

**Colorado EHDI Alliance  
Work Plan  
May, 2020**

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| <b>Goal 1:</b> Adherence to the 1-3-6 model of EHDI in order to ensure optimal and developmentally appropriate language outcomes for children   |   |   |
| <b>Objective: 1.1:</b> Complete hearing screen by 1 month of age  |   |   |
| <b>Outcomes</b>   |   | <b>Responsible Personnel</b>  |
| 1.1.1. A minimum of 95% of infants born in Colorado hospitals and birthing centers will have their hearing screened prior to <b>hospital</b> discharge  | <p>Year 1: By September 30, 2020, determine the number of infants born in CO hospitals and birthing centers that have had hearing screened based on data from the electronic birth certificate (EBC) and later utilization of HIDS database</p> <p>Year 2:</p> <ul style="list-style-type: none"> <li>● Review data generated by the new Health Informatics Data System (HIDS) ; compare data to existing data (2014 or sooner); set target data for Years 2, 3, and 4.</li> <li>● With plans for the HIDS to be up and running, a minimum of 95% of infants born will have had their hearing screened prior to hospital discharge</li> </ul> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p> | <p>Arlene Stredler Brown</p> <p>Collaborate with Margaret Ruttenber, Colorado Department of Public Health and Environment (CDPHE)</p> |
| <b>Considerations:</b> Until the CDPHE launches the HIDS database (projected Aug - Sept 2020), the screening data from the Electronic Birth Certificate (EBC) will be used. Targets of 95% may be revised based on base rate data obtained from Health Resources and Services Administration (HRSA) and/or the Centers for Disease Control (CDC). |   |   |
| 1.1.2. A minimum of 95% of Colorado <b>home births</b> will have their hearing screened by 1 month of age   | <p>Year 1: By September 30, 2020, identify, and connect with, a representative of Colorado’s midwifery program(s); identify the number of home births; monitor any increases in home births secondary to COVID-19.</p> <p>Year 2: Establish a monitoring system with the CDPHE; assure at least 50% of home</p>   | Heather Abraham   |

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|  | <p>births are screened</p> <p>Year 3: Increase screening of home births to 75%</p> <p>Year 4: A minimum of 95% of Colorado home births will have their hearing screened by 1 month of age</p>  |  |
| <p><b>Considerations:</b> Targets may be adjusted based on data from previous years obtained from HRSA and/or CDC.</p>   |  |  |
| <p><b>Objective/Outcome 1.2:</b> Determining [or identifying] hearing level by 3 months of age</p>   |  |  |
| <p><b>Outcomes</b></p>   |  | <p><b>Responsible Personnel</b></p>  |
| <p>1.2.1. A minimum of 85% of failed hearing screens will be <b>rescreened</b> prior to discharge from the hospital</p>  | <p>Year 1: Determine how many infants born in CO hospital and birthing centers have had their hearing <b>rescreened</b> based on current data from the EBC and the HIDS database when it is operational.</p> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• Work with the Colorado Academy of Audiology (CAA) &amp; the Colorado Educational Audiology Association (EAA) to identify ways in which rescreenings are conducted in urban and rural areas.</li> <li>• Increase rescreening rate by 15% based on HIDS data</li> </ul> <p>Year 3: Increase rescreening rate by 15%, based on HIDS data, until a minimum of 85% are rescreened</p> <p>Year 4: Increase rescreening rate by 15%, based on HIDS data, until a minimum of 85% are rescreened</p> | <p>Arlene Stredler Brown</p> <p>Collaborate with CAA and EAA personnel</p> |
| <p><b>Considerations:</b> 60% of rescreenings are performed in hospital clinics; identify ways in which the remaining 40% are rescreened. Identify the impact of COVID-19 which will likely shift the rescreening protocol to include more outpatient clinics [including Primary Care Practitioner (PCP) offices]. Educational audiologists in at least some rural areas are responsible for rescreenings; their role will be monitored statewide.</p> |  |  |
| <p>1.2.2. A minimum of 85% of children who did not pass the hearing screen/rescreen will be</p>  | <p>Year 1: Determine how many infants born in CO hospital and birthing centers have had hearing level identified by an audiologist based on data secured from hospitals, Part C, and other audiologists</p>  | <p>Arlene Stredler Brown</p>   |

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| <p>referred for follow-up audiological evaluations within 60 days after the report that the child did not pass the first screen</p>   | <p>Year 2: Increase percentage of audiological evaluations within 60 days after the report that the child did not pass the first screen by at least 15% based on HIDS data</p> <p>Year 3: Increase percentage of audiological evaluations within 60 days after the report that the child did not pass the first screen by at least 15% based on HIDS data</p> <p>Year 4: Increase percentage of audiological evaluations within 60 days after the report that the child did not pass the first screen by at least 15% based on HIDS data, until a threshold of 85% receive evaluations, based on HIDS data</p> |   |
| <p><b>Considerations:</b> Targets may be adjusted based on data from previous years obtained from HRSA and/or CDC.</p>  |  |   |
| <p>1.2.3. 100% of referred audiological evaluations will result in hearing level determination by 3 months of age</p>   | <p>Year 1: Identify percentage of children with identification of hearing level by 3 months of age.</p> <p>Year 2: Increase percentage of children with hearing level determined by 3 months of age by 25% from Year 1.</p> <p>Year 3: Increase percentage of children with hearing level determined by 3 months of age to 100%</p> <p>Year 4: Maintain percentage of children with hearing level determined by 3 months of age at 100%</p>  | <p>Arlene Stredler Brown</p> <p>Collaborate with Margaret Ruttener (CDPHE)</p>                    |
| <p><b>Considerations:</b> Response to COVID-19 will potentially alter the age at which children have hearing loss identified, especially in Year 1. The grantee will attempt to collect final data from previous years to determine base rate targets for Year 1.</p> |  |   |
| <p>1.2.4. When hearing level determination is not possible, a referral will be made to do follow up audiological testing within 3 months</p>  | <p>Year 1: By September 30, 2020, secure base rate data from previous grant reports and/or CDC database.</p> <p>Year 2: Determine how to collect this data before and after the launch of HIDS database. Improve on base rate by 20%</p> <p>Year 3: Improve on base rate by 20% until 95% of children are referred</p> <p>Year 4: Maintain 95% referral rate.</p>  | <p>Arlene Stredler Brown</p> <p>Collaborate with audiologists &amp; Margaret Ruttener (CDPHE)</p> |
| <p><b>Considerations:</b> It is unclear at this point in time if the HIDS database includes a field to measure this objective. If it is not included, an alternative</p>  |  |   |

procedure will be identified and implemented.

**Objective 1.3. Enroll in early intervention services by 6 months of age**

| <b>Outcomes</b>   |   | <b>Responsible Personnel</b>   |
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| <p>1.3.1. Upon referral by an audiologist who determined the hearing level of the child, the Colorado Hearing (CO-Hear) Coordinator, funded by the Colorado School for the Deaf and the Blind (CSDB), in collaboration with state and local EI Colorado (Part C) agencies, will contact each family within 7 calendar days of receiving a referral from the audiologist (as per Part C guidelines)</p>  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• By September 30, 2020, a permanent initial referral process, identifying a single point of entry, will be established by the CO EHDI Alliance in adherence with Part C requirements.</li> <li>• By December 31, 2020, the referral process will be disseminated statewide.</li> <li>• By March 31, 2021, 75% of referrals will be contacted by the person identified as the single-point of entry to early intervention within 7 days.</li> </ul> <p>Year 2: 85% of referrals will be contacted by point of entry within 7 days.</p> <p>Year 3: 95% of referrals will be contacted by point of entry within 7 days.</p> <p>Year 4: All referrals will be contacted by point of entry within 7 days.</p> | <p>Heather Abraham</p> <p>Coordinate with Part C, CSDB, family-based organizations</p> |
| <p><b>Considerations:</b> On April 10, 2020, an interim referral process was put in place by Part C and CSDB; an enduring process needs to be identified and adopted by the responsible agencies. It is a goal, hopefully attainable, for a single point of entry to be established. The amount of time, from the time of referral by an audiologist to the initial EI contact, is 7 calendar days. The roles of the CO-Hear Coordinator and the Part C service coordinator need to be identified to assure a family is presented with their procedural safeguards immediately.</p> |   |  |
| <p>1.3.2. Families will be given: timely access to early intervention services and their rights under Part C. This process must follow Part C requirements and will include unbiased information about hearing and hearing loss; resources, including different provider options; all language and communication modalities; access to deaf and hard of hearing (DHH) adults; and family-to-family support.</p>   |   |  |
| <p>1.3.2.i. Families will be given: comprehensive, non-biased access to early intervention services, information, resources,</p>  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Available resource guides will be reviewed by task forces and discussed by the CO EHDI Alliance.</li> <li>• At least two meetings with Regional CO-Hear Coordinators, the interim point of</li> </ul>   | <p>Heather Abraham &amp; Arlene Stredler Brown</p>                                     |

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| <p>languages and communication modalities</p>  | <p>entry into early intervention, will address delivery of the information included in this objective.</p> <p>Year 2: A resource guide will be adopted. At least two meetings with the identified point of entry into early intervention will address delivery information about languages and communication modalities.</p> <p>Year 3: The adopted resource guide will be printed and disseminated to families of all newly-identified DHH children by the referring audiologist and/or the single-point of entry into early intervention. Any new personnel representing the single point of entry to early intervention will receive training on delivery of comprehensive, non-biased services (e.g., information, resources, language and communication opportunities).</p> <p>Year 4: The adopted resource guide will be updated to reflect current information (e.g., updated resources). At least two meetings with personnel representing the single point of entry to early intervention will address the ways in which they deliver information about language and communication modalities. Any new personnel associated with entry to early intervention, including the referring audiologist, will receive training on using the materials.</p> | <p>Collaborate with Christy Scott, Ashley Renslow (CSDB) &amp; FBOs</p>     |
| <p>1.3.2.ii. Families will be given access to family-to-family support systems from family members of children who are DHH</p> | <p>Year 1: Task forces, reporting to The CO EHDI Alliance, will identify procedures to assure all families are offered access to family-to-family support. A database will be established to collect base rate data documenting access to and utilization of family-to-family support.</p> <p>Year 2: The CO EHDI Alliance will have identified an agreed-upon system to offer family-to-family support. Development of the monitoring database will be completed.</p> <p>Year 3: Family-to-family support will be made available to families who enroll in the intervention program.. The monitoring database will be operational.</p> <p>Year 4: Family-to-family support will be made available to families who enroll in the intervention program. The monitoring database will be modified, if needed.</p>   | <p>Heather Abraham</p> <p>Collaborate with Family Support Organizations</p> |
| <p>1.3.2.iii. Families will be given access to DHH adults</p>  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>By September 30 , 2020, a thorough review of available curriculums and published literature will be conducted. This includes input from Family Leadership in Language and Learning (FL3), NCHAM, and existing programs in other states.</li> </ul>  | <p>Heather Abraham</p> <p>Kathy Sevier (CSDB)</p>                           |

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|  | <ul style="list-style-type: none"> <li>● By March 31, 2021, task forces reporting to the Alliance, will discuss the design of the program for DHH adults.</li> <li>● By March 31, 2021, a curriculum for a pilot program will be purchased &amp;/or designed.</li> <li>● By March 31, 2021, a small cadre of DHH adults will be trained.</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>● The curriculum for CO's program will be established and adopted by the CO EHDI Alliance.</li> <li>● Twice as many DHH adults will be trained. The DHH adults who have been trained will continue to be offered training and support based on feedback from the pilot started in Year 1.</li> <li>● Up to 20 families will have met a DHH adult at least one time.</li> </ul> <p>Year 3:</p> <ul style="list-style-type: none"> <li>● At least 50% more DHH adults will be trained. Approximately twice as many families will have met a role model who is DHH at least one time.</li> <li>● Current DHH adults will continue to be offered training and support based on feedback from the services provided in Year 2.</li> </ul> <p>Year 4:</p> <ul style="list-style-type: none"> <li>● At least 50% more DHH adults will be trained.</li> <li>● Approximately twice as many families will have met an adult who is DHH</li> <li>● Current adults who are DHH will continue to be offered training and support based on feedback from the services provided to date.</li> <li>● Data will be provided to support CSDB's request to the State legislature for additional funding to sustain this program.</li> </ul> | <p>Collaboration with Ashley Renslow (CSDB)</p>                |
| <p><b>Considerations:</b> The outcomes for the program supporting families' access to trained adults who are DHH have been altered from the outcomes stated in the original grant. A more current plan is in the updated budget narrative submitted to HRSA on April 6, 2020. Because this is a new program, all targeted outcomes are a work in progress.</p> |  |  |
| <p>1.3.3. Families will be supported in exploring their languages and communication modalities by CO-Hear Coordinators in</p>  | <p>Year 1: Plans for professional development with early interventionists will be defined.</p> <p>Year 2: At least one training for early interventionists will be conducted. A professional learning community will be established.</p>   | <p>Heather Abraham</p> <p>Collaborate with CSDB and Part C</p> |

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| <p><b>collaboration with</b> early interventionists</p>  | <p>Year 3: A professional learning community for early interventionists will be available</p> <p>Year 4: The Alliance will have sought sustainable funding for the professional learning community so that current and new early interventionists can participate when grant funding ends.</p>   |   |
| <p>1.3.4. Quarterly assessments of the DHH child’s language and/or speech and listening developmental milestones will be explored</p>  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>● By September 30, 2021, the actual number of children receiving early intervention from a Part C-funded provider will be established.</li> <li>● By March 31, 2021, the number of children receiving early intervention from programs not funded by Part C will be established.</li> <li>● The number of children receiving The FAMILY Assessment will be identified.</li> </ul> <p>Year 2: There will be a 10% increase in the number of children receiving the FAMILY Assessment.</p> <p>Year 3: There will be a 15% increase in the number of children receiving the FAMILY Assessment.</p> <p>Year 4: There will be a 15% increase in the number of children receiving the FAMILY Assessment.</p> | <p>Heather Abraham &amp; Arlene Stredler Brown</p> <p>Collaborate with Ashley Renslow (CSDB) &amp; Allison Sedey (CSDB)</p> |
| <p><b>Considerations:</b> Assessments are currently conducted at 6-month intervals per Part C and JCIH guidelines. Colorado has an established assessment protocol - The FAMILY Assessment. It is funded, in part, by CSDB. Other funding sources (e.g., Part C) will be explored.</p> |  |   |
| <p>1.3.5. When necessary, family needs, assessment data, and professional consultations will guide just-in-time interventions and modifications to the DHH child’s language, communication, and/or speech and listening approach to ensure</p>   | <p>Year 1:</p> <ul style="list-style-type: none"> <li>● A review will be conducted of the protocols currently included in The FAMILY Assessment.</li> <li>● Grant staff will coordinate with Part C to confirm the choice of assessment protocols included in The FAMILY Assessment</li> </ul> <p>Year 2: A plan to offer training to CO-Hear Coordinators and early interventionists in the interpretation of the FAMILY Assessment summaries will be arranged to address modifications to a child’s EI program.</p> <p>Year 3: Resources for professional development will be developed so that future early interventionists can access the materials.</p>  | <p>Arlene Stredler Brown</p> <p>Ashley Renslow (CSDB)</p> <p>Christy Scott (Part C)</p>                                     |

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| developmental milestones are met   | Year 4: A plan to integrate FAMILY Assessment data with Part C ongoing assessment and intervention data will be established. If possible, regression analyses of the data will be piloted.  |  |
| Objective: 1.4. Support professional development for Early Intervention Professionals  |   |  |
| <b>Outcomes</b>  |   | <b>Responsible Personnel</b>   |
| 1.4.1. In conjunction with CSDB and the CDHS Part C Program, two annual professional development opportunities will continue to be provided to all early interventionists, including Part C service coordinators, and CO-Hear Coordinators | <p>Year 1: Two annual professional development opportunities will be offered to all early interventionists, Part C service coordinators, and/or regional CO-Hear Resource Coordinators.</p> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>  | <p>Christy Scott (Part C)</p> <p>Arlene Stredler Brown</p> <p>In collaboration with Ashley Renslow (CSDB)</p>          |
| 1.4.2. The Colorado EHDI Alliance will provide up to two <b>additional</b> professional development opportunities for early intervention professionals in addition to the two provided by CSDB and EI Colorado (stated in 1.4.1)           | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Assign a task force to explore and determine the additional professional development curriculum</li> <li>• Provide subgrants to support professional development activities which may include invited presenters from the EHDI field.</li> </ul> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p> | <p>Christy Scott</p> <p>Arlene Stredler Brown</p> <p>Heather Abraham</p> <p>Collaborate with Ashley Renslow (CSDB)</p> |
| 1.4.3. A Virtual Learning Community will be established for the purposes of providing individualized professional  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Disseminate a survey to identify: (a) gaps in knowledge and skills among early intervention providers; and (b) preferred professional development opportunities.</li> <li>• Work with Part C to utilize the Virtual Learning Community platform they have found most successful</li> </ul>                            | <p>Arlene Stredler Brown</p> <p>Christy Scott</p>  |

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| <p>development opportunities for early intervention professionals with a mentoring component</p>  | <p>Year 2: Ongoing<br/>Year 3: Ongoing<br/>Year 4: Ongoing</p>  |   |
| <p>1.4.4. All professional development activities will incorporate at least one or more of the following topics: (a) family-centered practices (e.g., coaching); (b) evidence-based interventions including family and child assessments; (c) sign language; (d) listening and spoken language; (e) combination of communication modalities; (f) early literacy; (g) children with multiple disabilities; (h) supporting family mental health and wellbeing</p> | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• The members of any early Intervention task forces and the members of the CO EHDI Alliance will establish priority areas for the 2 additional professional development activities for EI professionals.</li> <li>• Delivery models for professional development (e.g., webinars, a professional learning community, peer mentoring) will be prioritized.</li> <li>• Subgrant opportunities will be announced, reviewed and awarded.</li> <li>• A review of ways in which presentations can be recorded and stored will be conducted so that all EI professionals will have access to the material.</li> </ul> <p>Year 2: Ongoing<br/>Year 3: Ongoing<br/>Year 4: Ongoing</p> | <p>Heather Abraham<br/><br/>Arlene Stredler Brown<br/><br/>Collaborate with Christy Scott (Part C)</p>                              |
| <p><b>Considerations:</b> Professional development will be funded by the grant which will offer training specific to infants and toddlers who are DHH; this may include virtual learning opportunities (e.g., webinars, a professional learning community, peer mentoring).</p>   |   |   |
| <p>1.4.5. Development of Program Analysis/Program Quality Indicators</p>  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Existing survey data, already collected by CSDB, will be reviewed</li> <li>• As needed, a survey will be distributed to EI professionals working in CCBs, private practice, and with other agencies/programs to identify and prioritize training needs. Survey results will be analyzed.</li> <li>• Professional development activities will be structured based on survey results.</li> </ul> <p>Year 2: Published indices prioritizing professional development activities will be explored [e.g., JCIH; Moeller, Carr, Seaver, Stredler-Brown, &amp; Holzinger (2013)].</p>  | <p>Heather Abraham &amp; Arlene Stredler Brown<br/><br/>Collaborate with Christy Scott<br/><br/>Collaborate with Ashley Renslow</p> |

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|  | Year 3: All professional development activities will be evaluated by attendees.<br>Year 4: Ongoing | (CSDB) |
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| Goal 2: Improve data collection and reporting   |   |  |
| <b>Objective:</b> 2.1. Adopt Health Information Data System (HIDS)  |   |  |
| <b>Outcomes</b>   |   | <b>Responsible Personnel</b>   |
| 2.1.1. Migrate to state's new HIDS  | Year 1: By September 30, 2020, CDPHE projects that they will launch the HIDS database<br>Year 2: n/a<br>Year 3: n/a<br>Year 4: n/a  | Arlene Stredler Brown<br><br>In collaboration with Cliff Moers and Margaret Rutenber (CDPHE)                     |
| <b>Considerations:</b> CDPHE has announced a delay due to COVID-19. September is the new targeted launch date.                |   |  |
| 2.1.2. All early intervention data to be tracked in HIDS  | Year 1: By December 31, 2020, Initiated with launch of HIDS database<br>Year 2: Ongoing throughout the Year<br>Year 3: Establish coordination between the HIDS database & the Part C Early Intervention statewide data system.<br>Year 4: Continue effort identified in Year 3. | Arlene Stredler Brown<br><br>Collaborate with Cliff Moers, Margaret Rutenber (CDPHE), and Christy Scott (Part C) |
| <b>Considerations:</b> CDPHE has announced a delay launching HIDS due to COVID-19. September is the new targeted launch date. |   |  |

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| 2.1.3. Monthly reports of aggregated HIDS data sent to stakeholders  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• By January 31, 2021, monthly data will be available.</li> <li>• By March 31, 2021, a regional roll-out plan will be identified.</li> </ul> <p>Year 2: Pilot dissemination of quarterly reports to hospitals, and early intervention personnel</p> <p>Year 3: Monthly reports are provided</p> <p>Year 4: Ongoing</p>   | <p>Arlene Stredler Brown</p> <p>Collaborate with Cliff Moers and Margaret Ruttenber (CDPHE)</p> |
| <b>Considerations:</b> Implementation of this plan is dependent on CDPHE staff's interpretation of their role. |  |   |
| 2.1.4. Coordination and sharing of data collection with the Early Intervention statewide data system           | <p>Year 1: CDPHE and the Part C program (El Colorado) will discuss the opportunities to share data collected in their respective agencies. Input will be solicited from task forces under the leadership of the CO EHDI Alliance.</p> <p>Year 2: A plan for data sharing will be established.</p> <p>Year 3: If agencies agree, data sharing will occur for piloted counties.</p> <p>Year 4: If agencies agree, data sharing will occur statewide.</p> | <p>Christy Scott</p> <p>Cliff Moers</p> <p>Arlene Stredler Brown</p>                            |
| <b>Considerations:</b> Implementation of this plan is dependent on CDPHE staff's interpretation of their role. |  |   |
| <b>Objective:</b> 2.2. Track those who may bypass HIDS   |  |   |
| <b>Outcomes</b>  |  | <b>Responsible Personnel</b>  |
| 2.2.1. Add DHH children who move in from out of state  | <p>Year 1: Collect information from Part C and CDPHE to investigate the number of children receiving early intervention who were not screened in Colorado.</p> <p>Year 2: If determined a need, identify the children receiving early intervention who were not referred to Part C. Add these children, as parents permit, to the EI data system.</p> <p>Year 3: Ongoing</p>   | <p>Arlene Stredler Brown</p> <p>Christy Scott</p> <p>Collaborate with Margaret Ruttenber</p>    |

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|   | Year 4: Ongoing  | (CDPHE)   |
| 2.2.2. Reduce loss to follow up and documentation rates by 10% annually   | <p>Year 1:</p> <ul style="list-style-type: none"> <li>The CO EHDI Alliance will gain access to the number of children who are lost to follow-up (LTF) and the number of children who are lost to documentation (LTD).</li> <li>The CO EHDI Alliance, in collaboration with appropriate task forces, will identify activities associated with the data that has been reported.</li> </ul> <p>Year 2: Reduce LTF and LTD rates by 10% annually</p> <p>Year 3: Reduce LTF and LTD rates by 10% annually</p> <p>Year 4: Reduce LTF and LTD rates by 10% annually</p> | <p>Arlene Stredler Brown</p> <p>Collaborate with task forces and CO EHDI Alliance</p>   |
| 2.2.3. Develop and enhance audiologists' referral protocols to early intervention   | <p>Year 1: The CO EHDI Alliance will adopt, with consensus, a sustainable plan describing a protocol for referral from audiologic identification to early intervention</p> <p>Year 2: There will be increased compliance with the plan identified in Year 1.</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>   | <p>Arlene Stredler Brown</p> <p>Heather Abraham</p> <p>Collaborate with Part C</p>  |
| <p><b>Considerations:</b> In April, 2020, the CO EHDI Core Team, in collaboration with Part C (EI Colorado), issued guidance on an interim process of referral from identification of hearing loss to early intervention. A permanent and sustainable system needs to be developed and monitored.</p> |  |   |
| 2.2.4. Develop pediatrician referral protocols  | <p>Year 1: The CO EHDI Alliance will discuss actions supported by the JCIH, NCHAM, AAP, and FL3 to inform pediatricians about referral protocols.</p> <p>Year 2: Our AAP Chapter Champion will help disseminate activities identified in Year 1.</p> <p>Year 3: Ongoing activities as identified in Year 2.</p> <p>Year 4: Ongoing activities as identified in Year 2 based on results in Year 3.</p>  | <p>Cliff Moers</p> <p>Arlene Stredler Brown</p> <p>Collaborate with Maureen Cunningham (AAP Chapter Champion) and CCDHHDB's</p> |

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|  |   | Outreach and Consultative Services           |
| <b>Considerations:</b> On May 11, 2020, Dr. Maureen Cunningham sent a communique to PCPs describing an immediate need to address screening and rescreening protocols secondary to COVID-19. All PCPs (e.g., Pediatricians, Family Practitioners) will be notified about activities meeting this objective. |   |  |
| 2.2.5. Identify and document the risk factors that may impact a DHH child or family's ability to access the EHDI system  | Year 1: The CO EHDI Alliance will discuss risk factors that may impact access to the EHDI system<br>Year 2: Ongoing<br>Year 3: Ongoing<br>Year 4: Ongoing | Arlene Stredler Brown<br><br>Heather Abraham |

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| <b>Goal 3: Establish the Colorado EHDI Alliance</b>   |   |   |
| <b>Objective:</b> 3.1. Establish the Colorado EHDI Alliance leadership team to refresh the EHDI system in Colorado  |   |   |
| <b>Outcomes</b>   |   | <b>Responsible Personnel</b>                                  |
| 3.1.1. The Core Team that developed the grant (including CCDHHDB, EI-Colorado; CSDB; & Rocky Mountain Deaf School) will serve as part of the CO EHDI Alliance | Year 1: By July 1, 2020, CO EHDI Alliance membership will be established<br>Year 2: CO EHDI Alliance membership will be reviewed and modified, as necessary<br>Year 3: ongoing<br>Year 4: ongoing | Cliff Moers<br><br>Christy Scott<br><br>Arlene Stredler Brown |
| <b>Considerations:</b> As of April 1, 2020, the Core Team has been meeting weekly.  |   |   |
| 3.1.2. Stakeholders on the Alliance will include  | Year 1: By July 1, stakeholders will participate in the CO EHDI Alliance as members   | Cliff Moers   |

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| <p>representation from: CDPHE; Family-based Organizations; Colorado Department of Education (CDE); Health Care Policy and Financing (HCPF); audiology; and the Chapter Champion from the Colorado Chapter of the AAP.</p> <p>Additional stakeholders, as determined by the Alliance, will be invited to join</p>   | <p>Year 2: CO EHDI Alliance membership will be reviewed and modified, as necessary</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>   | <p>Arlene Stredler Brown</p> <p>Heather Abraham</p>                    |
| <p><b>Considerations:</b> In order to limit CO EHDI Alliance membership to an effective number (less than 20), numerous task forces will be established. Participation in task forces is open to all professionals and parents statewide. Each task force will send an appropriate number of representatives to serve on CO EHDI Alliance meetings when topics that are relevant to said task forces are scheduled for discussion.</p> |  |  |
| <p>3.1.3. A minimum of 25% of the team members will be a combination of parents of DHH children and DHH adults</p>   | <p>Year 1: By July 1, stakeholders will have been invited to join the CO EHDI Alliance as a team member</p> <p>Year 2: CO EHDI Alliance membership will be reviewed and modified, as necessary</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>                       | <p>Cliff Moers</p> <p>Arlene Stredler Brown</p> <p>Heather Abraham</p> |
| <p>3.2. Explore and support research-based telehealth strategies for improved access to rural areas</p>  |  |  |
| <p style="text-align: center;"><b>Outcomes</b></p>   |  | <p style="text-align: center;"><b>Responsible Personnel</b></p>        |
| <p>3.2.1. Utilize telehealth practices to provide direct services</p>  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>Research-based strategies for telehealth will be identified; this information will target the delivery of service coordination, audiology services, family-to-family support, and adults who are DHH.</li> </ul> | <p>Arlene Stredler Brown</p> <p>Christy Scott</p>                      |

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|   | <ul style="list-style-type: none"> <li>• The use of telehealth to deliver professional development activities for early interventionists will be explored for at least one rural area of the state.</li> <li>• Data will be collected from Part C identifying the number of interventionists delivering services via telehealth as well as the number of children/families receiving services via telehealth. Conduct an investigation into reasons families are not choosing to receive early intervention via telehealth.</li> <li>• Family needs regarding lack of internet connectivity, equipment, etc. is being conducted by Part C; Part C funds these needs. Expand understanding of this opportunity.</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• Identify the families not choosing telehealth and their reasons for denying its use. Work to engage them.</li> <li>• A plan to implement direct services, in addition to early intervention, will be discussed by CO EHDI Alliance members.</li> <li>• The use of telehealth to deliver professional development for early interventionists will be expanded.</li> <li>• Data collection, described in Year 1, will be ongoing.</li> </ul> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p> |   |
| <p><b>Considerations:</b> There is evidence supporting the efficacy and effectiveness for the delivery of early intervention services via telehealth. Colorado’s Part C program has endorsed and funded these services for more than three years. In response to COVID-19, the utilization of telehealth has changed dramatically; Part C is offering all sessions via telehealth. In some ways, our goal has been accomplished. The annual plans reflect projected changes in outcomes from the original outcomes stated in the grant application.</p> |  |   |
| <p>3.2.2. Explore solutions to the barriers that exist for service coordinators related to telehealth provision</p>   | <p>Year 1: Task forces will report to the CO EHDI Alliance on the current role of telehealth in the provision of Part C service coordination. Priorities for implementation will be solicited and presented to the Alliance. A focus on rural areas, and the associated challenges utilizing telehealth in these geographically-remote parts of the state, will be prioritized.</p> <p>Year 2: Solutions to the barriers that exist for service coordinators related to telehealth provision will be prioritized. The first priority will be addressed.</p> <p>Year 3: Solutions to the barriers that exist for service coordinators related to telehealth</p>   | <p>Arlene Stredler<br/>Brown</p> <p>Christy Scott</p> |

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|  | provision will be prioritized. All priorities will be addressed.<br>Year 4: Ongoing  |   |
| <b>Considerations:</b> This effort has been underway in Colorado for several years. A recent publication (Cole, Pickard, & Stredler-Brown, 2019) identifies the barriers to telehealth implementation. |  |   |
| <b>Objective:</b> 3.3. Provide information and resources to families   |  |   |
| 3.3.1. Develop a state EHDI Facebook page with a following that increases incrementally  | Year 1: Facebook page created in April, 2020; as of May, 2020, it has 30 followers. Target 150 users by March 31, 2021.<br>Year 2: Target 250 users.<br>Year 3: Target 350 users.<br>Year 4: Target 400 users.   | Heather Abraham<br><br>Support from Katie Cue |
| <b>Considerations:</b> Based on the response to COVID-19, outcomes and timeline have been adapted from the numbers stated in the grant application.  |  |   |
| 3.3.2. Develop a state EHDI website using the National Center for Hearing Assessment and Management (NCHAM) web resource guide   | Year 1: Initial website created in April, 2020; it will be edited to align with NCHAM's guidelines.<br>Year 2: Website will be monitored and updated as needed<br>Year 3: Ongoing<br>Year 4: Ongoing   | Heather Abraham<br><br>Katie Cue              |
| 3.3.3. Utilize search engine optimization to increase visibility of website across search engines  | Year 1: <ul style="list-style-type: none"> <li>The website will be functional, with relevant keywords built in and updated information provided across channels, to relevant stakeholders.</li> <li>Most written communication will be trilingual - English, Spanish, American Sign Language.</li> </ul> Year 2: Website pages will be optimized for search engines/users, bots and humans. Cross-marketing relationships will be developed with other organizations to ensure | Katie Cue<br><br>Support from Heather Abraham |

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|   | <p>visibility. Marketing/branding will be consistent.</p> <p>Year 3: SEO metrics will continue to be monitored and adjustments will be made, as needed.</p> <p>Year 4: Ongoing</p>   |   |
| Objective 3.4: Coordinating EHDI partnerships   |  |   |
| 3.4.1. Facilitate partnerships among Colorado EHDI Alliance members, early intervention programs [e.g., hospitals, private practices, CSDB, Community Centered Boards (CCBs), EI Colorado], and professionals statewide | <p>Year 1: The Alliance and associated task forces will be established to facilitate partnerships related to early intervention agencies and professionals</p> <p>Year 2: Task forces and the Alliance will address prioritized issues.</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>  | <p>Heather Abraham</p> <p>Arlene Stredler Brown</p> |
| 3.4.2. Integrate all early intervention providers, from diverse agencies offering early intervention, into the Colorado EHDI system.  | <p>Year 1: All early intervention providers from all agencies serving children who are DHH and under the age of 36 months (e.g., Children’s Hospital of Colorado, the Listen Foundation, RMDS, Part C) will have representation on the CO EHDI Alliance and/or associated task forces.</p> <p>Year 2: Early intervention providers from all agencies (e.g., CHCO, the Listen Foundation, RMDS) will be mentioned by Regional CO-Hear Coordinators when they meet with families following the referral from the audiologist who identified the child with reduced hearing levels. Materials from each organization will be included in the packet distributed by CO-Hear Coordinators.</p> <p>Year 3: Early intervention providers, and the agencies with which they are affiliated, have ongoing input into the representation of their services by CO-Hear Coordinators.</p> <p>Year 4: Ongoing</p> | <p>Arlene Stredler Brown</p>                        |
| 3.4.3. Develop consistent terminology usage guidelines  | <p>Year 1: Terminology usage guidelines will be developed by task forces and discussed at Alliance meetings. Terms will be published on the Alliance website.</p>  | <p>Heather Abraham</p>                              |

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|   | <p>Year 2: Evaluate terminology usage; revise as needed.</p> <p>Year 3: Evaluate terminology usage; revise as needed.</p> <p>Year 4: Evaluate terminology usage; revise as needed.</p>  |   |
| 3.4.4. Develop shared system-wide goals with a focus on developmentally-appropriate language outcomes for children  | <p>Year 1: Establish this outcome as a guiding principle for our grant. Share this value at all Core Team meetings, Alliance meetings, and in publications.</p> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>  | <p>Arlene Stredler Brown and Core Team members</p> <p>Support from Alliance members</p> |
| 3.4.5. Develop linguistically- and culturally-affirmative (or appropriate) guidelines and training materials in work with culturally- and linguistically-diverse families | <p>Year 1: All publications will be translated into Spanish and released simultaneously whenever possible. All meetings will have ASL interpreters as needed. Many publications will also have ASL translation available.</p> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>  | <p>Arlene Stredler Brown</p> <p>Support from Katie Cue</p>                              |
| 3.4.6. Facilitate coordination of services among all stakeholders (e.g., screening, identification, early intervention)   | <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Task forces will be established; each will have a topic associated with any aspect of the EHDI program (screening-transition-identification-transition-EI). Discussions on assigned and recommended topics will be placed on the agenda for each CO EHDI Alliance meeting.</li> <li>• Core principles, associated guidelines, &amp; communication protocols, will be established.</li> </ul> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p> | <p>Arlene Stredler Brown</p> <p>Collaborate with Core Team &amp; Alliance members</p>   |

| <b>Objective: 3.5. Oversight of HRSA grant-funded staff positions and activities</b>  |   |  |
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| 3.5.1. Monitor the EHDl Coordinator activities as outlined in the position description  | Year 1: Annual evaluation<br>Year 2: Annual evaluation<br>Year 3: Annual evaluation<br>Year 4: Annual evaluation  | Cliff Moers<br><br>Christy Scott             |
| 3.5.2. Monitor the EHDl Family Engagement Coordinator activities as outlined in the position description  | Year 1: Annual evaluation<br>Year 2: Annual evaluation<br>Year 3: Annual evaluation<br>Year 4: Annual evaluation  | Arlene Stredler Brown                        |
| 3.5.3. Increase by 10% the number of health professionals and service providers trained on elements of the Colorado EHDl Alliance family-to-family support system | Year 1: A needs assessment will be conducted regarding the amount of training being provided to audiologists, interventionists and other related health care professionals regarding family-to-family support options.<br><br>Year 2: Training options for audiologists, interventionists and other related health care professionals regarding family-to-family support, which could include in-person and online training, will increase by 2%.<br><br>Year 3: Training options for audiologists, interventionists and other related health care professionals regarding family-to-family support, which could include in-person and online training, will increase by 4% over Year 2.<br><br>Year 4: Training options for audiologists, interventionists and other related health care professionals regarding family-to-family support, which could include in-person and online training, will increase by 4% over Year 3. | Heather Abraham                              |
| 3.5.4. Develop and implement a professional development grant program that can include  | Year 1: By September 30, 2020, the CO EHDl Alliance will identify the process to issue requests for proposals and the associated grant review process. By October 1, 2020, grants will be awarded.<br><br>Year 2: Ongoing   | Arlene Stredler Brown<br><br>Heather Abraham |

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| participation in the Annual EHDI Meetings  | Year 3: Ongoing<br>Year 4: Ongoing  | Collaborate with Core Team & Alliance  |
| 3.5.5.. Promote preschool readiness for DHH children by recommending a standardized battery of appropriate assessments normed for children who are deaf and hard of hearing                | Year 1: A review will be conducted of the protocols currently included in The FAMILY Assessment - specifically the last assessment completed before the child exits early intervention. Grant staff will coordinate with Part C and CDE to confirm the choice of assessment protocols included in The FAMILY Assessment to prepare for children transitioning to preschool.<br><br>Year 2: Adaptations to the protocols included in The FAMILY Assessment will be discussed by the CO EHDI Alliance, and recommendations will be made to CSDB, Part C, and CDE.<br><br>Year 3: ongoing<br><br>Year 4: ongoing | Arlene Stredler Brown<br><br>Heather Abraham<br><br>Christy Scott<br><br>Ashley Renslow (CSDB)<br><br>Coordinate with Shauna Moden (CDE) |
| <b>Considerations:</b> The FAMILY Assessment, currently used by early interventionists with children who are DHH, has protocols specific to “older” children transitioning into preschool. |   |  |

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| Goal 4. Prioritize Family Support and Engagement  |   |                              |
| <b>Objective:</b> 4.1. Develop and implement a family support and engagement program  |   |                              |
| <b>Outcomes</b>   |   | <b>Responsible Personnel</b> |
| 4.1.1. A portion of EHDI grant funds will be made available to family-based organizations (FBOs) for use in activities (e.g., organizational development, | Year 1: A survey of current family support and engagement programs in Colorado will be completed. Subgrants will be awarded to FBOs in accordance with the allocations outlined in the grant. The grant can support parent attendance at annual EHDI meetings. Allocations will be made through applications for subgrants. | Heather Abraham              |

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| <p>coordination among family support programs)</p>  | <p>Year 2: The grant will support parent attendance at annual EHDI meetings. Subgrants will be awarded to FBOs in accordance with the allocations outlined in the grant.</p> <p>Year 3: A family support and engagement program will be implemented regionally. Subgrants will be awarded to FBOs in accordance with the allocations outlined in the grant.</p> <p>Year 4: A family support and engagement program will be implemented statewide with regional adaptations. Subgrants will be awarded to FBOs in accordance with the allocations outlined, with a priority given to organizations that indicate a mechanism for continued funding to sustain their program.</p>  |  |
| <p>4.1.2. Grant guidelines will include mandatory data collection and evaluation procedures</p>                     | <p>Year 1: Subgrant recipients will have identified their process for data collection and evaluation that support the EHDI initiative</p> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing. Efforts to sustain activities will be delineated.</p> <p>Year 4: Ongoing. Efforts to sustain activities will be delineated.</p>   | <p>Heather Abraham</p> <p>Arlene Stredler Brown</p>                                      |
| <p><b>Objective:</b> 4.2. Develop a program offering families access to adults who are deaf and hard of hearing</p> |  |  |
| <p style="text-align: center;"><b>Outcomes</b></p>  |  | <p style="text-align: center;"><b>Responsible Personnel</b></p>                          |
| <p>4.2.1. A program giving families access to adults who are DHH, to be housed under CSDB, will be created.</p>     | <p>Year 1:</p> <ul style="list-style-type: none"> <li>● By September 30, 2020, a dedicated employee of CSDB, with grant funding for a .25 FTE position, will work with the Family Support and Engagement Coordinator to create the program. Existing curricula will be identified. Best practices (e.g., JCIH, FCEI, FL3) will be identified and prioritized.</li> <li>● Coordination among EHDI staff and the CSDB employee will be established.</li> <li>● By March 31, 2021, up to 15 families will receive services from a DHH adult who has been trained by program personnel. Pilot data will be collected and analyzed.</li> <li>● The program representing services from a DHH adult will be finalized.</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>● Families' access to a DHH adult will be offered to additional families statewide</li> </ul> | <p>Heather Abraham</p> <p>Kathy Sevier</p> <p>Collaborate with Ashley Renslow (CSDB)</p> |

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|  | <ul style="list-style-type: none"> <li>• A questionnaire will be distributed to families who received services from a DHH adult. The data will be analyzed and will inform expansion of the program.</li> </ul> <p>Year 3: Additional families will receive opportunities to visit with a DHH adult. Data analysis will be ongoing.</p> <p>Year 4: Ongoing</p>   |  |
| <p><b>Considerations:</b> In our revised budget summary, supplied to HRSA on April 6, 2020, revisions to this objective were made. The year-by-year outcomes reflect these changes.</p>  |  |  |
| <p>4.2.2. Adopt, and/or adapt, and/or create a curriculum providing families with access to a DHH adult; adults will represent any/all languages and communication modalities</p>  | <p>Year 1: By September 3, 2020, multiple curricula will be reviewed, data will be collected from programs around the country (aka; “Deaf Mentor”, “DHH Role Model”, “Guides who are DHH”, etc), and a curriculum will be identified that meets the requirements for support of all communication approaches.</p> <p>Year 2: The curriculum selected will be reviewed and analyzed for effectiveness</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>   | <p>Heather Abraham</p> <p>Kathy Sevier</p> <p>Ashley Renslow</p> |
| <p><b>Considerations:</b> In our revised budget summary, sent to HRSA on April 6, 2020, revisions to this objective were made. The task force and CO EHDl Alliance members will identify the curriculum that will be adopted and/or developed.</p> |  |  |
| <p>4.2.3. Train up to 40 adults who are DHH who represent all communication approaches; assure statewide implementation; develop a roll-out, incrementally, during the four-year grant.</p>  | <p>Year 1: Adults who are DHH will be identified, and training processes will be established. A pilot program will be started</p> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• Aforementioned program of DHH adults will be expanded statewide. Ongoing support to trained DHH adults will be offered.</li> <li>• A survey will be developed to monitor the outcomes and benefits of the program.</li> </ul> <p>Year 3:</p> <ul style="list-style-type: none"> <li>• Curriculum for the DHH adults who will meet with families will be adjusted per the recommendations from the survey.</li> </ul> | <p>Heather Abraham</p> <p>Kathy Sevier</p> <p>Ashley Renslow</p> |

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|  | <ul style="list-style-type: none"> <li>Access to more adults who are DHH will be expanded statewide. Ongoing support to trained DHH adults will be offered.</li> </ul> <p>Year 4: Ongoing</p>  |  |
| 4.2.4. CSDB will take measures to sustain the program of DHH adults beyond 2024  | <p>Year 1: n/a</p> <p>Year 2: n/a</p> <p>Year 3: CSDB will have taken measures toward the sustainability of the program.</p> <p>Year 4: If not already accomplished, CSDB will have taken measures toward the sustainability of the program.</p>   | <p>Heather Abraham</p> <p>Collaborate with Ashley Renslow (CSDB)</p> |
| <b>Objective:</b> 4.3. Provide specialized support for Culturally and Linguistically Diverse (CLD) families  |  |  |
| <b>Outcomes</b>  |  | <b>Responsible Personnel</b>   |
| 4.3.1. Adapt EHDI materials by translating them and tailoring them to the linguistic and cultural norms of Spanish-speaking families   | <p>Year 1: All written materials created through this grant will be translated to Spanish. Materials that existed prior to April 1, 2020, that continue to be used with families, will be reviewed and identified for translation as needed.</p> <p>Year 2: All materials created through this grant will be translated to Spanish. Materials created prior to April 1, 2020, that continue to be used with families, will be reviewed and identified for translation as needed.</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p> | <p>Heather Abraham</p> <p>Katie Cue</p>                              |
| <b>Considerations:</b> Some written materials are also going to be translated into American Sign Language (ASL) and its usability and effectiveness will be evaluated on an ongoing basis. |  |  |
| 4.3.2. Earmark grant money tailored to Spanish-speaking families   | <p>Year 1: Subgrant funds will be allocated to support resources for Spanish-speaking families</p> <p>Year 2: Ongoing</p>  | Heather Abraham  |

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|   | Year 3: Ongoing<br>Year 4: Ongoing  |  |
| <b>Considerations:</b> The specialized Spanish-speaking support group provided by Colorado Hands & Voices will be reviewed and adopted if recommended by the task forces and The Alliance.            |   |  |
| 4.3.3. Explore opportunities to further support CLD families, other than Spanish speaking families, according to their unique cultural and linguistic needs   | Year 1: An analysis will be conducted regarding the unique needs of CLD families statewide. A language interpreting service will be identified and a cost analysis will be made.<br>Year 2: Opportunities to support the unique needs of CLD families will be identified. Agency(ies) to fund associated costs will be explored.<br>Year 3: Opportunities to support the unique needs of CLD families will be implemented<br>Year 4: Opportunities to sustain support for the use and associated costs of an interpreter service for the unique needs of CLD families will be in place.   | Heather Abraham                              |
| <b>Objective:</b> 4.4. Provide specialized support for rural families   |   |  |
| 4.4.1. Explore delivery of CO-Hear Coordinator services and early intervention services via telehealth  | Year 1: The EHDI team will have a thorough understanding of the resources the CO-Hear Coordinators utilize regionally, strengths of the services statewide, and gaps that may be alleviated by using telehealth.<br>Year 2: Opportunities for telehealth to alleviate gaps in services and supports for rural families will be identified and piloted.<br>Year 3: Evidence-based practices will be implemented to support rural families; outcomes will be monitored.<br>Year 4: Implementation of telehealth to rural families will be monitored. El Colorado (for early interventionists) will dedicate resources to fund telehealth when the grant ends. | Arlene Stredler Brown<br><br>Heather Abraham |
| <b>Considerations:</b> As of Year 1, CSDB is responsible for 100% oversight of the CO-Hear Coordinators. CSDB's interest in offering CO-Hear Coordinator services via telehealth is to be determined. |   |  |

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| 4.4.2. Coordinate access to hearing screening and follow up   | <p>Year 1: Investigate the role of educational audiologists in the screening and follow up processes in at least one rural area of the state</p> <p>Year 2: Investigate the role of educational audiologists in the screening and follow up processes in at least 4 rural regions of the state</p> <p>Year 3: Dedicate task force efforts to coordinate services offered by educational and clinical audiologists for screening and follow up</p> <p>Year 4: Analyze the effectiveness of the coordinated services.</p> | Arlene Stredler Brown |
| <b>Objective:</b> 4.5. Include families in state systems, regional activities, and policy-making processes at the local, state, and national levels |   |                       |
| 4.5.1. Invite parents to participate in task forces and the EHDI Alliance Leadership Team   | <p>Year 1: By June 1, 2020, families will have been identified who will participate in the CO EHDI Alliance</p> <p>Year 2: Ongoing</p> <p>Year 3: Ongoing</p> <p>Year 4: Ongoing</p>  | Heather Abraham       |
| 4.5.2. Develop a mechanism for families of DHH children to offer feedback on the Colorado EHDI system and its services                              | <p>Year 1: A mechanism for feedback will be developed by task forces and the CO EHDI Alliance.</p> <p>Year 2: A feedback system will be implemented.</p> <p>Year 3: Feedback from prior years will be analyzed to inform the system. Additional feedback will be gathered.</p> <p>Year 4: Ongoing</p>   | Heather Abraham       |

## References

Cole, B., Pickard, K., & Stredler-Brown, A. (2019). Report on the use of telehealth in early intervention in Colorado: Strengths and challenges with telehealth as a service delivery method. *International Journal of Telerehabilitation*, 11(1), 1-8.

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