

Attachment 1: Work Plan (revised 04/20/20) C:\Users\lambj\Documents\Pre-COVID\FLASHDRIVE 03_20_2020\EDHI\Grants\HRSA\2020-2024\CT EHDI Work Plan 2020-2024 04.20.20 updated.docx

Activities proposed in the Methodology section and described in detail in the Work Plan, below, will be implemented to achieve the following overall Program Objectives:

Data collected from the 2017 CDC HSFS report will be used for Objective 1-3:

Objective 1: By March 31, 2024, Connecticut EHDI will increase by 1 percent from baseline per year, or achieve at least a 95 percent screening rate, whichever is less, the number of infants that completed a newborn hearing screen no later than 1 month of age.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity 1.1:</u> Continue improvement in and use of the Maven: NSS, an integrated health information system, to sustain evidence-informed tracking and surveillance activities throughout the project period. The following two key strategies have been adopted and integrated into daily EHDI programmatic activities based on past successful Plan-Do-Study-Act (PDSA) cycles. Relates to activity A1 in narrative.</p>	<p>Ongoing: 4/1/2020 – 3/31/2024.</p>	<p>a. EHDI staff will use Maven generated workflows and missed/incomplete screening reports to track all babies born in Connecticut and share workflows with birthing facilities/midwives to improve screening rates. b. EHDI may develop and implement “missed hearing screening letters” to be sent to the parents and PCPs of newborns who have not had a completed NBHS. This is similar to our extremely successful “missed diagnostic testing” protocol, in which we send letters to parents of babies missing needed diagnostic testing. c. CT EHDI will continue to develop and maintain its electronic data system (Maven) for data entry, tracking, and outreach activities.</p>	<p>2024 Goal: 95%. <i>2017 CDC HSFS Baseline: 98.6%.</i></p>	<p>John Lamb, coordinator; Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.</p>
<p><u>Activity 1.2:</u> Continue testing and improving a new birthing facility site visit protocol developed in 2019.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>EHDI will make scheduled on-site visits to facilities to discuss best practices, 1-3-6, capture lost cases, or to serve as question and answer sessions. EHDI would improve and finalize this protocol during this grant cycle. This activity will be used for multiple objectives.</p>	<p>2024 Goal: 95% <i>2017 CDC HSFS Baseline: 98.6%.</i></p>	<p>Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.</p>

<p><u>Activity 1.3:</u> Develop a protocol to reach homebirth parents to improve newborn hearing screening rates, which are far worse than other groups.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>Research local midwife\homebirth organizations to research and seek guidance from. Develop a protocol to contact (calls or letters) parents, PCPs, and midwives for education and outreach. Will also work attempt to get data from PCPs. Test using PDSA.</p>	<p>2024 Goal: 75% <i>2018 CT EHDI Data is 50%</i> <i>LTFU\LTLD rate.</i></p>	<p>John Lamb, coordinator and Nicky Prince, epidemiologist.</p>
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Objective 2: By March31, 2024, Connecticut EHDI will increase by 10 percent from baseline, or achieve a minimum rate of 85 percent, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity 2.1:</u> Continue improvement in and use of the Maven: NSS, an integrated health information system, to sustain evidence-informed tracking and surveillance activities throughout the project period.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>a. EHDI staff will mail system-generated tracking letters to an infant’s parent\guardian and also to the primary care provider when there is no documented diagnostic follow-up after failure to pass newborn hearing screening at seven weeks of age. EHDI staff will also fax a <i>Second Attempt Physician Fax-Back-Forms</i> at nine weeks of age for remaining babies lacking documented follow-up. Additional supporting information regarding tracking and outreach letters was provided in the Needs Assessment section.</p> <p>b. EHDI staff will send audiologists “In-Progress” reports every month to two months regarding infants without a completed diagnostic evaluation; a strategy proven to improve reporting and follow-up rates.</p> <p>c. Continue testing and developing an automated Maven report that includes only children who are missing or have incomplete diagnostic follow-up for use by our contractor, CTFSN. The contractor will call parent to reinforce 1-3-6 and to stem LTFU\LTLD and improve diagnosis by 3 months.</p>	<p>2024 Goal: 77.2% <i>2017 CDC HSFS Baseline: 67.2%</i></p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.</p>

<p><u>Activity 2.2:</u> Improve\expand protocols for CTFSN outreach. These are also part of Objectives 4-6 too, but there is overlap in their message and audience; therefore, they are included here to for the reader to understand how comprehensive their activities will be.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>a. CTFSN will continue or refine its existing parent outreach via Facebook, trainings, parent groups, parent emails, or other methods to improve this objective. b. Conduct targeted direct outreach to parents of children who are missing diagnostic testing, or have incomplete diagnostic testing, or are not enrolled in B23. c. Continue sharing SPOC with families. The SPOC provides very specific timelines and resources regarding 1-3-6. d. CTFSN staff or CT EHDI will do an annual email to pediatrician’s offices with information to give to families, including B23 info, FB group, trainings and 1-3-6 fliers.</p>	<p>2024 Goal: 77.2% 2017 CDC HSFS Baseline: 67.2%</p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.</p>
<p><u>Activity 2.3:</u> CTFSN will work with the a non-profit called Child Health and Development Institute of Connecticut, Inc. (CHDI), to piggyback on their Educating Practices in the Community (EP) trainings conducted by a pediatrician to contribute to this objective.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>Conduct “EP” trainings, in conjunction with a pediatrician, in pediatric offices at least three times per year. Topics will include:</p> <ul style="list-style-type: none"> • The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services. • The need for hearing screening up to age 3 to identify hearing loss and enroll into birth to three. • The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child. • Risk factors for hearing loss. • The importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate. • State/territory-specific EHDI system information. • Any mutually agreed upon emergent issues. 	<p>2024 Goal: 77.2% 2017 CDC HSFS Baseline: 67.2%</p>	<p>CTFSN and oversight by John Lamb, EHDI coordinator</p>

<p><u>Activity 2.4:</u> Work with Connecticut EHDI taskforce to continue to highlight the importance of this measure within their home networks and to identify new approaches to improve this number.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>a. Create a workgroup to determine methods of improvement. b. Make a standing agenda item.</p>	<p>2024 Goal: 77.2% 2017 CDC HSFS Baseline: 67.2%</p>	<p>CTFSN; EHDI task force; and oversight and facilitation by John Lamb, EHDI coordinator.</p>
<p><u>Activity 2.5:</u> Work with birth facilities to use a reminder field in the Maven reporting system to enter the date of audiological referral at time of newborn discharge. By making a “direct referral” to audiology before discharge, the expectation is that more children will be seen before 3 months of age. We also expect this to improve LTFU\LTLD numbers as well.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>a. Site visits to birth facilities to conduct training on using this field. b. Run reports for tracking of child NOT referred to an audiologist at discharge.</p>	<p>2024 Goal: 77.2% 2017 CDC HSFS Baseline: 67.2%</p>	<p>Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.</p>

Objective 3: Increase by 15 percent from baseline, or achieve a minimum rate of 80 percent, the number of infants identified to be DHH that are enrolled in EI services no later than 6 months of age.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity 3.1:</u> Continue to use SPOC, which has built into it the 1-3-6 guidelines and contact information for B23, as well as for CTFSN and CT EHDI.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>a. Share, via our contractor, the SPOC with parents and review the 1-3-6 guidelines to reinforce the importance of EI. b. CTFSN will also review and share the SPOC at its EP training for pediatricians. c. CT EHDI will mail a copy of the SPOC to the parents of children who are missing a diagnostic or children who have a diagnosed hearing loss, as part of a comprehensive packet that also introduces CTFSN.</p>	<p>2024 Goal: 54.7% 2017 CDC HSFS Baseline: 39.7%</p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.</p>

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<p><u>Activity 3.2: Conduct monthly tracking of all cases of hearing loss not referred or not enrolled in B23.</u></p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024</p>	<p>a. CT EHDI will refer all children with a hearing loss greater than slight to B23. b. CT EHDI will conduct a data exchange with B23 to capture any LTFU\LTD cases and for data quality improvement.</p>	<p>2024 Goal: 54.7% <i>2017 CDC HSFS</i> <i>Baseline: 39.7%</i></p>	<p>John Lamb, coordinator; Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.</p>
<p><u>Activity 3.3: CTFSN\EHDI tracking letters and calls to parents of children with a hearing loss.</u></p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024</p>	<p>As previously noted, CT EHDI will use the Maven data system to generate letters to send to the parents of children with a hearing loss, but not who are not enrolled in B23, a comprehensive information\introduction packet with the SPOC, CTFSN information (parent supports), and B23 services and contact information. As part of this protocol, the cover letter introduces CTFSN as a resource and lets the parent know that they may receive a call from CTFSN. On a monthly basis, CTFSN and EHDI will contact parents via phone to assist them with referral into B23, answer questions about B23, follow-up on enrollment into B23, and offer parent supports and mentoring.</p>	<p>2024 Goal: 54.7% <i>2017 CDC HSFS</i> <i>Baseline: 39.7%</i></p>	<p>John Lamb, coordinator; Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.</p>
<p><u>Activity 3.4: Continue to work directly with B23 and the task force to improve this objective.</u></p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024</p>	<p>a. Make a standing agenda item on the task force to share the importance of this issue with the largest audiology centers in CT. b. Continue to work on task force subcommittee addressing changes to the Connecticut B23 system to provide input to effect positive change on this objective.</p>	<p>2024 Goal: 54.7% <i>2017 CDC HSFS</i> <i>Baseline: 39.7%</i></p>	<p>John Lamb, EHDI coordinator and Chris Fallon, outreach liaison.</p>

Data collected from the first year of the project will be used as baseline for objectives 4-6:

Objective 4: Increase by 20 percent from baseline the number of families enrolled in family-to-family support services by no later than 6 months of age.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity 4.1:</u> Execute a revision\contract extension to current contract with the Connecticut Family Support Network as soon as possible.	09/26/2019-08/01/2020	a. CTFSN to agree to contract terms and provide budget. b. Submit internally for approval. c. Request \$59,000 (25% of contract budget) for CTFSN, our family engagement and family support organization.	An executed contract amendment supporting these activities by 08/01/2020.	John Lamb, EHDI coordinator; internal DPH partners; and CTFSN.
<u>Activity 4.2:</u> CTFSN to contact parents directly.	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. CT EHDI to send a parent packet monthly with B23, EHDI, and CTFSN resources, as well as a CTFSN introduction letter. b. Monthly, CTFSN will meet at CT EHDI to conduct monthly calls to parents for the purposes of obtaining or completing diagnostic testing, enrollment into B23, and enrollment into family-to-family support services provided by CTFSN by no later than 6 months of age. CT EHDI will supervise these calls. c. CTFSN will track all cases called for future follow-up.	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator and CTFSN
<u>Activity 4.3:</u> Use\maintain an email distribution list	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. to contact parents for the purposes to enroll them in family-to-family support services by 6 months of age, as well as the sharing of event dates and education materials.	Improvement will be as directed above derived from a baseline yet to be determined.	CTFSN
<u>Activity 4.4:</u> Hands and Voices (H&V), a sub-contractor for CTFSN, will refer parents to CTFSM for family-to-family support services.	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. CTFSN will conduct direct outreach to those parents, in addition to the above, for the purposes of enrolling in family-to-family support services by no later than 6 months of age.	Improvement will be as directed above derived from a baseline yet to be determined.	CTFSN and H&V.

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<u>Activity 4.5:</u> Improve\maintain a Facebook parent support group or groups as needed.	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. To reach parents of children who are deaf or hard of hearing for the purposes of increasing enrollment into family-to-family support services.	Improvement will be as directed above derived from a baseline yet to be determined.	CTFSN
<u>Activity 4.6:</u> CT EHDI will test sending letters to all parents of children with a hearing los (not just those who are not enrolled in B23, as is the current protocol).	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. Introduce parents to CTFSN and provide contact information to increase enrollment in parent-to-parent services. b. Also include information regarding 1-3-6, the SPOC, and EHDI program contact information.	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator and CTFSN.

Objective 5: Increase by 10 percent the number of families enrolled in DHH adult-to-family support services by 9 months old.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity 5.1:</u> In concert with CTFSN, the task force, and CT EHDI, develop a draft protocol to enroll families in DHH adult-to-family support services by no later than 9 months of age.	04/01/2020-03/31/2022.	Have a protocol ready for testing by the end of year 2.	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator.
<u>Activity 5.2:</u> Test protocol	04/01/2022-03/31/2023.	Complete testing by end of year 3	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; Nicky Prince, epidemiologist; CTFSN, and task force.
<u>Activity 5.3:</u> Adopt protocol	04/01/2023-03/31/2024.	Operationalize protocol during year 4.	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; Nicky Prince, epidemiologist; CTFSN, and task force.

Objective 6: Increase by 10 percent the number of health professionals and service providers trained on key aspects of the EHDI Program.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity 6.1:</u> CTFSN staff will accompany CHDI EP trainers (see activity 2.3) when conducting these training and make EHDI-specific presentations. Three trainings a year are required per the contract.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>Topics to be covered by CTFSN:</p> <ol style="list-style-type: none"> a. The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services. b. The need for hearing screening up to age 3 to identify, diagnose, and enroll into EI those infants who pass a newborn screen but later develop hearing loss. c. The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child. d. The importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate. e. State/territory-specific EHDI system information. <p>The above, or some variant, will be included in the contract language with CTFSN requiring they conduct at least the first three topics above, and if time permits, they may add the remaining topics to their discussion.</p>	<p>Improvement will be as directed above derived from a baseline yet to be determined.</p>	<p>CTFSN and CHDI</p>
<p><u>Activity 6.2:</u> CT EHDI or CTFSN staff will send an annual email or fact sheet to Pediatricians offices.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024</p>	<p>CTFSN will test sending information to PCP offices to educate them on 1-3-6, parent support groups, B23 information, and best practices.</p>	<p>Improvement will be as directed above derived from a baseline yet to be determined.</p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.</p>

<p><u>Activity 6.4</u>: CT EHDI and CTFSN will work with the AAP Connecticut Chapter Champion.</p>	<p>Ongoing throughout project period: (4/1/2020 – 3/31/2024)</p>	<p>Both entities will work with the AAP Chapter Champion to develop or improve fact sheet language concerning 1-3-6 and best practices to be disseminated to the AAP membership and pediatrician offices. Additionally, the sheet will be used to educate the task force, midwives, audiology centers, CT EDHI website, the EHDI task force website, and the CTFSN website.</p>	<p>Improvement will be as directed above derived from a baseline yet to be determined.</p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; AAP Chapter Champion; and CTFSN.</p>
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The following activities are from Section A, page 9, of the NOFO, and were added to the work plan due to there being a fulfillment date attached. They are also explained at length in the narrative. Other activities from the subsequent sections are addressed, per the norm, in the narrative. By listing these activities here, it will make it easier for current staff and future staff to see critical deadlines.

A2. Develop a state/territory plan to expand infrastructure, including data collection and reporting, for hearing screening for children up to age 3 by the end of year 2.

<u>Activities</u>	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity A2</u>: Continue development of plan by end of year 2.</p>	<p>4/1/2020 – 3/31/2022</p>	<p>Work with task force to move project forward and research and investigate other models as available. Recruit other human resources from partners to assist in developing a plan.</p>	<p>Completed plan by 03/31/2022.</p>	<p>CT EHDI, AAP Chapter Champion, CTFSN, Parents of the DHH, pediatric and non-pediatric audiologists, pediatricians, teachers of the DHH, B23, the AAP Chapter Champion, a LEND/University of Connecticut representative, CTFSN, H&V, MCHBG, CHSHCN, WIC, Early Head Start, and other concerned parties.</p>

A3. Establish and maintain partnerships for referral, training, and information sharing with various state or territory stakeholder organizations and programs that include, but are not limited to, health professionals, service providers, birthing centers, and state or territory organizations and programs. By the end of year 1, and revised annually, recipients should complete an assessment of current partnerships and identify key partners who could help address gaps in the EHDI system.

<u>Activities</u>	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity A3:</u> Assess current partnerships and identify key partners to assist with advising program and providing GAPS analysis.	4/1/2020 – 3/31/2021	Reassess these partnerships by the end of year 1, and then annually, to seek improvement or expansion of resources pool to advise EHDI.	Completed assessment by 03/31/2021 and conduct annually thereafter.	CT EHDI

A4. Once annually, at a minimum, convene a state/territory EHDI advisory committee.

<u>Activities</u>	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity A4:</u> a. Continue as a member of task force. b. Contract CTFSN to convene at least once per year a parent advisory committee.	a. In perpetuity. b. End of year 1.	a. Continue attending task force. b. Develop parent advisory board to meet annually, at least, and to provide a representative or submit recommendations to the task force.	Attend at least 60% of meetings.	John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.

A5. By the end of year 2, develop a plan to address diversity and inclusion in the EHDI system to ensure that the state or territory’s EHDI system activities are inclusive of and address the needs of the populations it serves, including geography, race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status.

<u>Activities</u>	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity A5:</u> Develop plan to address inclusion into EHDI system.	04/01/2020 - 03/31/2022	a. Develop plan to reduce LTFU\LTD of homebirths. b. Develop plan with CTFSN to improve outcomes in Windham County, Connecticut, which is the poorest county as well as being rural and isolated from the rest of CT in terms of state funding. It is also a medically underserved area (two areas in Windham County were also identified by HRSA), in particular to audiology services. CT EHDI will develop a plan to address this by the end of year 2. c. Develop a report in the Maven database to better identify these cases.	a. Develop plan by the end of year 2 AND Increase homebirth screening rate by 25% from 50% to 75% by 2024. b. Develop plan by the end of year 2. c. Develop report by end of year 2.	John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.

Other.

<u>Activities</u>	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Other Activities:</u>		a. Participation, as directed, in technical assistance, training, and other activities with the HRSA-20-051 (FL3 Center), HRSA-20-048 (EHDI NTRC), HRSA-16-190 (LEND), and HRSA-18-069 (NRC-PFCMH) program recipients and MCHB project officer.	Participation.	John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.