

Objective 2: By March 31, 2024, Connecticut EHDI will increase by 10 percent from baseline, or achieve a minimum rate of 85 percent, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age.

Goal: 77.2% receive a DX by three months of age. 2017 Baseline: 67.2%

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity 2.2: Assist EHDI in achieving this goal via:</u> Improve\expand protocols for CTFSN outreach. These are also part of Objectives 4-6 too, but there is overlap in their message and audience; therefore, they are included here to for the reader to understand how comprehensive their activities will be.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<ul style="list-style-type: none"> a. CTFSN will continue or refine its existing parent outreach via Facebook, in-person parent trainings, parent groups, parent emails, or other methods to improve to assist EHDI in achieving this objective. b. Monthly, EHDI will share a list of relevant cases for CTFSN to track and contact per letter C below. c. Monthly, EHDI will share a list of relevant cases for CTFSN to track and contact per letter C below. d. CTFSN shall mail monthly a packet to parents fitting the following criteria. Conduct targeted direct outreach to parents of children who are missing diagnostic testing, or have incomplete diagnostic testing, or are not enrolled in B23. May include phone calls, in-person home visits, mailings, or a combination. e. Continue sharing SPOC with families. May include mailings. f. CTFSN staff or CT EHDI will do an annual email to pediatrician’s offices with information to give to families, including B23 info, FB group, trainings, SPOCs, and 1-3-6 fliers. Will also include information on risk factors, screening best practices, audiology referral best practices, CMV, and contact list to request EP training. g. May assist EHDI in missing hearing screening parent and PCP outreach. 	<p>2024 Goal: 77.2% <i>2017 CDC HSFS Baseline: 67.2%</i></p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.</p>
<p><u>Activity 2.3:</u> CTFSN will work with the a non-profit called Child Health and Development</p>	<p>Ongoing throughout project</p>	<p>Conduct “EP” trainings, in conjunction with a pediatrician, in pediatric offices at least three times per year. Topics will include:</p>	<p>2024 Goal: 77.2%</p>	<p>CTFSN and oversight by John</p>

<p>Institute of Connecticut, Inc. (CHDI), to piggyback on their Educating Practices in the Community (EP) trainings conducted by a pediatrician to contribute to this objective.</p>	<p>period: 4/1/2020 – 3/31/2024.</p>	<ul style="list-style-type: none"> • Introduce the new JCIH\EHDI taskforce guidelines. • The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services. • The need for continued hearing screening up to age 3 to identify hearing loss and enroll into birth to three. • The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child. • Risk factors for hearing loss. • The importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate. • State/territory-specific EHDI system information. • Any mutually agreed upon emergent issues. 	<p><i>2017 CDC HSFS Baseline: 67.2%</i></p>	<p>Lamb, EHDI coordinator</p>
<p><u>Activity 2.4:</u> Work with Connecticut EHDI taskforce to continue to highlight the importance of this measure within their home networks and to identify new approaches to improve this number.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>a. Attend 60% (6 of 10) of TF meetings.</p>	<p>2024 Goal: 77.2% <i>2017 CDC HSFS Baseline: 67.2%</i></p>	<p>CTFSN; EHDI task force; and oversight and facilitation by John Lamb, EHDI coordinator.</p>

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

Goal: 54.7%. Baseline 39.7%

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity 3.1:</u> Continue to use SPOC, which has built into it the 1-3-6 guidelines and contact information for B23, as well as for CTFSN and CT EHDI.	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	<ul style="list-style-type: none"> a. Share, via our contractor, the SPOC with parents and review the 1-3-6 guidelines to reinforce the importance of EI. b. CTFSN will also review and share the SPOC at its EP training for pediatricians. c. CT EHDI will mail a copy of the SPOC to the parents of children who are missing a diagnostic or children who have a diagnosed hearing loss, as part of a comprehensive packet that also introduces CTFSN. 	2024 Goal: 54.7% <i>2017 CDC HSFS Baseline: 39.7%</i>	John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.
<u>Activity 3.3:</u> CTFSN\EHDI tracking letters and calls to parents of children with a hearing loss.	Ongoing throughout project period: 4/1/2020 – 3/31/2024	As previously noted, CT EHDI will use the Maven data system to generate letters to send to the parents of children with a hearing loss, but not who are not enrolled in B23, a comprehensive information\introduction packet with the SPOC, CTFSN information (parent supports), and B23 services and contact information. As part of this protocol, the cover letter introduces CTFSN as a resource and lets the parent know that they may receive a call from CTFSN. On a monthly basis, CTFSN and EHDI will contact parents via phone to assist them with referral into B23, answer questions about B23, follow-up on enrollment into B23, and offer parent supports and mentoring.	2024 Goal: 54.7% <i>2017 CDC HSFS Baseline: 39.7%</i>	John Lamb, coordinator; Chris Fallon, outreach liaison; and Nicky Prince, epidemiologist.

Objective 4: Increase by 20 percent from baseline the number of families enrolled in family-to-family (F2F) support services by no later than 6 months of age.

Notes: Baseline to be established in Year 1. E.g. – 10 new families enroll in F2F support services by no later than 6 months of age in Year 1. Therefore, each year after a minimum of 12 NEW families, a 20% increase, are enrolled per year, over the remaining three years.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<p><u>Activity 4.2:</u> Provide Parent to Parent support via home visits, direct emails, phone calls, or electronically.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<ul style="list-style-type: none"> a. CT EHDI to send a parent packet monthly with B23, EHDI, and CTFSN resources, as well as a CTFSN introduction letter. Must budget in 1st class postage. b. Monthly, CTFSN will meet at CT EHDI to conduct monthly calls to parents for the purposes of obtaining or completing diagnostic testing, enrollment into B23, and enrollment into family-to-family support services provided by CTFSN by no later than 6 months of age. CT EHDI will supervise these calls. c. CTFSN will track all cases called for future follow-up. d. Conduct home visits as applicable. e. The contractor shall also submit a data summary report on the above activities to the Department as part of the program reporting schedule. 	<p>Improvement will be as directed above derived from a baseline yet to be determined. The contractor shall also submit a data summary report to the Department as part of the program reporting schedule.</p>	<p>John Lamb, EHDI coordinator and CTFSN</p>

<u>Activity 4.3:</u> Use\maintain an email distribution list	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. to contact parents for the purposes to enroll them in family-to-family support services by 6 months of age, as well as the sharing of event dates and education materials.	Improvement will be as directed above derived from a baseline yet to be determined.	CTFSN
<u>Activity 4.4:</u> Hands and Voices (H&V), a sub-contractor for CTFSN, will refer parents to CTFSN for family-to-family support services.	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. CTFSN will conduct direct outreach to those parents, in addition to the above, for the purposes of enrolling in family-to-family support services by no later than 6 months of age.	Improvement will be as directed above derived from a baseline yet to be determined.	CTFSN and H&V.
<u>Activity 4.5:</u> Improve\maintain a Facebook parent support group or groups as needed.	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. Develop and maintain social media pages or groups as needed to reach parents of DHH children the purposes of increasing newborn hearing screening rates; diagnostic testing rates; enrollment into Birth to Three; enrollment into family-to-family support services; enrollment into DHH adult-to-family support services; or for posting trainings, events, or other parent products.	Improvement will be as directed above derived from a baseline yet to be determined.	CTFSN
<u>Activity 4.6:</u> CT EHDI will test sending letters to all parents of children with a hearing loss (not just those who are not enrolled in B23, as is the current protocol).	Ongoing throughout project period: 4/1/2020 – 3/31/2024.	a. Introduce parents to CTFSN and provide contact information to increase enrollment in parent-to-parent services. b. Also include information regarding 1-3-6, the SPOC, and EHDI program contact information.	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator and CTFSN.
<u>Activity 4.7:</u> Plan and conduct 3 parent networking and education workshops per contract year.	Three per year for duration of contract.	Offer a minimum of three parent networking and educational workshop or parent networking opportunity targeting families of DHH children per year. At least one of these must be educational and include three of the below topics: a. The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services. b. The need for hearing screening up to age 3 to identify hearing loss and enroll into birth to three – regardless of having passed newborn hearing screening.		

		<ul style="list-style-type: none"> c. The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child. d. DHH mentoring services available. e. Risk factors for hearing loss. f. Medical homes\Shared Plan of Care g. Birth to Three or other early intervention type services available. h. Other topics mutually agreed upon. <p>The contractor shall also distribute, collect, and analyze participant evaluations, and submit summary evaluation report to the Department as part of the program reporting schedule.</p>		
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Objective 5: Increase by 10 percent the number of families enrolled in DHH adult-to-family support services by 9 months old.

Notes: A draft protocol only is due by the end of Year 2. Baseline will be set in the first year of effort: Year 3. In Year 4, a 10% increase over Year 3 shall be obtained.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Activity 5.1:</u> CTFSN shall develop a draft protocol to enroll families in DHH adult-to-family support services by no later than 9 months of age by the end of Year 2.	04/01/2020-03/31/2022.	Have a protocol ready for testing by the end of year 2.	Improvement will be as directed above derived from a baseline yet to be determined.	John Lamb, EHDI coordinator.

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

Notes: Baseline to be established in Year 1.

Activities	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support

<p><u>Activity 6.1:</u> CTFSN staff will accompany CHDI EP trainers (see activity 2.3) when conducting these training and make EHDI-specific presentations. Three trainings a year are required per the contract.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024.</p>	<p>Topics to be covered by CTFSN:</p> <ol style="list-style-type: none"> a. The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services. b. Year 2: The need for additional hearing screenings up to age 3 to identify, diagnose, and enroll into EI those infants who pass a newborn screen but later develop hearing loss. c. The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child. d. The importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate. e. State/territory-specific EHDI system information. 	<p>Improvement will be as directed from above derived from a baseline yet to be determined. Provide attendance list of trainings.</p>	<p>CTFSN and CHDI</p>
<p><u>Activity 6.2:</u> CT EHDI or CTFSN staff will send an annual email or fact sheet to Pediatricians offices.</p>	<p>Ongoing throughout project period: 4/1/2020 – 3/31/2024</p>	<p>CTFSN will test sending information to PCP offices to educate them on 1-3-6, parent support groups, B23 information, and best practices.</p>	<p>Improvement will be as directed above derived from a baseline yet to be determined.</p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; and CTFSN.</p>
<p><u>Activity 6.4:</u> CT EHDI and CTFSN will work with the AAP Connecticut Chapter Champion.</p>	<p>Ongoing throughout project period: (4/1/2020 – 3/31/2024)</p>	<p>Both entities will work with the AAP Chapter Champion to develop or improve fact sheet language concerning 1-3-6 and best practices to be disseminated to the AAP membership and pediatrician offices. Additionally, the sheet will be used to educate the task force, midwives, audiology centers, CT EDHI website, the EHDI task force website, and the CTFSN website.</p>	<p>Improvement will be as directed above derived from a baseline yet to be determined.</p>	<p>John Lamb, EHDI coordinator; Chris Fallon, outreach liaison; AAP Chapter Champion; and CTFSN.</p>

Other.

<u>Activities</u>	Timeline: Estimated	Outputs:	Outcome Measures	Lead Staff and Partner Support
<u>Staffing:</u>	Yearly: throughout project period: (4/1/2020 – 3/31/2024)	Provide one CTFSN staff member to serve as both the Deaf and Hard of Hearing Statewide Coordinator and a CT H&V Guide By Your Side Parent Guide who shall work a minimum of fifteen (15) hours per week.	Staff working a minimum of 15 hours per week exclusively on EHDI related projects.	CTFSN
<u>Meet with EHDI:</u> In-person, monthly, or via other means as directed by EHDI.	Monthly for duration of contract.	The contractor shall meet in person with EHDI staff once per month to conduct parent calls as directed by EHDI, or to the parents of children who have not completed either their newborn hearing screening or diagnostic testing, or to contact the parents of children who have a diagnosed hearing loss, but are not enrolled in either Birth to Three services or parent support\mentoring services. The contractor will be responsible for tracking and follow-up contact as needed. The contractor shall also submit a data summary report to the Department as part of the program reporting schedule.	Meet monthly.	CTFSN

<u>Increase engagement of parents of DHH</u>	Ongoing throughout project period: (4/1/2020 – 3/31/2024)	To increase engagement: a. CTFSN may offer stipends to family leaders who have a child who is DHH to participate on the task force. b. Provide Salary for family leaders who have a child who is DHH or DHH adult consumers to serve as a staff member for the EHDI Program conducting family engagement and family support activities.	Pay stipend or salary.	CTFSN
<u>Conduct parent/family member committee twice per year.</u>	Ongoing throughout project period beginning year 2: (4/1/2021 – 3/31/2024).	Twice per contract year, the contractor will convene a parent/family member of the DHH committee for the purposes of discussing concerns to be reported back to the task force by a parent/family member representative of the parent/family members committee.	Parent representative presents issues twice per year at task force meeting.	CTFSN
<u>Websites:</u>	Ongoing throughout project period: (4/1/2020 – 3/31/2024).	Improve the existing CTFSN website to include the following EHDI content: a. Parent to Parent support services available. b. DHH adult mentor services. c. Create an events and training schedule and post it on social media. Provide a link to this same schedule on the existing CTFSN website. d. The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services. e. The need for hearing screening up to age 3 to identify hearing loss and enroll into birth to three. f. The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child. g. Risk factors for hearing loss. h. The importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate.		

		<ul style="list-style-type: none">i. State/territory-specific EHDI system information.j. Any mutually agreed upon emergent issues.k. The contractor shall also create by April 1, 2021 a website for the CT EHDI task force. The contractor is not responsible for the content.		
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