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**Resolution 2d:** ND EHDI will work with the FSOs to impress upon health professionals and service providers the importance of complete, consistent and timely reporting to the ND EHDI program.

**Resolution 2e:** Staff will work with the ND audiology community to promote timely self-directed reporting, referrals to service providers and adherence to the 1-3-6 recommendations.

**Challenge 3:** *Maintaining timely, complete, accurate OZ eSP data.* ND EHDI utilizes OZ eSP as the online reporting system for hearing health care reporting throughout ND. The system gives users access for data reporting, viewing of records (for whom they provide services) and case notes. At present, all birthing hospital nurseries, many audiologists and EI programs including Right Track, Part C, Tribal Tracking, the PIP and family support service providers have access to the OZ eSP online data system. System updates and staff turnover have proven to be challenging in assuring the data entered is timely, complete and accurate.

**Resolution 3a:** To address system updates and staff turnover, ND EHDI will continue to provide trainings and TA.

**Resolution 3b:** To increase timeliness and accuracy of reported data, ND EHDI staff will continue collaborative efforts with birthing hospitals utilizing manual result entry methods to implement OZ eSP's Telepathy functionality. Telepathy allows for imports of hearing screening results to be uploaded into OZ eSP.

**Resolution 3c:** ND EHDI will provide TA and training to EI providers to assure the reporting of timely, complete and accurate data.

**Challenge 4:** *Continued maintenance of LTF/LTD reductions.* With the proposed ND EHDI staff reductions in time and budget constraints, ND EHDI is concerned about increases in the LTF/LTD rate. Presently, ND EHDI Follow-up Coordinators dedicate a significant amount of their workload to ensure timely follow-up is complete. This includes tracking every infant in ND to assure post hospital discharges with recommended follow-up appointments are scheduled and attended. If appointments are not reported in the OZ eSP system, ND EHDI staff contacts the hospital to determine appointment status. If appointments appear missed and/or not attended, ND EHDI staff contact the hospital to see if the appointment was truly missed and if it can be rescheduled. If an appointment was completed but the results are not updated in OZ, staff request hospital providers or audiologists to update results. If infants do not complete follow-up appointments, ND EHDI staff contacted hearing care providers and/or families to support follow-up efforts. Staff also provide frequent lists of infants with incomplete hearing care to providers to promote follow-up. Reminder letters are sent to families of infants who do not have documented complete follow-up care. The letters include educational information, resources for services and EI options to promote follow-up and were proven to be effective through a previous QI project.

ND EHDI has struggled to obtain audiological documentation of outcomes. Some audiologists have indicated they are too busy, others indicate they do not know how to enter results in OZ eSP and some are just unwilling to share results.



**Resolution 4a:** ND EHDI will engage EHDI service providers in the development of ideas and strategies to address LTF/LTD.

**Resolution 4b:** Through collaborative partnerships of agencies within the NDDoH, ND EHDI will utilize existing NDDoH practices to promote follow-up efforts. The division of Special Health Services has funding available for families whose infant did not pass the birth hearing screen or who have been identified with a hearing loss; however, many hearing care partners and families are unaware of this service. ND EHDI will promote the availability of funding to health care partners and EI providers.

**Resolution 4c:** Birthing hospitals will be educated and trained on the need to provide a referral to the pre-Part C program (Right Track) for infants receiving a second stage referral outcome. At present, referrals to Right Track are primarily added to OZ eSP by ND EHDI staff. Once hospitals are adding the Right Track referrals, ND EHDI will continue to monitor their progress to assure all referrals are entered in OZ eSP in a timely, consistent manner. Hospital referral to Right Track promotes timeliness for follow-up through education and support offered to families.

**Resolution 4d:** Community visits will work to assure partners are educated in 1-3-6 practices and the availability of family supports. “EHDI system knowledgeable” providers will be able to educate families and know how to connect families to hearing care supports. Partners to receive education will include health care providers (hospital nursery staff, primary care physicians, audiologists, ENTs), EI and family support service providers. Opportunities for education of health care partners and families will also be promoted through URLEND sessions as well as social media and webpages from ND EHDI and providers.

**Resolution 4e:** ND EHDI will elicit solutions during community visits to promote audiological data entry. Involving community partners in these processes might be better received when education and information of data entry importance comes from medical professionals and family members.

**Resolution 4f:** ND EHDI will engage family leaders in community visits. The consumer perspective from the family leaders will provide support in the importance of coordinated care efforts via reporting of information.

**Challenge 5: *Addressing Sustainability.*** Sustainability has proven difficult for the ND EHDI program. It’s important to go through the process of developing a written plan to address sustainability and engage ND EHDI state partners and family leaders.

**Resolution 5a:** Engage the ND EHDI AC and family leaders in addressing sustainability solutions in ND for an EHDI system of care.

**Resolution 5b:** Form a smaller sustainability committee to allow for a manageable number of participants to conduct meetings and keep the topic of ND EHDI sustainability moving forward to a larger group of stakeholders.

**Resolution 5c:** Compile and develop an organized and written approach to addressing sustainability to guide sustainability plans.

## EVALUATION AND TECHNICAL SUPPORT CAPACITY

### Plan for Program Performance Evaluation

***Introduction:*** The principal goal for ND EHDI is to “ensure that children who are DHH are identified through newborn, infant and early childhood hearing screening and receive diagnosis and appropriate EI to optimize language, literacy, cognitive, social and emotional development.” ND EHDI’s evaluation plan was designed to efficiently utilize inputs and key processes to monitor and measure progress toward the goals and objectives of the project. The plan incorporates activities to ensure achieving expected outcomes of an increase in health professional and service provider education where all newborns complete the hearing screening process, receive timely diagnosis, enroll in EI and have an increase in family support services. Once diagnosed, families have a greater opportunity to receive coordinated care, enrollment in EI programs and family support. Specifically, the plan will lead to the following ***expected outcomes*** of: ***1) Increase by 1 percent from baseline per year, or achieve at least a 95 percent screening rate, whichever is less, the number of infants that completed a newborn hearing screen no later than 1 month of age.; 2) 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.; 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.; 4) Increase by 20 percent from baseline the number of families enrolled in family-to-family support services by no later than 6 months of age.; 5) Increase by 10 percent the number of families enrolled in DHH adult-to-family support services by no later than 9 months of age and; 6) Increase by 10 percent the number of health professionals and service providers trained on key aspects of the EHDI Program.***

ND EHDI program staff will monitor ongoing processes and progress through the ND EHDI Information System (ND EHDI-IS) called OZ eSP (Attachment 2: Staffing Plan and Job Descriptions for Key Personnel). Health care professionals and service providers have access to OZ eSP for data entry of screening, diagnosis, EI and family support progress as well as provider referrals. ND EHDI staff monitor the information system daily to track and promote continued follow-up, referral and enrollment activity. Several activities conducted by ND EHDI staff in collaboration with stakeholders and bordering state partners, will contribute to the progress of achieving expected outcomes.

***Program Evaluation Process:*** The evaluation of ND EHDI program effectiveness has most consistently been completed through the analyzing of data collection efforts. Educating and engaging reporting sources are key contributors to positive program performance expressed through data collection outcomes. The expected outcomes of the HRSA directed objectives one through six will drive the activities and guide the measurement of performance. Together, they will assist the ND EHDI program in evaluating the level of achievement and overall program progress. The ND EHDI program will continually assess effectiveness and provide interventions to support state health care professionals and service providers in their efforts to enhance a comprehensive ND EHDI system of care. The ND EHDI Logic Model (Attachment 1: Work Plan and Logic Model) provides a visual reference on how inputs contribute to the processes, expected outcomes and overarching goal.

**Program Evaluation Team/Key Personnel:**

<b>Table 1. Key Evaluation and Technical Support Personnel</b>		
<b>Key Personnel</b>	<b>Key Processes</b>	<b>Responsibilities</b>
Jerusha Olthoff (Project Director)	<ul style="list-style-type: none"> <li>• Data collection</li> <li>• Data Analysis</li> <li>• Community coordination facilitator</li> <li>• Educate/Train on EHDI system</li> </ul>	<ul style="list-style-type: none"> <li>• Program Management</li> <li>• Oversight of evaluation activities to ensure all evaluations are conducted as planned</li> <li>• Coordinate/Facilitate meetings</li> <li>• Analyze quantitative data</li> <li>• Complete reports</li> </ul>
Sue Routledge (Data/Follow-Up Coordinator)	<ul style="list-style-type: none"> <li>• Data collection</li> <li>• Data Analysis</li> <li>• Community coordination facilitator</li> <li>• Educate/Train on EHDI system</li> </ul>	<ul style="list-style-type: none"> <li>• Gather, review, analyze quantitative data</li> <li>• Promote follow-up</li> <li>• Coordinate the analysis of qualitative data</li> <li>• Ensure implementation of findings</li> <li>• Coordinate data collection with community members</li> </ul>
Christine Brigden (Data/Follow-Up Coordinator)	<ul style="list-style-type: none"> <li>• Data collection</li> <li>• Data Analysis</li> <li>• Community coordination facilitator</li> <li>• Educate/Train on EHDI system</li> </ul>	<ul style="list-style-type: none"> <li>• Gather, review, analyze quantitative data</li> <li>• Promote follow-up</li> <li>• Coordinate the analysis of qualitative data</li> <li>• Ensure implementation of findings</li> <li>• Coordinate data collection with community members</li> </ul>

The formulas shown below in the “*Performance Measurement Plan*” indicate how ND EHDI will determine achievement of long-term outcome measures for screening, diagnosis, EI, family support and trained health professionals/service providers. All performance measures will be collected through OZ eSP. The ND EHDI team as well as collaborative partners will engage and train key program partners/reporting sources throughout the project period via Zoom meetings, TA phone calls, community visits and one-on-one trainings. Health care professionals and service providers have direct access to OZ eSP for the collection of data and promotion of coordinated care.

**Measures to Assess Performance Progress:** ND EHDI will utilize the 2017 Centers for Disease Control (CDC) data analyzed and reported for the EHDI Hearing Screening and Follow-up Survey (HSFS) to establish baseline data for evaluation activities and progress measurement. Targets are determined by six primary HRSA driven area indicators of performance. The performance areas are divided into six groups: 1) Screening; 2) Diagnosis; 3) Enrollment in EI; 4) Family-to-Family Support 5) Adult-to-Family Support; and 6) Trained Health Professional and Service Providers. The ability to **obtain and report data** from the ND EHDI Information System, OZ eSP, is accomplished by providing access, education, technical assistance, monitoring and feedback to reporting sources.

**Objective Performance Measures**

**1) Screening no later than 1 month of age**

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

**Formula:** # Screened for Hearing Loss (no later than 1 month of age) / # Total Occurrent Births Reported to ND EHDI Program \* 100

**Baseline:** Screening rate based on 2017 HSFS = **97.8%**

**Target:** *Increase by 1 percent from baseline per year*, or achieve at least a 95 percent screening rate (2021 = 98.9%, 2022 = 99.9%, 2023 = 100%, 2024 = 100%)

**Numerator:** # Screened for hearing loss (# Total pass <30 days of age + # Total refer <30 days)

**Denominator:** # Total live births reported to ND EHDI for reporting year.

Numerator: 11844 + 268

Denominator: 12388

**(11844 + 268) / 12388 \* 100 = 97.8%**

**Data Collection/Reporting Method:** OZ eSP

**2) Diagnosis no later than 3 months of age**

**Approach/Objective:** By March 2024, 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.

**Formula:** # Total Diagnosed Before 3 Months of Age / # Total Not Pass \* 100

**Baseline:** Diagnostic rate based on 2017 HSFS = **14.2%**

**Target:** Increase by 10 percent from baseline, or *achieve a minimum rate of 85 percent* (2024 = 85%)

**Numerator:** # Total diagnosed before 3 months of age (# No hearing loss <3 months of age + # Permanent hearing loss <3 months of age)

**Denominator:** Total not pass most recent/final screen.

Numerator: 29 + 11

Denominator: 282

**(29 + 11) / 282 \* 100 = 14.2%**

**Data Collection/Reporting Method:** OZ eSP, fax back form, online reporting form, ND EHDI Follow-up

**3) EI Enrollment no later than 6 months of age for those diagnosed DHH**

**Approach/Objective:** By March 2014, 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.

**Formula:** # Total Enrolled in EI before 6 months of age (Part C and Non-Part C) / # Total Enrolled in EI (Part C and Non-Part C) \* 100

**Baseline:** Enrolled in EI based on 2017 HSFS= **62.5%**

**Target:** Increase by 15 percent from baseline, or *achieve a minimum rate of 80 percent* (2024 = 80%)

**Numerator:** # Total Enrolled in EI before 6 months of age (Part C and Non-Part C)

**Denominator:** # Total Enrolled in EI (Part C and Non-Part C)

Numerator: 9 + 1

Denominator: 13 +3

**(10 / 16) \* 100 = 62.5%**

**Data Collection/Reporting Method:** OZ eSP, collaboration with EI providers

**4) Family-to-Family (F2F) Support no later than 6 months of age for those diagnosed DHH**

**Approach/Objective:** By March 2024, using data collected from year 1 as baseline data, increase by 20 percent from baseline the number of families enrolled in family-to-family support services by no later than 6 months of age.

**Formula:** # Total enrolled in F2F prior to 6 months of age in 2024 / # Baseline \* 100

**Baseline:** # Families enrolled in F2F by no later than 6 months of age (April 1, 2020 - March 31, 2021) = To Be Determined (TBD)

**Target: Increase by 20 percent from TBD baseline by 2024**

**Numerator:** # Total enrolled in F2F support prior to 6 months of age in 2024

**Denominator:** # Baseline

Numerator: TBD

Denominator: TBD

**Data Collection/Reporting Method:** OZ eSP, collaboration with F2F support organizations

**5) Adult-to-Family Support no later than 9 months of age for those diagnosed DHH**

**Approach/Objective:** By March 2024, using data collected from year 1 as baseline data, increase by 10 percent the number of families enrolled in DHH adult-to-family support services by no later than 9 months of age.

**Formula:** # Total enrolled in DHH adult-to-family support services by no later than 9 months of age in 2024 / # Baseline \* 100

**Baseline:** # Families enrolled in DHH adult-to-family support services by no later than 9 months (April 1, 2020 - March 31, 2021) = To Be Determined (TBD)

**Target: Increase by 10 percent the number of families enrolled by 2024**

**Numerator:** # Total enrolled in DHH adult-to-family support services by no later than 9 months of age in 2024

**Denominator:** # Baseline

Numerator: TBD

Denominator: TBD

**Data Collection/Reporting Method:** OZ eSP, collaboration with F2F support organizations

**6) Trained Health Professionals and Service Providers**

**Approach/Objective:** By March 2024, using data collected from year 1 as baseline data, increase by 10 percent the number of health professionals and service providers trained on key aspects of the EHDI Program.

**Formula:** # Total health professionals and service providers trained on key aspects of EHDI Program by 2024/ # Baseline \* 100

**Baseline:** # health professionals and service providers trained on key aspect of the EHDI Program (April 1, 2020 - March 31, 2021) = To Be Determined (TBD)

**Target: Increase by 10 percent number of trained on key aspects of the EHDI Program by 2024**

**Numerator:** # Total health professionals and service providers trained on key aspects of EHDI Program by 2024

**Denominator:** # Baseline

Numerator: TBD

Denominator: TBD

**Data Collection/Reporting Method:** # of attendees at training events, # of participants in webinars/calls, # reported by partnering programs

### **Organization Systems and Processes that support ND EHDI Performance Management-**

**Partners:** The ND EHDI program is fortunate to have supports from both federal and state partners. The National Center for Hearing Assessment and Management (NCHAM) and the Family Leadership in Language & Learning (FL3) are utilized by ND EHDI for guidance and education on variety of EHDI topics. ND EHDI has established and maintained a network of voluntary based and/or memorandum of understanding (MOU) driven partnerships with ND's hearing health care providers and vested hearing health support programs that support the effective tracking of performance outcomes. Partners have included but are not limited to all birthing hospitals, ND's American Academy of Audiologists (NDAAA), American Academy of Pediatrics (AAP), North Dakota School for the Deaf (NDSB), the state's EI programs (Right Track and Part C programs), Tribal Tracking, the Parent Infant Program (PIP) and public health units. Collaborative efforts also include multiple divisions under the North Dakota Department of Health (NDDoH) including Vital Records, Maternal Child Health (MCH), Title V Children and Youth with Special Health Care Needs (CYSHCN) program/ Special Health Services (SHS), the Newborn Screening Program (NBS) and North Dakota Hands & Voices and Family Voices of North Dakota (ND H&V, FVND). Partnering with these programs provides ND EHDI with the support necessary to continue the work of incorporating QI best practice processes within the EHDI system of care.

**Data Collection and Management:** Data collection and management is accomplished via a web-based platform (OZ eSP from OZ Systems, Inc.). ND EHDI staff are responsible for educating and training reporting sources on data reporting standards that support a quality EHDI system of care in ND. Collected data are analyzed by ND EHDI staff and utilized to determine baselines/targets and to report on performance measures for annual progress reports.

**Current Staff Experience, Skills and Knowledge:** Both HRSA and CDC funded ND EHDI projects have been carried out through the NDCPD UCEDD for the past 19 years, on the behalf of the NDDoH. Two of the current staff have been with the ND EHDI program for fourteen of the nineteen years. ND EHDI has trained, implemented and provided TA for ND EHDI's web-based data system (OZ eSP). Throughout the years, staff have developed relationships with EHDI stakeholders throughout ND, streamlined reporting practices, promoted and helped implement EHDI best-practices in ND, participated in annual EHDI conferences, worked with other state EHDI program staff on border baby issues, collaborated with ND FSOs and educated and informed ND residents on the importance of EHDI. The combined experiences and knowledge of current ND EHDI staff is identifiable by the ND EHDI program's continued progress including systems changes, new collaborations and reporting efforts.

The ND EHDI Coordinator is the NDDoH Newborn Screening Program (NBS) Director. ND EHDI is staffed by 3 personnel: .50 Full Time Equivalent (FTE) Project Director, a .70 FTE Data/Follow-up Coordinator and a .50 FTE Follow-up Coordinator (Attachment 2: Staffing Plan and Job Description for Key Personnel).

**Joyal Meyer**, ND EHDI Coordinator, is the Newborn Screening Director for the Special Health Services division within the NDDoH. She obtained her bachelor's degree in Nursing from Medcenter One College of Nursing and her master's in nursing administration from the University of Mary in 2012. In her role as a Program Director within the ND Department of Health's Children's Special Health Services division, Ms. Meyer has gained experience in working with a diverse population of children with special health care needs, including infants diagnosed with a genetic disorder or hearing loss identified through newborn screening. Being culturally competent and aware of the struggles of families is a key attribute in the administration of her position.

**Jerusha Olthoff**, Program Director (PD), has been employed with NDCPD/ND EHDI for 13 years. She has her Master of Science in Management from Minot State University and has served as the PI on the CDC ND EHDI-IS project since 2011. She began as a follow-up coordinator in 2006 and led the training and inclusion of EI providers within the EHDI system. Throughout the past 13 years, she has worked in a variety of capacities within the ND EHDI program from a follow-up coordinator to the ND EHDI program director. Beginning November 2016, Ms. Olthoff took on the role of the HRSA funded ND EHDI program director. This provides a great opportunity to better align both funding agency goals and provide greater efficiencies for the ND EHDI program. Ms. Olthoff's diverse work experience within the ND EHDI system has added to the ability to understand the specific needs for data collection and overall ND EHDI system improvement.

**Sue Routledge**, Follow-up/Data Coordinator, has been employed with NDCPD/ND EHDI for 14 years. She worked as a Medical Technologist for 18 years prior to joining ND EHDI and has a B.S. in Medical Technology, licensed through the American Society of Clinical Pathologists (ACSP). Ms. Routledge has been a ND EHDI follow-up coordinator since employment and added to her duties in October 2013 as a CDC ND EHDI-IS Data Coordinator. Throughout the past 13 years, she has provided a variety of services to the projects including intensive follow-up of infant populations with incomplete hearing care, trainings to health care providers (hospital staff, primary care physicians, audiologists) and early interventionists as well as the facilitation of many community visits around the state. She is extensively knowledgeable utilizing the online reporting system, OZ eSP, having developed several training manuals to facilitate trainings. She monitors and maintains assurances of complete data collection and has compiled the yearly CDC Hearing Screening and Follow-up Survey (HSFS) since 2005. Additionally, she is knowledgeable in Quality Improvement Strategies and has completed several PDSA initiatives. Ms. Routledge's work experience provides an overall knowledge of ND EHDI's progress/challenges and insight for advancement toward an alignment of EHDI system efforts.

**Christine Brigden**, Follow-up/Data Coordinator, has been employed with NDCPD for six years and with the State of North Dakota for 19 years. She is a ND Licensed Baccalaureate Social Worker and obtained her bachelor's degree from Minot State University in 1993. Ms. Brigden has been a ND EHDI Follow-up Coordinator since 2017 assuring infants and children birthed in ND are provided complete timely hearing care with access to EI services. She is knowledgeable in utilizing the ND EHDI online web-based data system, OZ eSP and develop partnerships with local community/ national resources and with neighboring state EHDI partners. She facilitates the development of the ND EHDI statewide quarterly newsletter that envelops the community

partners and is responsible for information sharing on multi-media platforms as well as maintaining and improving the existing ND EHDI website. She has coordinated and participated in the ND EHDI advisory committee and with ND Hands & Voices Family Support program to improve coordination of care of services for children who are DHH and their families.

### **Data Management Plan**

**Data Collection, Analyzing and Tracking:** During the proposed project period, the ND EHDI project will collect, analyze and track demographic data, hearing screening data, diagnostic, EI enrollment and family support enrollment data. ND EHDI data are collected via a web-based platform (OZ eSP). Staff will monitor data input and analyze the data to determine compliance with recommended reporting standards. The ND EHDI staff will ensure the ND EHDI-Information System is maintained, reporting sources are trained on the EHDI system and that complete, timely data are collected on an ongoing basis.

**Data Use for Program Development and Service Delivery:** All data collected by ND EHDI represents the span of hearing health care, EI and family support efforts. The data collected include a combination of integrated data collection methods and manual data entry. There are currently no identified limitations for data use. The data are stored within the system for an unspecified amount of time; therefore, the ND EHDI program and other approved providers utilizing the OZ eSP system have access to historical data for long term follow-up and coordination of care. The data also assists in the determination of areas in need of quality improvement efforts. As a result of data collection and analysis, the opportunity for improved service delivery results in higher levels of quality care ensuring children who are DHH are identified through newborn, infant and early childhood hearing screening and receive diagnosis and appropriate EI to optimize language, literacy, cognitive, social and emotional development.

**Potential Obstacles and addressing obstacles-** The *primary obstacle* in implementing the program performance evaluation is **data collection**. The data is a key contributor to support the evaluation of progress in meeting the expected outcomes. ND pediatric audiologists are inconsistent with timely and complete reporting and referral practices. To *overcome the obstacle* of data collection, ND EHDI staff will implement three key strategies to expand upon current education efforts and engage stakeholders within the EHDI system. Strategies include: 1) expanding collaboration and engagement of state EHDI stakeholders to provide education/training and; 2) expand dissemination of progress measures and outcomes to constituents with the primary focus being ND EHDI stakeholders and data contributors via focused report dissemination, issue briefs, social media, etc. 3) focus on ND pediatric audiologists to determine ways to address barriers to timely and complete reporting.

## **ORGANIZATIONAL INFORMATION**

### **Organization Description**

**Current Mission and Structure:** The ND EHDI program is implemented through the North Dakota Center for Persons with Disabilities (NDCPD) a University Center of Excellence in Developmental Disabilities (UCEDD) at Minot State University (MSU) and is one of 67



UCEDDs across the U.S. and territories. Like other UCEDDs, NDCPD conducts research, provides services, delivers training and disseminates information. The ND EHDI program is designated as a bona fide EHDI state agent by the North Dakota Department of Health (NDDoH) (Attachment 4: NDDoH MOU). The NDCPD will serve as the lead agency for the ND EHDI Program, as designated by the NDDoH.

NDCPD's **mission** is "to provide leadership and innovation that advances the state-of-the-art and empowers people with disabilities to challenge expectations, achieve personal goals and be included in all aspects of community life" ([www.NDCPD.org](http://www.NDCPD.org)). Through the network of UCEDDs, NDCPD has access to national, state and local resources that can inform project activities and evidence-based services.

NDCPD's specific management structure includes a core executive team consisting of the Executive Director, an Associate Director of Program Development, an Assistant Director of Project Management, Manager of Office Operations and Finance Specialist (Attachment 5: Project Organizational Chart). This core executive team guides the Center's operational activities which are carried out by teams of core coordinators and individual project directors. NDCPD has a consumer advisory council of 15 members who provide guidance to assure the delivery of culturally, linguistically competent and health literate services.

As NDCPD/ND EHDI is located on the campus of MSU, ND EHDI has full access to all university Information Technology services, library, online instructional resources and media facilities including an interactive video conferencing studio for distance meeting collaborations. NDCPD has an experienced website development staff and support resources through its design lab. These resources are used to carry out a variety of activities that help support the project.

***Experience working with the state EHDI system:*** Both the HRSA and CDC funded ND EHDI projects have been carried out through the NDCPD UCEDD for the past 19 years, on the behalf of the NDDoH. The ND EHDI has trained, implemented and provided technical assistance for ND EHDI's web-based data system (OZ eSP). The ND EHDI program staff have become well known to ND EHDI stakeholders and have developed strong working relationships over the past 19 years, for the benefit of the ND EHDI program (Attachment 3: Biographical Sketches of Personnel).

NDCPD has served as lead agency and fiscal agent for the ND EHDI program for the past 19 years. NDCPD has helped carry out collaborative activities to enhance EHDI in ND. NDCPD hosts statewide collaborative conferences for families and professionals. Many of NDCPD projects work directly with EI services and FSOs and holds the contract with the Region 2 Infant Development (Part C) program. These projects create opportunities for the ND EHDI program to gain increased access to and contact with family support groups throughout the state. Continued funding would carry the momentum of our progress and achieve a higher level of hearing health care in North Dakota.

***Scope of Current Activities:***

***Partnerships:*** Collaboratively, numerous ND EHDI/NDCPD projects involve regular partnership with national, state and local agencies. NDCPD currently has *formalized* subcontracts and

cooperative agreements with many entities that will support the ND EHDI activities. These include: the NDDoH; the North Dakota Department of Public Instruction; the North Dakota Department of Human Services; ND H&V; FVND; University of ND Center for Rural Health; Pathfinder Parent Center of ND; ND Consensus Council; Health and Disability Advocates; and the Vocational Rehabilitation Services. NDCPD partners with several other agencies throughout the state including the ND Head Start Association; ND Chapter of the American Academy of Pediatrics; ND State Council on Developmental Disabilities; ND Chapter of the American Academy of Audiologists; ND Chapter of the American Speech-Language-Hearing Association; Autism Society of North Dakota; and Minot State University (Special Education, Education, Psychology, Nursing, Social Work, Communication Disorders and Criminal Justice Departments).

***Family and consumer connections:*** NDCPD has extensive links to families and individuals with disabilities and special health care needs. We have an active and engaged Consumer Advisory Council (CAC). The CAC has been meeting regularly for 25 years and includes both primary and secondary consumers, members from typically under-represented ethnic and cultural groups and representatives from ND's disability-related state agencies.

***Grant operation experience:*** Each year, NDCPD operates over 40 grant, contract, or fee-for-service projects. NDCPD has developed a center-based system of support for these projects and have the necessary university support systems to conduct our work. NDCPD has a fiscal officer who works in concert with MSU's grants and contracts staff. These personnel assure that funds obtained are spent on reasonable, allowable and allocable expenditures that are in line with funding agency priorities and regulations. All project directors receive ongoing fiscal management training to assure they are up to date in state and federal policy and guidelines. MSU's grants and contracts office maintains the formal university fiscal records and works with NDCPD managing purchases, personnel and federal reimbursement requests. NDCPD has access to all university resources including human resources, payroll, purchasing and motor pool operations.

***Existing Available Resources:*** The NDDoH and the ND Special Health Services (SHS) has designated, in-kind, an EHDI Coordinator (Joyal Meyer) to provide state level guidance to the ND EHDI program. ND EHDI staff have many years of experience and are highly qualified to guide and implement best-practices for ND EHDI. Located on MSU's campus at NDCPD, ND EHDI has access to printing services, technological and educational resources. ND EHDI has direct access to URLEND experiences through NDCPD where ND EHDI is located.

The ND EHDI program will have access to all university online resources that will be necessary to carry out any ND EHDI telehealth/telemedicine activities. These include computing services, media facilities, Internet connections and an Interactive Video Network studio for distance communications. NDCPD also has extensive website development and computer networking support resources through its Information Technology department. NDCPD has the resources and connections that make it an ideal agency to carry out the goals and objectives of ND EHDI.

***Supports available at the community, state, regional and/or national levels:*** The national technical resource center, National Center for Hearing Assessment and Management (NCHAM),

is frequently utilized by ND EHDI for guidance and education on variety of EHDI topics. The FL3 supports the engagement of families within the EHDI system and the ND EHDI program looks to the FL3 as a resource for furthering family engagement within the ND EHDI system. ND EHDI will continue to partner with the NDDoH SHS, ND Vital Records, ND Newborn Screening Program, ND H&V, FVND, the ND Part C program, the NDS Parent Infant Program and ND birthing hospitals. Letters of support from the NDDoH and ND Part C can be found in Attachment 7. Additional letters of support from ND H&V, FVND, NDS PIP, Pediatric Audiology Collective (PAC) and URLEND are available upon request. Partnering with these programs provides ND EHDI with the support necessary to continue the work of incorporating QI best practice processes within the EHDI system of care.

**How Elements Contribute to Conducting Program Requirements:** The HRSA and CDC funded ND EHDI projects have been carried out through the NDCPD UCEDD for the past 19 years, on the behalf of the NDDoH. The ND EHDI program has a solid foundation of supports, as seen in the organizational chart, (Attachment 5: Project Organizational Chart) that provide the ND EHDI program the ability to meet expectations both required and self-initiated. Collaborative efforts with FSOs, the NDDoH SHS and the Newborn Screening Program further expand support efforts beyond ND EHDI's foundational capacity. Through experience, partnerships and internal resources, ND EHDI has provided education, training, continued TA and EHDI system enhancement for the past 19 years. The current staff are well known to ND EHDI stakeholders and have developed strong working relationships for the benefit of the ND EHDI program which support progress within the EHDI system.

**Following the Approved Plan and Accountability for Federal Funds-** ND EHDI staff and EHDI partners who contribute to goal progress will continue to have regular meetings and utilize the work plan and logic model to assist in the continued adherence to the approved plan. NDCPD will utilize MSU's business office systems and protocols, including the MSU Grants Management staff, to assure fiscal efficiency, allowable and allocable costs and optimal impact. Our financial and personnel management documents are housed with the MSU business office which also has all NDCPD audit reports, fiscal reports and personnel management materials available for inspection by request. Mr. Kevin Kvale is NDCPD's Fiscal Specialist and is responsible for management and coordination of all NDCPD funding. He is the center liaison to MSU's business office and university fiscal services. Mr. Kvale provides fiscal support and coordination of all NDCPD funded projects, including timely information and data support.

**How unique needs of target populations of the communities served are routinely assessed and improved-** ND EHDI engages in regular monitoring of reporting activities by EHDI health care and intervention providers. The analysis of data system utilization allows ND EHDI to understand if the needs of the target population are being met in a timely and consistent manner. Deficiencies identified by ND EHDI staff are used in conjunction with JCIH recommendations to promote best-practice system changes in ND EHDI processes.

The ND EHDI program has been fortunate to have all birth hospitals in the state fully participating in the EHDI process. The ND EHDI program has well established working relationships with ND's birthing facilities, audiologists, EI programs and FSOs. The relationships have worked well and allowed individually identifiable data to be captured at the

screening, diagnostic and EI phases of EHDI. The HRSA ND EHDI activities will allow for community visits and further education to support consistent communication with EHDI stakeholders.

The ND EHDI program utilizes Vital Records birth numbers as a denominator and basis for comparison of a complete data set. Vital Records provides the ND EHDI program with individually identifiable data on every occurrent birth including demographic and age specific data. ND EHDI will promote and utilize quality improvement methods to address identified areas in need of improvement.

**Ability to Facilitate Partnerships and Engage Families, Health Professionals and Service Providers-** The ND EHDI program has worked with families, health professionals and service providers to strengthen capacity and improve partnerships in the EHDI system. The ability to engage providers, families and EHDI stakeholders, in general, has been a key attribute to ND EHDI program progress, thus far. Building from the current network of health professionals, service providers and family support organization partnerships, ND EHDI has access to a variety of engagement opportunities. Staff have worked closely with the ND H&V family support organization since its inception in 2010 and sees this relationship as a venue for family engagement opportunities within the ND EHDI program. The expansion of family support services will include collaborating with the Family Voices of ND organization and other family support service providers, as identified.

The ND EHDI staff have well-established lines of communication with all key EHDI stakeholders in ND. Communication is facilitated via Zoom meetings, email communication, one-to-one calls, trainings and regular meetings. ND EHDI will utilize current methods of engagement to expand upon partnerships to ensure the implementation of a comprehensive and coordinated state system for children up to age 3.