-3-6 model of EHDI in order to ensure optimal and developmentally appropriate language outcomes for children

- Objective 1.1: Complete hearing screen by 1 month of age
- Objective 1.2: Determining [or identifying] hearing level by 3 months of age
- Objective 1.3: Enroll in early intervention services by 6 months of age
- Objective 1.4: Support professional development for Early Intervention Professionals

Goal 2: Improve data collection and reporting

- Objective 2.1: Adopt Health Information Data System (HIDS)
- Objective 2.2: Track those who may bypass HIDS

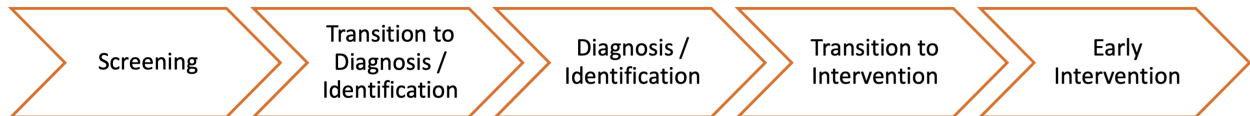
Goal 3: Establish the Colorado EHDI Alliance

- Objective 3.1: Establish the Colorado EHDI Alliance leadership team to refresh the EHDI system in Colorado
- Objective 3.2: Explore and support research-based telehealth strategies for improved access to rural areas
- Objective 3.3: Provide information and resources to families
- Objective 3.4: Coordinating EHDI partnerships
- Objective 3.5: Oversight of HRSA grant-funded staff positions and activities

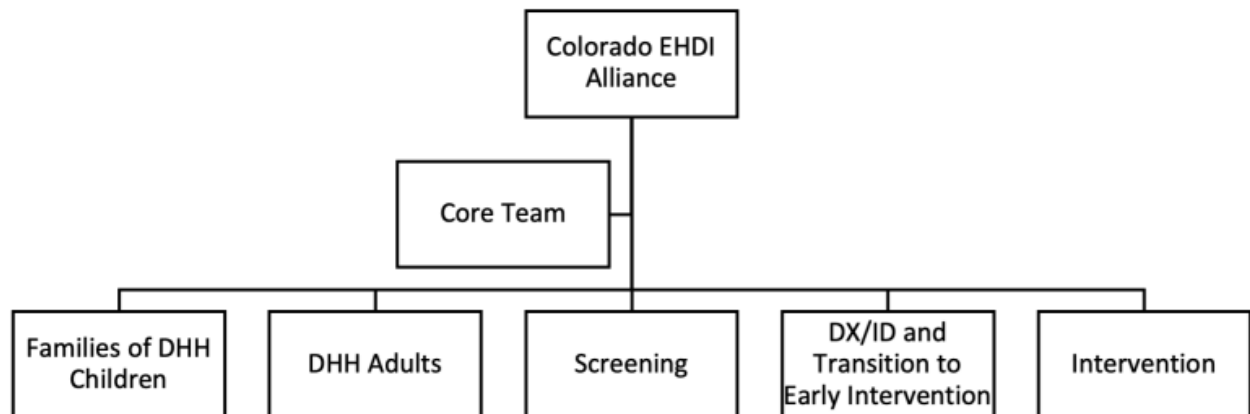
Goal 4. Prioritize Family Support and Engagement

- Objective 4.1: Develop and implement a family support and engagement program
- Objective 4.2: Develop a program offering families access to adults who are deaf and hard of hearing
- Objective 4.3: Provide specialized support for Culturally and Linguistically Diverse (CLD) families
- Objective 4.4: Provide specialized support for rural families
- Objective 4.5: Include families in state systems, regional activities, and policy-making processes at the local, state, and national levels

EHDI System



COEHDI Grant Structure



COEHDI Alliance Role

What is the Role of the Alliance?

Make system recommendations based on input from Task Forces

Coordinate with agencies to implement recommendations

Coordinate with agencies to monitor sustainability of initiatives

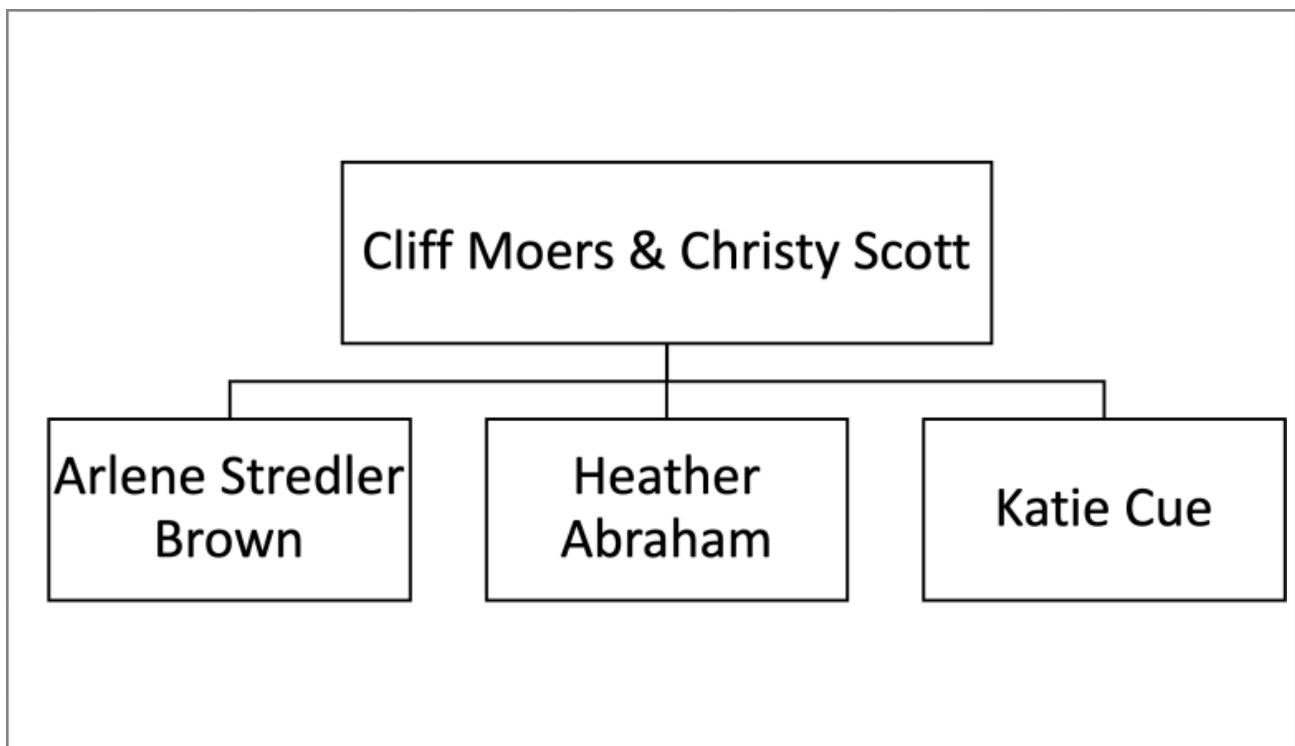
Promote collaboration and partnerships for the purpose of achieving goals and objectives

Monitor fulfillment of work plan objectives and modify activities and timelines as recommended

Review subgrant applications and make recommendations for the distribution of funds

COEHDI Team

Members of the Core Team were initially those who developed the HRSA EHDl grant application. Roles have, since then, been more clearly defined as Principal Investigators, EHDl staff, and program support (e.g., communications, website development, and consultation).



Colorado EHDI Alliance Membership

The Colorado EHDI Alliance was developed to provide oversight, advise, consult, and serve as a system of “checks and balances” for the Core Team, EHDI Staff, and Task Forces.

Membership is established through invitation and refreshed annually. The Alliance is also responsible for establishing a committee to review sub-grant applications and determine award(s).

Alliance documents including meeting minutes, agendas, public comment guidelines, this Alliance Handbook, The Ascent Program guidelines, and sub-grants can be found at <https://www.coehdi.org/alliance/>

	Name	Alliance Role	Organization
1	Emily Augsburg	Parent of DHH Child	
2	Marti Bleidt	President	Alexander Graham Bell Representative
3	Sandy Bowen	Professor	University of Northern Colorado, Deaf and Hard of Hearing, School of Special Education
4	Stephanie Carson	Student Engagement Coordinator	Rocky Mountain Deaf School
5	Allison Cunningham	Associate Clinical Manager	Children’s Hospital of Colorado
6	Maureen Cunningham	Chapter Champion	American Academy of Pediatrics Representative / Child of Deaf Adults (CODA)
7	Jami Fries	Director	Colorado Hands & Voices
8	Leanne Glenn	Newborn Hearing Screening Coordinator	Colorado Department of Public Health and Environment; Colorado Newborn Hearing Screening Program

	Name	Alliance Role	Organization
9	Hannah Glick	Instructor & COEHDI Contractor	Department of Speech, Language, and Hearing Sciences; University of Colorado at Boulder
10	Brian Herrmann	Otolaryngologist	Children's Hospital of Colorado
11	Sarah Honigfeld	Director	Gallaudet University; Infants, Toddlers, and their Families Masters of Arts Program
12	Beth Little	Program Manager	Developmental Pathways; Community Centered Board
13	Bryan McDonald	President Elect	Colorado Academy of Audiology
14	Shauna Moden	Deaf Education Specialist	Colorado Department of Education
15	Cliff Moers	Director and Co-Principal Investigator	Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind (CCDHHDB) and Colorado EHD Grant
16	Ashley Renslow	Early Education Consultant & Co-Coordinator of Ascent Program	Colorado School for the Deaf and the Blind (CSDB) Outreach Services (includes oversight of regional CO-Hear Coordinators)
17	Christy Scott	Director and Co-Principal Investigator	Colorado Department of Early Childhood Early Intervention Program Director and Colorado EHD Grant

	Name	Alliance Role	Organization
18	Sara Robinson	DHHDB Adult Representative	Speech Language Pathologist and Family Consultant, Children's Hospital of Colorado
19	Julie Schlager	President	Listen Foundation
20	Vacant Position	Parent of DHH Child	Contact info@coehdi.org to apply

Attending as Principal Investigators:

Cliff Moers, CCDHHDB

Christy Scott, El Colorado

Attending as COEHDI staff (non-voting members):

Arlene Stredler Brown, COEHDI Director

Heather Abraham, Family Support & Engagement Manager

Katie Cue, Outreach and Consultative Services Manager & Deaf Specialist, CCDHHDB

List of Task Forces

Task Forces are topical work groups based on identified needs and priorities of the EHDI system. Membership is open to all interested parties regardless of hearing status and/or professional affiliation. Task force duration and meeting frequency may vary depending upon the topic, members, and the work at hand. Cross-collaboration with other task forces is entirely possible and encouraged.

All task forces documents such as meeting minutes and agendas are available at <https://www.coehdi.org/taskforces/>

	Task Forces	Status
1	Families of DHH Children	Launched July 15, 2020
2	DHHDB Adults	Launched July 16, 2020
3	Screening and Transition to Diagnostic/ Identification	Launched August 13, 2020
4	Diagnostic/Identification and Entry into Early Intervention	Launched November 10, 2020
5	Early Intervention and Transition to Part B	Launched February 16, 2021

Inactive Task Forces	Date Operated	Notes
COVID-19	May 8, 2020 - March 22, 2021	Work assumed by Screening Task Force

The Seven Norms of Collaborative Work

The EHDI staff have adopted the seven norms of collaborative work listed below. We have found them to be beneficial and wish to share this resource with others as well!

Pausing

Pausing before responding or asking a question allows time for thinking and enhances dialogue, discussion and decision-making.

Paraphrasing

Using a paraphrase starter that is comfortable for you “So ... “ or “You’re feeling ... “ or “You’re thinking ... “ and following the starter with a paraphrase assists members of the group to hear and understand one another.

Posing questions

Two intentions of posing questions are to explore and specify thinking. Questions may be posed to explore perceptions, assumptions and interpretations and invite others to inquire into their own thinking. For example, “What might be some outcomes we are envisioning?” Use focusing questions such as, “Which students, specifically?” or “What might be an example of that?” to increase the clarity and precision of group members’ thinking. Inquire into the ideas of others before advocating for one’s own ideas.

Putting ideas on the table

Ideas are the heart of a meaningful dialogue. Label the intention of your comments. For example, you might say, “Here is one idea ...” or “One thought I have is ...” or “Here is a possible approach ...”

Providing data

Providing data, both qualitative and quantitative, in a variety of forms supports group members in constructing shared understanding from their work. Data have no meaning beyond that which we make of them; shared meaning develops for collaboratively exploring, analyzing and interpreting data.

Paying attention to self and others

Meaningful dialogue is facilitated when each group member is conscious of self and of others, and is aware of not only what he or she is saying, but also how it is said and how others are responding. This includes paying attention to learning style while planning for, facilitating and participating in group meetings. Responding to others in their own language forms is one manifestation of this norm.

Presuming positive intentions

Assuming that others' intentions are positive promotes and facilitates meaningful dialogue and eliminates unintentional putdowns. Using positive intentions in your speech is one manifestation of this norm.

Source:

Garmston, R. & Wellman, B. (2014). *By Thinking Collaborative*. Lanham, MD: Rowman & Littlefield.



The Ascent Program

The Ascent Program was developed by COEHDI with support from the Colorado School for the Deaf and the Blind (CSDB) in response to HRSA’s mandate for a deaf and hard of hearing adult to family involvement program. Read below for an overview of the program, philosophy, values, mission, vision, outcomes, and structure.

Program Philosophy

The Ascent Program offers an opportunity for families of young deaf, hard of hearing, and deafblind (DHHDB) children to connect with DHHDB adults. This is especially meaningful as most infants and toddlers who are DHHDB are the only DHHDB person in the family. The Ascent Program gives families an opportunity to interact with DHHDB adults. The goal of this program is for DHHDB adults to share their positive perspectives as well as their lived experiences of being deaf, hard of hearing, and deafblind. These experiences might include, but are not limited to:

- Experiences growing up as a DHHDB person
- Educational experiences
- Work/career experiences
- Experiences communicating with others
- Perspectives on advocacy
- Support and guidance accessing resources
- Development of a healthy DHHDB identity

Connecting with a DHHDB adult can support family members as they look to their child’s future and imagine possibilities. Parents and caregivers often have questions that can be best answered by DHHDB adults who have lived with the experience of being deaf or hard of hearing. While some parents may naturally focus on what is “missing” or what their child is unable to do, due to the impact of being deaf, hard of hearing, or deafblind, DHHDB adults can

offer a positive perspective and optimism, as they build relationships with families. DHHDB adults can provide support to parents and caregivers as they bond with their DHHDB child.

The DHHDB adults in the Ascent Program are knowledgeable about the continuum of communication and language opportunities that DHHDB children are able to access and utilize. They receive training and education on current trends and best practices in the field so that they may appropriately respond to any family questions and/or concerns, provide support, and create learning opportunities. While DHHDB adults may be asked to discuss their own communication and language experiences, a value held by the Ascent Program is to respect the choices and decisions made by each family. The role of the deaf or hard of hearing adult is to provide information and support tailored to each family's needs.

Program Values

- **Access:** Families can obtain the information they want and learn from a DHHDB adult's experiences. Parents can obtain resources, connections in their community, and information about language and communication.
- **Community:** Families can develop a sense of fellowship with a DHHDB adult with common interests.
- **Empowerment:** DHHDB adults can support families as they become more confident in the decisions they make.
- **Inclusivity & Diversity:** The program is fully inclusive of all families and DHHDB adults participating in the program. Each family's uniqueness is celebrated.
- **Informed Decision-Making:** Families obtain the information, resources, and experiences they need to make decisions that are best for their family and their child who is deaf or hard of hearing.
- **Relationships:** DHHDB adults and family members develop a sense of connecting, belonging, and learning from each other as family members navigate their journey.

Program Mission

The Ascent Program connects deaf, hard of hearing, and deafblind adults of diverse backgrounds and experiences with families to build relationships, share resources and develop a support system to empower families of infants and toddlers who are DHHDB as they make informed decisions to positively envision their child's future.

Program Vision

Deaf, hard of hearing, and deafblind adults guiding families to envision all possibilities for their young children.

Program Outcomes

The Ascent Program will be data-driven; data will be collected from families of DHHDB children, their early interventionists, and the DHHDB adults participating in the program on an ongoing basis. Data will be continuously identified, measured, and examined to enhance and refine the newly-established Ascent Program. The information we collect may include:

- Number of families of DHHDB infants and toddlers served
- Number of visits provided each year
- Frequency of visits
- Number of DHHDB adults working with the program
- Family and DHHDB adult demographics
- Outcomes from family surveys:
 - Parents' comfort level advocating for their DHHDB child
 - Parents' participation in DHHDB communities
 - Parents' feelings of increased efficacy
 - Parents' feelings of optimism about for their child's future
 - Increased knowledge and understanding of the DHHDB child's hearing acuity and its impact on their child
 - Parents' increased access to resources and information that they can use

Data is collected and reported annually to the Colorado EHDI Alliance and to relevant funding agencies.

The Ascent Program Structure

Development (Years 1 through 4)

- Families of DHHDB children, birth to three years of age, are given the opportunity to meet with DHHDB adults with diverse characteristics (e.g., age, gender, ethnicity, etc). In the

future, the program anticipates offering families the opportunity to meet with DHHDB teens and/or college students.

- Families of DHHDB children are given the opportunity to meet DHHDB adults who use the language(s) and communication modalities of the family' choosing.
- Families of DHHDB children are given the opportunity to meet with DHHDB adults who use the hearing technologies families want to explore.
- Families of DHHDB children are given an opportunity to meet with DHHDB adults in various environments (e.g., in their home, in community locations, at community events, and/or via telehealth).
- Families of DHHDB children are given an opportunity to learn from DHHDB adults about a variety of topics the DHHDB adults have experienced including; their educational experiences, accommodations for effective communication, experiences growing up, work and career, parental and self-advocacy, helpful resources, parenting issues, and/or emotional supports.
- Families of DHHDB children have the opportunity to access multiple visits with DHHDB adults.
- Traditionally underserved families of DHHDB children (e.g., non-English speaking, those living in rural areas, etc.) are offered access to DHHDB adults who are culturally- and linguistically-diverse and/or sensitive to the cultural and linguistic needs of each family.
- DHHDB adults are trained on various communication strategies in order to meet the diverse characteristics of each family.

Sustainability

- The Ascent Program has funding and staffing to serve all eligible families during the current HRSA-funded grant cycle. The sustainability of the program, when grant funding ends in March, 2024, will be explored.
- All families, with DHHDB children aged birth to 3 years, are invited to participate in the program.
- Participation in the program is free for all eligible families.

Commonly Used Acronyms

Our system and its many interrelated professions is jargon-filled. Below are some of the more common acronyms you might see and what they mean. When applicable, a pronunciation guide is included to aid with interpretation.

Acronym	Explication
AAA	American Academy of Audiology
ABR	Auditory Brainstem Response (hearing screening)
AGBell	Alexander Graham Bell Association for the Deaf and Hard of Hearing
AAP	American Academy of Pediatrics
ASHA (pronounced “ash-a”)	American Speech-Language-Hearing Association
ASL	American Sign Language
CAA	Colorado Academy of Audiology
CART (pronounced “cart”)	Communication Access Real-time Translation
CCB	Community Centered Boards
CCDHHDB	Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind
CDC	Centers for Disease Control and Prevention
CDEC	Colorado Department of Early Childhood
CDHS	Colorado Department of Human Services
CDE	Colorado Department of Education
CDPHE	Colorado Department of Public Health and Environment
CHCO	Children’s Hospital of Colorado
CHIP (pronounced “chip”)	Colorado Home Intervention Program
CIHAC (pronounced “kayak”)	Colorado Infant Hearing Advisory Committee
cCMV	Congenital Cytomegalovirus
CI	Cochlear Implant
CRCSN	Colorado Responds to Children with Special Needs Program
CODA	Child of Deaf Adults
CO-Hear Coordinators	Regional Colorado Hearing (CO-Hear) Resource Coordinators

Acronym	Explication
COEHDI (pronounced “co-Eddie”)	Colorado EHDI Program
CSDB	Colorado School for the Deaf and the Blind
dB	Decibel
DHH	Deaf and Hard of Hearing
EBC	Electronic Birth Certificate
ECE	Early Childhood Education
EHDI (pronounced “Eddie”)	Early Hearing Detection & Intervention
EHDI-PALS (pronounced “Eddie pals”)	Early Hearing Detection & Intervention - Pediatric Audiology Links to Services
EI Colorado	Early Intervention Colorado (see also OEC)
FCEI	Family-Centered Early Intervention
FL3	Family Leadership in Language and Learning
H&V	Hands & Voices
HCPF (pronounced “hic-puf”)	Colorado Department of Health Care Policy & Financing
HIDS (pronounced “hids”)	Colorado Health Informatics Data Systems
HIPAA (pronounced HIP-A)	Health Insurance Portability and Accountability Act
HRSA (pronounced “her-sa”)	Health Resources & Services Administration
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
JCIH	Joint Committee on Infant Hearing
LEAD-K	Language Equality and Acquisition for Deaf Kids
LEND	Leadership Education in Neurodevelopmental and related Disabilities
LTF/LTD	Loss-to-Follow-up / Loss-to-Documentation
NAD	National Association of the Deaf
NCHAM (pronounced “N-CHAM”)	National Center for Hearing Assessment and Management

Acronym	Explication
NHS	Newborn Hearing Screening (see also UNHS)
NICHQ	National Institute for Children's Health Quality
NIDCD	National Institute on Deafness and Other Communication Disorders
NICU (pronounced "nic-u")	Neonatal Intensive Care Unit
NIH	National Institutes of Health
OAE	Otoacoustic emission test (hearing screening)
OEC	Office of Early Childhood (See also EI Colorado)
Part B	Part B of the IDEA (which serves children aged 3-21)
Part C	Part C of the IDEA (which serves infants/toddlers aged birth-36 months)
PCP	Primary Care Physician
QI	Quality Indicators (related to program outcomes)
RMDS	Rocky Mountain Deaf School
UC (e.g., UC Health, UC Boulder, UC Denver)	University of Colorado
UHL	Unilateral Hearing Loss
UNHS	Universal Newborn Hearing Screening (see also NHS)
VSV	Virtual Site Visits (a NCHAM initiative)
WREIC (pronounced "REC")	Western Regional Early Intervention Conference

Alliance Member Tips for Success

1. Check out our website (www.coehdi.org)
2. Get up to speed on COEHDI's work to date
 - A. Review the About Us page (<https://www.coehdi.org/about/>)
 - B. Review relevant task force meeting agendas/minutes (<https://www.coehdi.org/taskforces/>)
 - C. Review past newsletters (<https://www.coehdi.org/newsletters/>)
3. Be sure to subscribe to our newsletter and e-mails via the footer of the website
4. Check out and Like or Follow our Alliance Facebook page (www.facebook.com/coehdi)
5. Review/share any relevant COEHDI information/communications with your clients, families, colleagues, etc.
6. Attend all Alliance meetings
7. Consider joining our task forces
8. Share relevant feedback whenever possible. We value your input!
9. Bring your creativity and innovation game!
10. Think outside of the box
11. Don't be afraid to ask questions/clarify
12. Keep shared goals at the forefront