

Following is a brief progress report for each objective for the project period of April 1, 2013 to March 30, 2014.

Goal 1: Implement new outreach and screening efforts with Home Visiting programs to reduce the number of infants who are lost to follow-up after the newborn screen.

Objective 1.1 Implement new outreach and screening activities with home visiting programs

This activity was completed in August of 2012. The RI's EHDI coordinator, EHDI staff, and all HEALTH First Connections staff developed referral guidelines and implemented a referral system. RIHAP staff makes referrals by fax to First Connections agencies for families that need follow-up from a newborn hearing screen, as identified through data in RITRACK, RI's EHDI data system. The First Connections agency schedules a home visit to engage and educate families about the importance of follow-up screenings and the impact of Hearing Loss. In addition to the outreach to families the home visitor facilitates any further testing or appointments with appropriate providers.

Prior to implementation of in-home hearing screens, all First Connections Home Visiting agencies received training. Training consisted of a thorough explanation of the policies and procedures developed, educating home visitors on the importance of Early Hearing Detection and Intervention, the urgency of early identification, and finally a brief demonstration of the process involving a hearing screening. The EHDI Coordinator and RIHAP staff including the Administrator/Audiologist, in-home hearing screener, and RIHAP Follow-up Coordinator facilitated trainings to all First Connections Home Visiting agencies in the state.

RIHAP per diem screeners and the RIHAP audiologist perform in-home screenings. When parents request in-home hearing screening a screener accompanies the home visitor on the visit. RIHAP is now referring to home visiting for assistance with contacting families and facilitating completion of screening and diagnostic audiology appointments. In-home screening began in August 2012.

RIHAP currently refers hard to reach or unable to contact families to First Connections, one of the four home visiting programs available through the MIECHV Program serving families. Evaluation of in-home screenings indicated to having 74 referrals which have resulted in 29 in-home screening in a 12 month period.

Expanding current collaborations with MIECHV home visiting programs in Rhode Island has an important step to build on current efforts to improve RI EHDI's follow-up process statewide. Implementing on a larger scale has been delayed due to staff hiring, trainings and building of caseload. The RI EHDI Coordinator had initial meetings with program directors for all three evidence-based home visiting programs; (Healthy Families America, Nurse-Family Partnership, and Parents as Teachers) to discuss collaborative initiatives. The main focus until implementation with the remaining home visiting programs will be to educate staff on how to better engage and educate families with children with hearing loss who need additional screening and diagnostics. Implementation of MIECHV Home Visiting Program will begin in February 2014.

Goal 2: Collaborate with Early Head Start to establish systems to ensure that all children in Early Head Start have appropriate hearing screening and follow-up at recommended ages.

Objective 2.1: Establish program with Early Head Start (EHS) to assist in assuring that all children within EHS had a newborn hearing screen and appropriate follow-up.

All Early Head Start agencies have on-line access to KIDSNET, which contains information about the newborn hearing screen and some information about follow-up services. The EHDI coordinator and RIHAP Administrator/Audiologist have met with all EHS agencies to review the hearing screening procedures and protocols used at each Early Head Start site as well as the data systems used at each site. An EHS/EHDI partnership and data sharing proposal was presented to Head Start Directors and Nurses at one of their monthly meetings, waiting for all agreements to be signed and returned to HEALTH. Although Early Head Start all use their own systems to track hearing screening, they agreed to exchange data with KIDSNET to help coordinate screening efforts with EHDI and help facilitate newborn hearing screening follow-up. The Head Start Directors and Information Technology staff met to begin working on data exchange.

Objective 2.2: Expand existing systems of screening in EHS programs, in accordance with best practice, to screen all children annually.

Early Head Start programs are federally funded and are required to perform or obtain developmental screening, including hearing screening within 45 days of a child's entry into the program and annually thereafter. There is no central state-wide data system used by Early Head Start. To address this issue, each data system had to be evaluated independently before determining the best file format and process to transfer rosters. Furthermore, each Early Head Start program has its own protocol for determining how often records are reviewed, how hearing screening is implemented, and how referrals for hearing screening follow-up are made and monitored. Presentation of the EHS/EHDI partnership proposal was delayed until May as the EHS agencies were focused on preparing for potential budget cuts due to sequestration. Limitations on file import and export of the Child Plus data system used by most Rhode Island Head Start agencies may further slow progress.

Goal 3: Build on Home Visiting and Early Head Start partnerships to reduce the loss to follow-up rate among 6-7 month old infants who have an indicated risk factor for hearing loss.

Objective 3: Expand existing systems of screening in Home Visiting programs to identify and screen or assess children after the newborn period who have risk factors for hearing loss.

Children who pass the initial screen yet have risk factors for hearing loss need close monitoring. Some of these children participate in Early Head Start (EHS). A number of EHS programs have family advocates in their centers that can serve to encourage follow-up with families. EHS staff and primary care providers have access to the newborn hearing screening results in KIDSNET to reduce duplicative screening and at least one staff person in each office has been trained. Presently, any providers are able to access screening results to reduce duplicative screening. Meetings were conducted with the Parents as Teachers program and all Early Head Start Agencies to assess hearing screening protocols and data systems.

Several meetings with Head Start directors and data teams were held. All agreed that data exchange with KIDSNET would be mutually beneficial. Specifications as to which data to exchange were developed. A KIDSNET-Head Start data sharing agreement is in process. Most Rhode Island Head Start agencies use a data system called Child Plus. Review of that system revealed that the file import and export capacity is very limited and does not include health data. We will explore options with Child Plus and Head Start Directors to phase in the data exchange, starting with what is available and moving to increase capacity over time. Current referral process with First connections has focused on infant who need an initial re-screen and a diagnostic evaluation. Identifying the specific home visiting program a children who has passed the initial screen and is need of follow-up has been determined attainable once collaboration of all home visiting programs are implemented. Implementation of this activity is anticipated to begin in March 2014.

Goal 4: Develop standardized language, testing, and reporting protocols for infants with hearing loss participating in Early Intervention program.

Objective 4.1 Assess the number of children screened and the receptive and expressive language scores with the MacArthur at approximately 12, 24 and 30 months with hearing loss who participated in Rhode Island Early Intervention (Part C) Programs.

Programming specifications for on-line data entry of the screening results were developed and initial programming was completed and tested. Final programming is completed. A protocol for data entry of scores into KIDSNET has been developed and tested and all completed forms submitted to RIHAP have been entered into KIDSNET. The MacArthur-Bates tool has been included on an Early Intervention checklist for children with hearing loss and Early Intervention service providers have started using it. The final step has been to program a report looking at screening completion for children with hearing loss.