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NCHAM
MENTORING NEEDS ASSESSMENT
AUGUST 24, 2016

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>> Today's webinar will be recorded. It looks like we have our captioning working which is good.

That was very timely that they were able to make that all work for us just prior to us getting started, so thank you for your help with that.

>> NICOLE BROWN: William, it is Nicole. Should I hit okay?

>> I think so. I did.

>> NICOLE BROWN: Okay, I think I can -- let me try advancing a slide here. I don't think I have control.

There we go. We are good. Okay, thank you.

>> It did not advance, can you do that again?

>> NICOLE BROWN: Sure. There we go.

>> There we go. Good.

I want to request something from one of my colleagues. Lenore, could you text me if you are seeing anything that is troublesome that I need to be aware of? Via my phone. Thank you.

We will be starting in just a couple of minutes here. We have people signing on at a fairly rapid rate. We had quite a lot of

people register for today's webinar which is always great to see. Today's webinar is brought to you by the National Center for Hearing Assessment and Management at Utah State University.

Beth, are you ready for the WebCam to be relocated for everyone's viewing?

>> NICOLE BROWN: This is Nicole. We are.

>> Okay. We will do that now. And we will start in just one minute. I am going to go ahead and initiate the recording of today's webinar now, so just sit tight for a second.

[Audio recording for this meeting has begun]

Well hello, everyone, my name is William Eisenman with the National Center for Hearing Assessment and Management, also known as NCHAM, at Utah State University. NCHAM serves as a resource center on early hearing detection and intervention. And it is my pleasure today to open up today's webinar that is entitled, "Lifetrack, putting up with research. A needs assessment, results, recommendations, and steps" with presenters Nicole Brown, Beth Quist, and Danelle Gournaris.

I will turn this over to our presenters, but before I do that I just want to make you as participants aware of a few things.

First of all we will be opening the floor to questions or comments once our presenters have completed their presentation today, and there will be a text field in the lower left-hand corner of your screen in which you will be able to type your questions. But that is not visible yet.

You will notice that there is a captioning pod or a window on your screen. For those of you who are needing that, you can adjust the font size or color to your liking.

I would encourage others with you not to fiddle around with that screen but just to let it be unless you are really needing that because I am not exactly that would disrupt the rest of what you are experiencing today.

And so without further ado I will turn the presentation over to our presenters today. Thank you.

>> NICOLE BROWN: Welcome. This presentation today is going to give you an overview of the needs assessment conducted for

Lifetrack mentor role model programs that serve families with children that have been identified as Deaf or hard of hearing.

>> BETH QUIST: I am Beth Quist, I am a senior director of services at Lifetrack, and as Bill mentioned I'm joined today by Nicole Brown, early hearing detection and detection coordinator from the Minnesota Department of Health, and Danelle Gournaris the Deaf mentor family program supervisor at Lifetrack.

Just you know, we also as you can see from your screen have an ASL interpreter with us. You will see some people changing and that screen, so be patient with us as those changes are made for our speaker's need during the presentation.

First I would like to give a quick overview of Lifetrack. We are a nonprofit organization in St. Paul, Minnesota. Mission is to work together to strengthen children, families, and adults facing the greatest life challenges. We serve family statewide in the areas of child and healthy family development and employment and economic opportunity.

As part of our child and family healthy development focus area, we have three programs that serve families with Deaf or hard of children. Minnesota hands and voices, the Deaf mentor family program, and our Deaf/Hard of Hearing role model program.

>> NICOLE BROWN: Hi everyone, this is Nicole Brown, and I'm one of the coordinators at the Minnesota Department of Public health. My focus is on supporting the services and the systems for children once they are identified with hearing loss here in Minnesota.

You will see two logos on the screen, project partners. I have the privilege to talk to you a little bit about the background of the program before Danelle and Beth get into the details of the future the program.

You will see two logos again with the Department of Health and the Department of human services. The Minnesota Department of human services, Deaf and Hard-of-Hearing services is one of the partners on this project. And really was the beginning of the Deaf mentor program here in Minnesota, really started in 2002 with some small grants type of funding.

Than in 2007, when our EDHI legislation was passed, our newborn hearing screening legislation was passed, the legislature allocated \$40,000 for the Deaf mentor program.

It was at that time that the Deaf mentor program moved from the Department of human services to Lifetrack. And also at that time, in 2012, the Department of human services increased some of the funding to Lifetrack as well.

In 2013, the Minnesota legislature amended our newborn hearing screening legislation to include the provision -- a provision in additional funding for the Deaf mentor program. And the legislation required that the Deaf mentors would provide ASL instruction, and this was sort of the key piece of legislation as one available option.

We had a very strong Deaf mentor program here in Minnesota with 10 years of track record, good track record, but we did not have that additional available option as the Deaf mentor program really focused on ASL.

So really this project's goal was to develop recommendations for a Deaf and Hard-of-Hearing adult mentor role model program responsive to JCIH accommodations.

So we really wanted to ask the community what they wanted or needed in a Deaf or hard of hearing mentor program.

Lifetrack contracted with Wilder research to develop a needs assessment, to conduct a needs assessment, and again, the needs assessment was really designed to build on the existing success of the Deaf mentor program.

And we then also are looking at the continuum of needs of our families here in Minnesota of children birth to 6 who are Deaf and Hard-of-Hearing, and inclusive of all of the different choices that those families make.

It was an aggressive project that some of you may relate to. We had some funding and it ended in six months, so the timeline on this project was quick and all of the recommendations were completed in a six month period.

So I mentioned the JCIH or joint committee on infant hearing recommendations. And we were fortunate that those recommendations came out at about the same time as we were doing or beginning this needs assessment, and really the supplements of the JCIH recommendations focused on early intervention.

So we used three specific pieces of those recommendations to guide our project.

The first was that all children who are Deaf and Hard-of-Hearing and their families have access to support, mentorship, and guidance from individuals who are Deaf and Hard-of-Hearing, and that they represent the diversity of our EDHI population. That includes Deaf culture, hard of hearing Deaf adults with cochlear implants or hearing aid users, adults with unilateral hearing loss or auditory neuropathy, and cultural diversity.

The second was that intervention services to teach American Sign Language would be provided by professionals who had native or fluent skills and were trained to teach parents of families and young children.

And the third was that individuals who are Deaf and Hard-of-Hearing would be active participants in the development and implementation of EDHI systems here in Minnesota and as part of this project.

So these goals were also very well aligned with Lifetrack's guiding principles. So I'm going to turn it back over to Beth Quist.

>> BETH QUIST: For additional context that really framed this project, Lifetrack's guiding principle shape our programs and our decision-making and most importantly our strategic planning for program development and growth.

It is within this framework that this assessment was conducted and the recommendations are being implemented. So the first one is success for each child, and this would include the physical, social, emotional, cognitive, and educational development. We believe that this requires a continuum of prevention, early intervention to deep intervention, based on validated strength-based approaches that are grounded in the protective factors for healthy development and resiliency in children.

We also believe in the success for each family which includes basic needs, parenting resources, real supports, and informed access to choices.

And then finally success for each community, which includes the investment and opportunities for each family and child. We embrace and empower the unique potential of our families and all

children in all facets of community life; economic, cultural, civic, education, and employment.

So a little bit about the project itself and the methods that were used. As you can see from this list, our methods included convening an advisory committee, we did a literature review and field scan to look at similar programs across the nation -- best practices and case studies.

We conducted key informant interviews. We did a web survey of parents who have children who are Deaf and Hard-of-Hearing.

And we did focus groups and interviews with two key groups; parents who have children who are Deaf and Hard-of-Hearing, and adults themselves who are Deaf and Hard-of-Hearing.

So I'm going to go over each of these methods with a little bit more detail. When it comes to our advisory committee, there were a total of 21 advisory committee members, and these members provided guidance throughout the study.

Six of these members were from state agencies. Five were from Lifetrack and Minnesota hands and voices. Five were parents of children who are Deaf and Hard-of-Hearing. And five were from schools or school districts.

48 percent of the advisory committee members were Deaf and Hard-of-Hearing themselves, and they represented a range of experiences and communication preferences found in the Deaf/Hard of Hearing population.

This committee met once during the design phase, once as data collection was getting underway, and wants at the end to review a draft of the final report and provide feedback.

We had a subgroup of the committee that also met once with Wilder research to look at the data analysis and review the analysis framework and to advise us on interpretation for the Deaf.

We had 118 parents of children who are Deaf and Hard-of-Hearing complete a web survey. The respondents were recruited to the Minnesota hands and voices database, using social media, and through advisory committee members we asked to distribute the link to the social and professional networks.

So now we are going to talk a little bit about the findings and some of the recommendations. So first, finding. In touch right away. This theme was found in 8 out of 14 parent interviews and 2 out of 4 focus groups.

However, it was also recognize that right after the initial diagnosis this is a challenging time for parents as they are typically overwhelmed with information, emotions, appointments, and how to proceed to the next steps with their child.

They suggested that following up with families several times to have a better chance of providing timely information about the Deaf/Hard of Hearing mentor role model program is ideal, and that way there is a better chance of providing timely information about the programs when families are most receptive.

And you can see a quote on the slide from one of the parents that was part of the group. "Is so overwhelming emotionally. It can be very easy for something to pass over you. Things just don't sink in if you are not ready for it yet. Is very easy for things to not be absorbed at that point, you are on overload."

Lifetrack's current program, the mentor and role model program uses many of these approaches already. The program reaches out to families through the Deaf and Hard-of-Hearing services division, the regional service centers, they also get referrals through Minnesota hands and voices, and actually this accounts for about 50 percent of the referrals.

And Lifetrack also uses at which opportunities through the statewide teacher's conference to connect with eligible families.

So based on that finding, we had a few recommendations and we are going to pass it over to Danelle.

>> DANELLE GOURNARIS: I am Danelle Gournaris. I am a Deaf mentor family program supervisor.

Our recommendations for the program are really under an umbrella label such as our Deaf and Hard-of-Hearing family mentor program.

And that umbrella has a variety of different -- or a menu of different options, I should say. One of them is the Deaf mentor family program.

Another is a Deaf and Hard-of-Hearing role model program.

And each has different services that actually will fit the family's needs.

Regarding program outreach to families, the study had found that really in general there really is a lack of awareness about the availability for the family mentor role model program, and we need to be sure we keep in contact with parents many times because as Beth just mentioned, that the families are very much overwhelmed with her baby just being identified as Deaf/Hard of Hearing, or possibly the child might have other additional disabilities in the family, like I said, as so many appointments to go through and can be very overwhelmed. So the point is we need to reach out to them multiple times.

I will turn it back over to Beth.

>> BETH QUIST: And the next finding. The report found that the population of families with young children who are Deaf/Hard of Hearing in Minnesota is very diverse in terms of range of hearing loss, communication modes, and adaptive technologies used, types of co-occurring disabilities, geographic location around the state, and race, culture, and home language.

And furthermore the environment has changed significantly over the past several years with regard to new assistive technologies, an increasing number of non-English-speaking families in need of services, new technologies that can be used for programming such as video chat, and families changing expectations for program flexibility and their general availability.

Additionally, there was no literature identified that demonstrates strong evidence-based practices in terms of mentor training or program curriculum. It was recommended that Lifetrack should consider its role both locally and nationally in terms of contributing to the body of knowledge about what works in terms of mentoring programs for families with young children who are Deaf/Hard of Hearing.

So based on these findings it is important that when Lifetrack expands the family role model mentor program that evaluation components are built into the program so that the program can continually respond to the ever-changing needs of the population.

It was suggested that for future program evaluations the leadership must prepare to expand their current programs to meet the always ever-changing family needs and develop and implement strategic processes for families targeting the population.

Two of the experts that we had interviewed mentioned that the need for evaluation of their programs to ensure the programs are meeting the needs of the community and collecting parent and family testimonials.

One of the experts mentioned that evaluation really works well for them because it allows them to get feedback from families and allows them to modify their program.

There are three different types of program evaluations. As based on recommendations by the assessment. That evaluations will help us to --

Will help us to meet at the state and national EDHI goals. To monitor the Lifetrack mentor program occurs through satisfaction surveys.

The surveys I received by parents who participated in the program. We specifically recommend that Lifetrack consider three types of more rigorous evaluations in the near future to help with the program sustainability and strategic expansion.

Developmental evaluation for any new program I component that we would experiment or work with. We would get the information from staff to modify our program.

Secondly is a process evaluation. We understand that any experiences or any satisfaction of the mentors or families, parents or children, and other program partners or stakeholders and how these experiences may be contributing or hindering positive outcomes for participants.

Our third is the outcome evaluation. The goal is to determine the impact on children, families, and mentors. This could involve less rigorous self-reported outcomes, it could include actual assessments of things.

And those are our three evaluations. I am going to turn it back over to Beth.

>> BETH QUIST: So this research and the findings from this study which indicate the diversity of needs and differences

among families with young children who are Deaf and Hard-of-Hearing in Minnesota supports an overall mentoring program approach with the child's best interests in mind that also honors and alliance programming to family's chosen and preferred mode of communication and with a variety of options to use American Sign Language -- excuse me -- with a variety of options available and having American Sign Language provided as among those options.

It was recommended that Lifetrack consider possible teams --

>> This is the interpreter, I'm sorry, we are going to start again.

>> DANELLE GOURNARIS: It was recommended that we consider different types of mentors that serve different skills and different phases to possibly match the family's needs. And their interests as well.

For example, we should consider possibly using teenagers because children have no opportunity to look up to teenagers and say that person is just like me, maybe they want to sign just like me, I want to be just like them. So they feel empowered.

And one parent mentioned that in the focus group they are saying having somebody older that he could look up to and have a little kid, like I said, looking up to that older child and feeling a connection with that older child and they have a hearing loss just like me and they sign just like me.

Now, for today we have convened an advisory committee. That advisory committee includes 17 members representing different organizations that support our program. And the purpose of that advisory committee is to provide advice to a Deaf and Hard-of-Hearing role model program and/or mentor program. They speak to us, make recommendations, and encourage the expansion of ideas and input.

For the goal of our program expansion as well as to create opportunities for the community stakeholders to share information and to form more collaborative work.

Where are we today. We are hiring a variety of mentors. Different ethnic backgrounds, different modes of communication - - ASL, LSLs, listening, spoken language, to speech -- or to run the gamut of the hearing loss continuum. Maybe unilateral hearing loss, Deaf or hard of hearing, spoken language is.

Maybe the primary language in the home is Spanish. We would look to find a mentor who has a background in working with Spanish-speaking families.

We are looking for Deaf mentors that provide instruction or possibly to do some events, maybe a meet and greet. For example, some new families with new identified -- newly identified hard of hearing, namely an adult ASL role model can meet them or possibly an adult who has experience with cued speech. Just to meet and get together.

And then they will have more than one option. And then they have a variety of ideas to make the decision.

Currently our program is growing. We have hired a Deaf/Hard of Hearing adult role model supervisor to work alongside with me doing the Deaf mentor family program and the ASL role models. Our Deaf and Hard-of-Hearing role model is more focusing on communication, possibly LSL as well as cued speech.

The two of us are collaborating together to enhance the program. We have been hiring more and more people. Deaf mentors, we have 24 Deaf mentors at this time. Also hard of hearing role models. We have five role models at this time.

We also are working some Lifetrack administrators to support the marketing, social media, and identify potentially more funding to support our program.

So let's talk about the recent evaluation that we had with Wilder research project. They developed an evaluation at that time, and the goal was to look at the experiences and the outcomes for our participants and families and to really assess the program's outcomes and help Lifetrack how to better meet the needs of the families.

Evaluations informed Lifetrack and as we expand the program to include all different types of role models.

Lifetrack just finished this contract this past June, and the outcomes and evaluations for the Deaf mentor family program. The process evaluations answered questions and asked participants if they were satisfied with the program -- this is the interpreter catching up -- participant satisfaction in the evaluations to adjust questions including how does the Deaf mentor program impact children's proficiency in ASL, how does

that impact the parent's proficiency, how about other family members.

The second question, how does the Deaf mentor program impact family's communication in the home.

How does the Deaf mentor program impact the family's awareness of Deaf culture and connection to the Deaf community.

How does the Deaf mentor program impact family's knowledge of use of technology and resources to prove their child's access to communication and language.

There are three components to this project. Three parts of our project. One of which is the Deaf mentor family program evaluation that included a logic model on the current program administering a participant survey, identifying ASL proficiency tools that can be used with the program, and reporting findings from the evaluation activities.

Secondly conducting a field scan of an assessment tool to determine characters of appropriate age range, validation, cost, scoring, feasibility, all of that aligned with the Skyhigh or other curriculum.

The level of ASL proficiency and [inaudible] assessed and also work with the program staff, Deaf mentors, and stakeholders to understand current perceptions of the program as well as a vision for the future.

A second logic model was created for program expansion which will support a mentoring program structure.

A tool to navigate self-advocacy skills, learning about Deaf culture, and connected to the Deaf community and other families with children were Deaf or hard of hearing.

I don't know how much time we have left, but with respect to our time -- oh, we have plenty of time. Good, so I don't have to hurry, that's great!

There are a few key findings from our study. And the most important part of those key findings is through an evaluation study we did with the [inaudible] and ASL assessment.

In our research we identified the tool that best assessed the outcome of the VCSL was really the seven families in our Deaf

mentor family program. The results were not conclusive unfortunately, and the reason being was the results showed body language acquisition and basically a hit or miss acquisition because the child itself was not fully immersed in the ASL environment.

Typically occurs when the child -- it typically occurred to me when the child begins to acquire ASL later than a native ASL user, so that is why that is occurring.

They suggest the results of children should be assessed again in three months or every six months.

And now we are looking into our future. Lifetrack should continue actively conducting developmental, process, and or outcomes evaluations for the Deaf mentor and Deaf/Hard of Hearing role model programs. Lifetrack should also continue to explore other ASL assessments that better line with the program and staff capacity and with the ASL curriculum being used.

Lifetrack should continue to prioritize mentor/role model training, staff capacity to administer assessments, and the time and resources needed.

So based on those recommendations and the connections between the mentor and the role models with other families within the program to continue making those connections possibly through social events. We have social events out there.

Also continue to look at our logic model and make sure that we are following through and set up goals and outcomes as well.

Now, for further information you can look at the link you see on your screen. If you want to get more information about the research that we have and the results as well, please feel free to contact Nicole Brown or Beth Quist or myself, Danelle Gournaris or the Deaf mentor program advisor for any programs a question.

Thank you very much, thank you for coming today. Are there any questions? We are open for questions.

>> Thank you very much, presenters. This is William with NCHAM again. I have opened up the questions field in the lower left-hand corner of the screen into which you can write your questions if you have any.

And we do have a first one. Can you please explain the difference between what a mentor and a role model does?

>> DANELLE GOURNARIS: Okay. Typically they do the same thing, but mentoring is more involving instruction, ASL instruction, working with the families more in depth.

Role models are more superficial. One, two, three visits possibly. I hope that answer your question.

>> BETH QUIST: This is Beth. One thing I would add to that is that -- thank you -- that our Deaf mentors actually serve a dual purpose. They do their Deaf mentor program where they are instructing ASL language, but they also do serve as role models. And that is the piece that we are looking to expand across the continuum of the types of hearing loss and the continuum of communication choices available so that families and children have a role model that they can look to to see and talk with somebody who has actually grown up with a hearing loss in the types of challenges that they may have faced.

It offers a sense of hope for the family and really our intent is to help them see beyond all of the information that is coming at them at a rapid pace so that they can begin to understand the journey ahead of them and really explore the resources and program options that are available.

>> The next question is what kind of ASL curriculum do you use with the families?

>> DANELLE GOURNARIS: Our primary curriculum is the Deaf mentor curriculum. We also have a supplemental signing naturally curriculum, and we will be adding that bravo curriculum as well as an online source.

>> Great. Can you please reiterate the difference between a Deaf mentor program and a Deaf hearing adult program?

>> NICOLE BROWN: This is Nicole. To be honest we have struggled a little bit here in Minnesota with terms as well.
[LAUGHING]

We had existing Deaf mentor program where the primary purpose was to -- for ASL instruction and having parents understand and become familiar with the Deaf community, engaged with the Deaf community.

As we added on and sort of expanded the program to think about adding mentors or role models or Deaf and Hard-of-Hearing adults who use different types of communication and maybe talk about technology or just share their life experiences which Deaf mentors do as well.

We wanted to sort of come up with maybe a different name, so to be honest we are still struggling in Minnesota. If anyone else is a better term I think we would welcome that to talk about sort of the differences.

But thinking about that the mentors might just be, as Danelle mentioned, maybe one or two visits, or maybe the family of a child that is newly identified as Deaf and Hard-of-Hearing to try to figure out what kind of communication they may want to use, and they may want to meet with adults that make different choices. They want to talk with an adult or uses ASL, they may want to talk with an adult to use his listening and spoken language and has a cochlear implant, so it provides an opportunity to meet all of those different adults or Deaf and Hard-of-Hearing and as I kind of say, as a parent to ask the stupid questions. [LAUGHING] You know.

>> Thank you. We have several questions about your budget. Some folks are asking about is \$40,000 all that you have, are you willing to share more about what your budget is for your program?

>> NICOLE BROWN: This is Nicole again, I am willing to share. As I mentioned we have two other partners both in the Department of human services and the Department of Health. Both have state funding for this program. And Lifetrack has been awarded through an RSP process the grants for both the department of human services in the Department of Health.

The Department of human services -- Beth, correct me if I'm wrong -- but they have \$100,000 that they provide for the program. A little bit more. Around there.

And the Department of Health provides about \$150,000. So the overall budget would be about \$150,000 per year.

>> And there was another follow-up question about whether your Deaf mentors or role models are paid.

>> Yes, they are paid.

>> Thank you. So how can families have more choice about who they invite to be a Deaf mentor into their family so that they don't have ideas or options imposed on them that they are not interested in.

>> Can you repeat the question please?

>> I just erased the question. I have it here. How can families have more choice of who they invite to be a Deaf mentor into their family so that they don't have ideas or options imposed on them that they are not interested in.

>> DANELLE GOURNARIS: There are two of us in the Deaf mentor family program plus another Deaf and Hard-of-Hearing role model supervisor. They too work collaboratively.

If a family sent an email or an application in the family says you know, they are really interested in meeting somebody on the application possibly, excuse me, on the application they are saying for a hard of hearing role model they might check the box, what kind of Deaf adult to you think you would like to meet.

So if a parent looks at the boxes as they are looking for somebody who uses cued speech or uses LSL as a Deaf adult, or all of the above.

When the parents check that box we make that contact and one of us will ask them little bit more about what their expectations are for that meeting.

What kind of questions does the family want to know from this Deaf adult. So we proceed then to make the connection. And they are not limited to just one family mentor role model person, it depends on the family choice. So suppose they want to meet somebody who was using LSL as an adult and maybe the thing about it and they say they might want to find somebody who uses ASL. So we would send somebody who uses ASL, a Deaf adult, another role model, and work with a family to get all of the information that they need.

And there is really no decision that is final. We are always trying to work with the families, always.

>> Great, thank you.

>> BETH QUIST: Just to take it one step further, and I go back to Lifetrack is an organization, what we stand for. And we really believe in empowering families and empowering parents and providing information to help them access options and to have choices that work best for their family.

So we really approach all of our families from that perspective. Our staff, our mentors, and our role models are trained in delivering their program in an unbiased manner and recognizing that parents have the authority to make the decisions that are best for their families.

Our job is to offer the best evidence-based information that we can so that they can make the choices that work best for their families.

>> Here is a related question. It seems that there is a common assumption that Deaf mentors are ASL users, not users of other communication modalities or technology. How can we help everyone be open to the value of Deaf mentors who were not necessarily ASL users?

>> We are reviewing the question. Don't delete it yet, bill. William, can you repeat the question again?

>> Yes. It seems that there is a common assumption that Deaf mentors are ASL users, not users of other communication modalities or technology. How can we help everyone be open to the value of Deaf mentors who aren't necessarily ASL users?

>> DANELLE GOURNARIS: That's a tough one for me to answer.
[LAUGHING]

You know, every Deaf mentor has their own journey and we have some mentors who may be used LSL growing up and then in their teenage years they started picking up ASL sign language and became a fluent signer and they represent themselves as an ASL role model.

However, their experience really is and LSL. So we do have so many different types of Deaf mentors out there and role models as well, many different types.

We try our best to accommodate and match the families with their needs, what they are asking for, but they are envisioning and thinking about, what kind of Deaf adult they are looking for and whoever. So we have several different Deaf mentors and Deaf

adults, and the families have a better idea of what fits them and their child.

>> Great, thank you. The next question is how can we -- sorry.

>> That's okay. I think it comes back to terms again. I think again we also have struggled as we have been working with the program to talk about is in a Deaf mentor program, is at a hard of hearing role model program, what are the words in the terms that would use. I think we are still struggling. Yeah.

>> The next question is how can we establish a program like this in a rural setting.

>> DANELLE GOURNARIS: How would you establish this in a rural setting? Well, I think it is possible. I think the technology is awesome. That makes the world smaller. So we reach out to people and they make connections to others as well as collaborating with different organizations out there in specific locations.

Some organizations have provider services you can reach out to and find some Deaf mentors that way or specific role models that fit the family in that area, that rural area. Yes, we are very fortunate that here in Minnesota we have found enough Deaf adults out there.

>> The next question is how do you recommend a place, say like New York City, to implement a program of this type? I know in New Mexico they started the program via Head Start. How do you advise New York City stakeholders to start this?

>> We are all looking at Nicole right now. [LAUGHING]

>> NICOLE BROWN: This is Nicole. That's a good question.

I think one of the things that we learned in the needs assessment, part of it is we did a lot of expert interviews with people around the country, and I think what we have learned is that no one really doesn't the same way and there is not really a standard way to implement the Deaf mentor program.

I feel like -- this is my opinion, I don't know for sure -- I know the Deaf mentor program is an established in Minnesota for 10 years but I still feel like we're at the beginning of try to

figure out how to implement this in a broader way. So I guess I don't have the answer. Trial and error maybe? I don't know.

I think reaching out to other communities that are in similar circumstances, I think might be a good way. To begin.

>> I could probably find other examples and how they were developed from the start and just looking at different states and communities and then doing a comparison and choosing what would be best for your community.

I think it is hard to say that one-size-fits-all because there is so many other external factors that come into play whether it is as basic as a funding stream or your support systems. I think that all has to be taken into consideration.

>> NICOLE BROWN: This is Nicole. And maybe you want to consider also a needs assessment to look in your community and see what their needs are and their wants.

>> Great. I have temporarily at least we moved to the questions field because we were getting so many and we are needing to catch up with all that have already come in.

So the next question is I am Deaf and Hard-of-Hearing and I can speak Spanish. What is the most typical challenge for Spanish-speaking parents who have Deaf children?

>> DANELLE GOURNARIS: That's a good question. Of course our primary in our Deaf mentor curriculum is English. However, we do have another curriculum. I will have to look exactly what the title of it is. But there is a trilingual curriculum out there. It includes English, Spanish, as well as American Sign Language. So we have use that.

Also we have added flashcards as well that include all those three trilingual signs and words. You know, visual aids out there that we use for Spanish-speaking families to support them. We also have Spanish-speaking families in our Deaf mentor program.

We are very fortunate to have an Hispanic influence in one of our Deaf mentors. She can read and write Spanish so she certainly fits that family and their communication needs. She was willing to work on some English with the family if things were not clear, she was willing to do some translating for that family. And that is how we did that in our program.

>> Great. He was another question. As a Deaf mentor, what would you suggest for how I can bring -- how I can be allowed to bring in younger role models on some of those visits?

>> DANELLE GOURNARIS: How to bring in. We have not begun that yet but we do have some Deaf mentors you have Deaf children that are now grown, and they have brought their Deaf child to meet people and interact and be another role model for another child possibly. That is how we are doing it with our program at this time.

Would you like to add anything to that?

>> BETH QUIST: I think one of the things -- where we are at in development with this program is that our Deaf and Hard-of-Hearing role model program is quite in its infancy stage when it comes to expansion. So we're working hard on building that.

Ideally what we're looking to create is a collaboration between programs across the spectrum between those two programs. So I can see down the road a family who may be wants to see a younger role model. The program is collaborating to bring those resources to that family.

We have a visual in our program of one doorway for every family that approaches us. And how those families are triaged behind that doorway between our programs is up to us. Our goal is to provide the resources in a seamless a way as possible for those families. So there will be a lot of crossover and collaboration between all the programs.

>> The next question is I think an extension of this discussion about bringing in older children What about offering opportunities for families and their children to meet cochlear implant users? Do you have mentors with CIs?

>> DANELLE GOURNARIS: Yes, we do. We have a mentor who sides as well as having a cochlear implant. We also have some adult role models who only use cochlear implants and use LSL, listening to spoken language, and not ASL. So we do have both.

>> Great, thank you. The next question is to the roles of mentor and role model also work with hearing parents teaching them ASL and Deaf culture, or do they focus on Deaf children only?

>> DANELLE GOURNARIS: We don't focus only on the children. We focus on the whole family unit. We teach the family sign as well as we are teaching the child ASL. So that is wholly part of the Deaf mentor program, the whole family, yes.

>> The next question is how did you determine what you pay the Deaf mentors versus what you pay the Deaf role models. Are they employees or contractual or how does it work?

>> BETH QUIST: This is Beth, I can answer that. Our mentors and role models are paid according to the salary schedule that Lifetrack has in place. So our HR director does a market analysis on like positions across the spectrum, and then we set our payroll up in that manner.

So they are hired on staff as part time, on call, but their salaries are reflective of the comparison analysis that our HR director has done.

>> The next question is it must be difficult to find people with such a variety of skills and life experiences. Where have you had success in finding people to be mentors and role models? And then a related question, do you screen them? How do you know if they aren't going to try to sell their own views?

>> I will start with the role model program and then I will have Danelle talk a little bit about the Deaf mentor program.

So as we are looking to hire role models who are very diverse in their types of hearing loss and the types of communication choices they have made, one of our other programs here at Lifetrack, Minnesota hands and voices, has been a great collaborator and that they have promoted the program option to role models that they have used in the past on a volunteer basis for their social events and educational events for families. So that has provided us with a pool.

We have also tapped into some of the Deaf and Hard-of-Hearing teachers across the state and are getting referrals that way

And the pool is coming nicely. So -- a lot slower since we want it to happen overnight, but it is coming along, we are seeing progress in that hiring process.

I will have Danelle comment on how she recruits her Deaf mentors.

>> DANELLE GOURNARIS: Pretty much the same concept that Beth just explained. Minnesota hands and voices also helps us with that. But mostly through Deaf and Hard-of-Hearing services. We have an organization here in Minnesota that advocates for the Deaf and hard of hearing community especially in the rural areas, but that are recommended for Deaf mentors in the rural area, as well as people you know for the community or the Deaf schools. And that is how we recruit our Deaf mentors and that is for our Deaf mentor program.

>> And this is a nice related question. Have you considered the role of videoconferencing or Skype type sessions to reach families in remote areas?

>> DANELLE GOURNARIS: Yes. Absolutely. Minnesota is pretty famous for its snow and our Deaf mentors driving [inaudible] is not a good idea. So of course we use technology, video cameras if you can't meet the family in person, yes. Either through Skype or through face time.

>> Great. So here is a question about your needs assessment that you reported on. How did you find the families to do the mentoring needs assessment, and was the survey available in languages other than English?

>> BETH QUIST: Okay, so the survey participants came to us in a variety of ways. First of all we tapped into Minnesota hands and voices with their broad network. They are typically the first touch point for families once they have received the information that the child has a hearing loss. So they have a nice wealth of names and contacts that they have worked with, and we used that.

We also reached out through the regional centers across the state. The Deaf and Hard-of-Hearing services division. Is that correct? I want to make sure I get my acronyms correct.

And then also asked our advisory committee that we pull together for this project to spread the word through their networks. And that got us quite a few respondents.

The survey was not done in other languages. It was done in English. So we just did the one language. And that -- am I correct?

>> NICOLE BROWN: This is Nicole. I have to go back and remember, but I think we had some input from families that don't speak English.

>> BETH QUIST: We did, but that was focus groups. So when we're talking just the survey the survey itself is English only. But what we did with the focus groups was we actually did some interviews with families that English was not their primary language. So that is how we incorporated the language differences.

But the survey itself was just done in English.

>> I will -- we are at the bottom of the hour, a little past. I am going to read one more question and then invite those of you whose questions weren't asked to live today to feel free to contact our presenters whose email addresses are on the screen right now.

And I think there was one correction to be made there Next to Danelle's email, I think that should say mn and not two N's. Is that correct?

>> DANELLE GOURNARIS: Yes, that is correct.

>> Okay, I will make sure everyone knows that and I will put a little arrow there to make sure everyone knows that is where the error is.

So if your question was not addressed or you have other needs to correspond with our presenters today, these email addresses are a great way for you to do that. So you can jot those down right now.

There was a point of clarification sought about how the role model and the mentoring programs might relate to one another, and this person is asking so does it work like this, do you first out with a role model and then determine what the needs of the family are and then determine who will be the Deaf mentor, doesn't work in that kind of a sequence?

>> BETH QUIST: Not necessarily. We have families that approach house and enroll into the Deaf family mentor program right away, and again, with the Deaf and Hard-of-Hearing role model program, that program is in its infancy. And so families -- we are just launching that for families to make that option and pairing those families up.

So to say exactly that this is going to be step one and this is going to be step two, right now I can't really say that that is what is going to happen. Again, giving parents the option and the choices is what is most important.

And again, going back to that doorway visual, we don't care which program they are coming in to sign up for. And quite frankly they may not know. It is our job to triage that family, find out what those needs are, give them all of the information that we can so that they can make a choice as to the types of resources that they want to access.

>> Thank you. And thank you to all of our presenters today. Nicole Brown, Beth Quist, and Danelle Gournaris. Thank you to our interpreters today and our captioner for your assistance with making this an effective webinar.

As a reminder, today's webinar was recorded and will be posted at InfantHearing.org within the next week. And if you registered for today's webinar you will be sent a link to where you will find that posted recorded webinar so that you can review it again or share it with others who you think might benefit from the information that was provided today.

Again, thank you everyone.

[Audio recording for this meeting has ended]

As I close out today's meeting you will be taken to infanthearing.org where you can check out other resources to help improve your hearing screening and intervention activities.