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NATIONAL CENTER FOR HEARING ASSESSMENT AND MANAGEMENT  
EHDI SYSTEM SELF-ASSESSMENT USING JCIH EARLY INTERVENTION  
RECOMMENDATIONS  
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>>> CART writer is standing by.  
>>> This is another audio check for today's webinar.  
I would like to have our guest speak doors a quick check-in to make sure you are there and unmuted.  
Candice can you introduce yourself as a test, please?  
>> Sure, this is Candice with Hands and Voices headquarters.  
>> Great.  
Thank you.  
And are you able to mute your phone when you return speaking?  
>> Sure.  
>> Great.  
Thank you.  
And Nicole?  
>> Hi, this is Nicole Brown at the Minnesota Department of Health.  
>> Excellent.  
Thank you.  
And do you have a mute function on your phone as well?  
>> I sure, do.  
>> Very good.  
Thank you we will be starting in just a minute or two here.  
I see that we are now at the bottom of the hour.  
1:30 eastern time.  
I am going to take a moment to initiate the recording of today's webinar and we will be back shortly.

>>> We would like to welcome everybody to today's webinar which is entitled the EHDI systems self-assessment using JCIH early intervention recommendations, the foundation for continuous improvement.

Today's webinar is brought to you by the national center for hearing assessment and management known as NCHAM at Utah State University that serves as national resource center on early intervention.

This webinar is part of a series that NCHAM that is involved in EHDI whether on the national state or local level.

Joining with the move the needle initiative of the maternal and child health bureau, NCHAM is committed to moving the needle as well through continued efforts to assist with implementation and improvement of comprehensive and effective early hearing detective and early intervention systems.

I'm the associate director of NCHAM and our presenters today are Nicole Brown from the Minnesota Department of Health and Candice Lindow-Davies who is President of Hands and Voices.

I want you to know that you have an opportunity to communicate with today's presenters through a question text screen that will be displayed once the presenters have completed their presentation. Throughout today's presentation, you will also be asked to answer several poll questions so we hope you will do that immediately once our presenters post those questions so that they get your feedback. So without further adieu, let me introduce to you Nicole Brown and Candice Lindow-Davies.

>> Thank you, Will.

This is Candice Lindow-Davies and I'm the President of the board of the hands and voices headquarters and Nicole is joining me and we were pleased to have this opportunity to talk to you a bit about a tool that we have developed that we feel that can be very beneficial to other chapters at other EHDI programs.

This tool could not have been developed without the help and assistance of several other important stakeholders, Diane from NCHAM and Christy have given us incredible advice and counsel as we move through the process of its development.

I did want to mention that we had great input from other national stakeholders as well.

For example, hands and voices headquarters has been very helpful to us also.

Just to give a little background, EHDI partners and programs are certainly committed to implementing continuous quality improvement yet many have difficulty prioritizing where to start or how to define and measure the various dimension quality of the system.

In 2015, the joint committee on infant hearing utilized literature searches existing systematic reviews and professional consensus

statements to develop general criteria for best practice and early intervention for children who are deaf and hard-of-hearing. This is referred to as the supplement to the JCIH2017 position statement.

Principles and guidelines for early intervention after confirmation that a child is deaf or hard-of-hearing.

Although these guidelines describe best practices in early intervention, they do not specify the exact means to identify where an organization might be in turn of the achievement nor guide the stages of moving toward a higher level of quality.

The ongoing use of an EHDI system self-assessment can provide a tangible means of providing a quality drive scape line partners in EHDI system improvement.

This presentation will identify how state EHDI partners can collaboratively use self-assessment as a mechanism to evaluate their own systems and guide the development of quality improvement process to strengthen services delivered to children of deaf and hard-of-hearing and their families.

We will be sharing how our Minnesota EHDI partner explore the use of the self-assessment to identify strengths in areas where improvement is needed.

And just again to mention that there is a lot of guidance from diverse state and national stakeholders regarding recommended format of systems, self-assessment as well.

Additional purpose of this presentation is to gather input, too from our participants and we hope to get your feedback as we go through the process.

Our objectives for today is really to identify how we can EHDI partners can collaboratively use the self-assessment to evaluate their system.

Assess the value of assessing our systems and how to explain how Minnesota used this self-assessment tool.

So here is a little bit of an idea where we are headed today.

Give you a little bit of background on the JCIH position statement. Pet self-assessment development of the tool and a discussion of how the value of the assessing of the EHDI system progresses and also our vision for the future, too.

Let me talk a little bit about JCIH.

If you were to have visited us at the national EHDI conference, you would have had the opportunity to see all of the individuals I mentioned earlier present.

So I am actually stepping in for Christy which is a little bit of a Daunte task because she has been -- daunting task because she has been a important tool of our development team and an important member in the way that she has been involved in the joint committee on infant

hearing.

She could give us guidance and counseling as far as what that was intended to do.

But just a little background, the history of JCIH really is that it was to provide guide tons EHDI programs about best practices and early intervention.

And when we are talking about early intervention in this context we are talking about the larger all encompassing early intervention system which may include services outside of traditional services maintained in early education program and these services can include adult role models, parent support and private therapy services.

On this slide you will see mention of where you can find that document the JCIH document as well as mention of the first international family centered early intervention conference best practices and that's that second link there.

The difference between the two is the first is used for United States and the second is international and much more global.

And the global component Christy was sharing that they lack a bit more of the family center elements that we are accustomed to in the United States.

It's more philosophical.

Little bit harder to report and measure.

That's a bit of the difference there.

But again just what's the purpose of EHDI in general?

The purpose is that we hope for optimum outcome for children who are deaf and hard-of-hearing.

And I'm a parent so obviously as a parent I have a vested interest in the EHDI systems being as robust and comprehensive as they possibly can be to benefit my own child and certainly the children I work with as a leader of hands and voices.

So I cannot stress enough the importance of the quality, the measurable services for the family and the child as the end user of the system.

So keeping that child and family in mind, we will strive to deliver those services that will make a deep impact on outcomes.

Because why also would we be spending so much time on this JCIH focuses on that end product.

If outcomes are the purpose we join together then we should be measuring those outcomes and factors that impact it.

So for example, goal number one, is all children who are deaf and hard and hearing in their family have access to timely and coordinate entry into EI program supported by a data management system capable of tracking families from children of confirmation of hearing loss and enrollment to EI services.

This speaks to the timeliness and coordination and entry to early

intervention and stresses mentoring and tracking to ensure that each child has equal access.

And our CDC collects data.

This is an example of data from 2011 so follow that link you can sign the survey data and -- see the survey data and what has been gathered so far because EHDI is not about screening as much as it's about improving those developmental outcomes.

That's where the focus has been.

By collecting that data, the effort to get to the next step.

And here I think Christy sharing with us that we are improving our loss to follow-up rates.

You can see that 70% of children are identified by three months of age which is great progress.

But as a parent, again, just the stress if you're in that category of a group of families that are not documented or perhaps not even in early intervention systems and gaining support, that family is really lost so as a parent that's most concerning for me, of course.

Goal number two all children deaf and hard of hearing in their families experience timely access to service coordinators to specialize mileage and -- knowledge and skills working with individuals that are deaf and hard and hearing.

Now we are getting down to the quality of the services once that child does enter the system.

And on this slide it talks a bit about the documentation of children who are identified into intervention, what's the status of that. And then this slide again gives us some general sense of the increase in the numbers of children who are being documented with having significant permanent hearing loss.

Goal six of JCIH provides guidance about monitoring the developmental progress so all children who are deaf, hard-of-hearing should have the progress monitored every six months from birth through six months of age for protocol.

It speaks to how that should be done.

And it includes important tracking such as social and emotional and cognition along with language and other factors.

And here we get back to the why.

Why we monitor quality.

We are driving our system toward better outcomes for our children, how do we do that.

We do that by ensuring -- by ensuring they have knowledge and skills necessary to provide services.

The fidelity of that intervention tracking the outcomes of that child.

And then how quickly the system reacts to getting appropriate services to that family and adjust those services through time.

Another major role that Christy has played is her team has been running the NECAP program, national early childhood assessment project for deaf and hard-of-hearing by gathering data from states about the progress of children, their outcomes and through that we are able to see what has been happening out there and compare states against states, not to compare them in a negative light but to actually learn from what's been going well and hopefully with more data we can find those bright spots and be able to share the information gathered in one state perhaps and then provide it to others.

Here Christy shares with us the participating states and that NECAP project.

And then here she starts to share some the data with us.

And this slide her point was that on average children are functioning more or less than the normal range when you look at them kind of on a broad scope.

And here she wanted me to point out that low average borderline is about 80 for vocabulary.

You can see where the numbers are falling.

Many states are doing quite well and then there is a few that she has highlighted that are falling below what would be considered normal there.

She wanted to point out there is quite a difference in Minnesota, for example, that's being mentioned in this slide that it's much more difficult the test for receptive language than it is for expressive language.

The example she gave was there are ten known words that a child can express but then on the other hand can the child tell a joke?

It's a bit more difficult.

The point being is that not every state is doing exactly the same and that certainly we are well aware that early intervention varies from state to state.

The average of one program in one state be the below the average in another state and why is that?

And the point is that there is need to investigate and to do more. This is another example of the MacArthur-Bates.

Again showing the difference between some states.

And then trying to dive into more specific data in this case deaf hard-of-hearing parents versus hearing parents.

There is a difference.

She did note that you can dig a little deeper and within the deaf parent category you can dig in and see the difference between say oral deaf adults versus signing deaf adults as well.

And then here is showing the difference in results based on intervention being implemented prior to six months versus after six

months.

And the difference there.

And just kind of circling back to that same idea there is great variability across states and the number of sessions and number of minutes per week that some children receive versus other children. So again that can kind of speak to the difference in some of the outcomes.

And so really the point is why is this important?

Well, we are just beginning to gather this data and so there are some states that are in a better position to advocate for more services if they can say here, look, compared to other states.

This is how our children are doing.

So maybe this could be used as a tool in order to advocate for additional resources to help improve outcomes for children.

It can be used in a very positive and empowering way.

>> Hi, this is Nicole Brown.

Go ahead.

>> I was going pass it on to you.

Go for it.

>> Okay.

This is Nicole Brown at the Minnesota Department of Health.

I'm going to talk a little bit about the self-assessment tool and then talk about how we tested it out in Minnesota.

I think it's a little daunting thinking about how do we take what Candice talked about and the importance of screening and early identification, but really moving the needle, really moving towards looking at outcomes and how different states compare.

How do we get there?

And for those of you who know me, you know that I can't go doing a presentation without talking about quality improvement.

So that is the answer.

Quality improvement.

It's the use of the deliberate and defined improvement process.

It's continuous and ongoing effort to achieve measurable improvements.

So there are key concepts here.

You know what?

I will go to this polling question first.

So how familiar are you with quality improvement?

Get a gauge of our audience here today.

Do you use it every day?

Do you use it in the project or two?

You heard a little bit about it or you really aren't sure what we are talking about.

Wait just another second for your responses.

So it looks like the vast majority are familiar with quality improvement.

They have used it maybe in a project or two or some of you like a percentage of you use it every day.

Very good.

So there are key concepts about quality improvement that I wanted to just mention.

It's deliberate so it's intentional and we use it consciously.

I will give you an example of that a little later when I talk about what we tried to Minnesota.

It's continuous so it's ongoing and measurable.

Something we can quantify.

So my guess is for those of you who said you used quality improvement in a project or two or use it every day, are familiar then with the model for improvement.

It's poly V one or method or tool that many of us in the EHDI world and it's tied with HRSA grant and you will see within this model, the model for improvement there are key components.

One is engaging stakeholders.

At the very beginning.

And the second one is assessing needs and gaps.

And then taking what we learned and identify possible strategies for small tests.

So there are different ways to assess needs and gaps.

We can look at our data sources and look at what we report to CDC.

We can do questions and surveys and we can look at outlier programs -- outlier programs that are working well and things that aren't working really well but the idea is that assessing needs and gaps should be ongoing and continuous.

And I will talk a little bit more about how a system self-improvements or self-assessment tool is one way to do this.

So what is the system self-assessment?

It's a great way to identify needs and gaps.

It can be measurable.

It can help you capture where things that are going well for your system and things that are not going well for your system.

It also makes it pull together and engages stakeholders in our systems so -- stakeholders in our systems.

So beyond our EHDI program staff it pulls in all of the different stakeholders in our EHDI programs.

And then when we identify those needs and gaps, we can use what we learn to help us identify some strategies to test.

So what is a system self-assessment?

It's a reflective process in which stakeholders explore their systems and work collaboratively to develop strategies, to enhance policies,



procedures and practices.

So you can see that this system self-assessment should be and can be deliberate.

Continuous and measurable.

I will give an example of what we learned in Minnesota and that really what an experience that we had that really planted the seeds for this development of JCIH self-assessment tool.

It's one that many of you can relate to or have experienced.

Many of you I know have done this in your own states.

A few months prior to the release of the JCIH recommendations and statements are commissions serving deaf, deaf/blind and hard-of-hearing Minnesotans pulled together a group of stakeholders and the goal of pulling together the stakeholders was ways to identify ways to improve outcomes for children who are deaf and hard-of-hearing.

We had an EHDI work group in this collaborative comprised of maybe ten to 15 people or so, a variety of EHDI stakeholders including our part C coordinator, parents, early interventionists.

We came together to develop a plan.

So we spent a day and a half talking about what we thought were gaps and needs in our system.

We maybe used a little bit of data.

But essentially we came up with really good ideas.

Our -- what we thought were really good ideas and developed a plan and prioritized what we thought we should be working on in Minnesota. However, while it was a great process, once the JCIH recommendations came out we thought what if we used this reflective process to -- with the JCIH document as a tool to help us assess or look at our system better.

So we felt like our plan could have been based on research and best practice recommendations from experts in the field, not just our great ideas.

I'm curious, have any of you tried using the JCIH to assess your system?

So it looks like we are not alone.

There are about 35% of you who have also used -- tried to use JCIH to assess your EHDI system.

I will be curious to hear more from you how you have done that.

And want to share more of that together.

So that really was the beginning of the idea of developing a JCIH self-assessment tool.

I'm going to talk a little bit now more about the development and testing of the tool.

So once the JCIH recommendations came out and we had done this collaborative group thing, identifying priorities in Minnesota, the

idea was floating in the back of our heads and right before the last year's national EHDI conference and like where many ideas were cultivated, we talked a little bit about what if we could use the JCIH to help us with this process.

We then kind of -- solidified our commitment to developing and testing this tool.

So I will talk a little bit about the tool development itself and how we developed this JCIH self-assessment tool.

It really included three parts.

So first it was modeled after existing tools.

The second was really an important piece about giving stakeholder feedback.

And the third was testing the tool on the small scale.

And I will talk about each of these specifically.

So just as Steve Jobs says, so that they were shameless in stealing great ideas, I have to admit so were we.

In the initial draft of assessment tool, we looked to see how others designed their tools.

Their self-assessment tools.

In particular we used the champions for inclusive communities tool that was developed in part by Diane Beale from NCHAM.

And it just so happened in Minnesota that we were provided with an opportunity to test out the public health Infomatics institute's EHDI inner operability tool self-assessment tool and it was a fabulous experience to pull a variety of perspectives together to really measure where we were at within inner operability in our state and it became a model for how the JCIH self-assessment tool could be used in Minnesota.

As Candice mentioned, we also did not do -- attempt to do this alone. We needed state and national partner feedback.

So again as Candice mentioned, Christy was really important in providing feedback and important in having that representative from JCIH.

She really helped us understand the intent of JCIH and what the vision was.

So Christie's feedback was really critical.

We also had Diane and Allison from NCHAM who provided great feedback and great recommendations on how to move forward and with Diane's previous experience with developing systems self-assessments tools. We are also relying a lot on NCHAM help us think about how to move this idea forward and how other states could try to test the tool. As Candice mentioned, we had national Hands and Voices who provided recommendations about the layout of the tool and how other states can use the tool.

And then we also included a Minnesota stakeholder group.

We pulled together the same collaborative EHDI group asking about what the tool looked like, what kind of headings we need, what's the length, that sort of thing.

So a stakeholder feedback, some of the feedback from the stakeholders, the first and most important thing was keeping the language as is.

So we know that JCIH likely spent hours deliberating every exact word. So we weren't about to make any changes or change the intent or anything of JCIH early intervention recommendations.

We kept -- everything in this tool is word for word.

I should mention, too, that I believe that people who registered for the webinar were also sent the draft, JCIH self-assessment tool so you can kind of look at it as we are moving forward.

If you have some screen shots of it so we can kind of talk a little bit about it.

Our stakeholders also told us that four levels of headings was good so we have a way to sort of measure how we were doing in our state saying whether there is nothing in place for this goal or recommendation.

We are just beginning our state is making good progress or we have some established practices.

Then last -- the last box there is about priorities.

So as you may recommend from Candice talking about the goal or familiar with the goals threshing lofty goals and pretty a lot of pieces to them.

And so really states are going to need to prioritize which goals they want it address first and which things that you think that you might want to prioritize.

Our stakeholders also gave us recommendations that we needed a clear purpose and a really good introduction to the tool.

As we were going around and talking with our stakeholders, it was interesting to see what people -- different people had different ideas of what the tool would be used for.

So we heard that maybe this tool could be used as a comparison of states.

We heard well maybe this could be about funding.

Maybe it could help with funding.

But we really wanted to focus on how we could use the tool to improve our system as a reflection on our own system and our own state to identify our needs and really focus our efforts.

So that was really the purpose for the development of this tool.

We also got some recommendations from application about how do we again prioritize since it's a fairly big lofty thing and which stakeholders groups to use so we were fortunate in Minnesota to have an established group already.

I know that other states may not have that same thing.

So I'm curious if you are interested there are little poll here, if you are interested in using JCIH self-assessment with your state, what body do you think you would see participating in this effort? Do you have a newly convenient stakeholder group that you would pull together?

Do you have a current state EHDI or established group.

Would you start what few core people or no idea yet?

So it looks like the vast majority have some sort of established group maybe that you are thinking in your head that maybe would be a good place to begin with a tool like this.

Excellent.

So more on our stakeholder feedback, length was a barrier.

As we started talking with our stakeholders about the tool and as you can see if you have a printed out copy next to you it's more than 25 pages long.

So how in the world do states address each and every one of these goals?

And so we talked about how we might be able to do that.

How we might be able to break into the sections and really give some really God advice about the need for prioritization.

So if you have a copy of the tool in front of you, you can take a look there.

Right after the introduction section is a list of all 12 JCIH goals. And we thought maybe it would be sort of a first level of the tool itself to kind of go through each of the goals and prioritize which goal you would want to address first.

So for example, here have an arrow on JCIH goal number eight.

And then so if your state for example chose number eight as a priority, then you would move into goal number eight section.

So the section then would talk about the rationale for that particular goal and then go into each objective that JCIH talks about underneath that goal.

So for example goal number eight is looking at families will be active participants in the system.

The rationale from JCIH, and this is word for word what JCIH talked about, and then the idea would be that the group of stakeholders would come together and discuss where they thought they are related to this goal or objective.

So for example 8.1 developing or advising policies and legislation related to EHDI.

So did they think their state have nothing in place?

Is it just beginning?

Are they making good progress or is it established practice?

It's also a spot there, too, to be able to say whether this particular

objective is a priority.

Again, there are many goals and many objectives.

So really needing to flush out what is a priority for your state.

Here is another example.

Here is goal number six.

It's very small probably.

Goal number six with the rationale and then each of the objectives underneath it.

Goal number 11, this one is about children who are deaf and hard-of-hearing and their families have access to support, mentorship and guidance for individuals that are deaf and hard-of-hearing.

The rationale from JCIH and then the two objectives underneath.

So we did test the tool in Minnesota.

We established or pulled together our established collaborative group who gave us some feedback on the tool to actually try it out and test it and see what happens.

These are the people who have participated in the testing.

You can see it's a diverse group.

We held a three hour meeting to talk -- to try to test this tool out.

We had a few people who are not able to attend.

So we shifted which goals we were looking at.

So we originally had asked everybody to vote on which goal they wanted to start with.

But we ended up shifting it a little.

So unfortunately it takes a long time to go through this.

It was a really good process but it took a really long time.

We only really got to three goals.

We got to goal number two, number five and number three.

We did ask the team, the group that we pulled together about the feedback or the value of the tool.

You can see that the vast majority felt that it helped them better understand the strengths and weaknesses in Minnesota.

And that it was very important that they strongly agree that really pulling together and talking about the system collaboratively with the group of stakeholders was valuable.

I think that was the biggest thing that came out of the testing of the tool was really about the discussion with our stakeholders was the most important thing.

Here is some quotes from our stakeholders that participated.

That it forces you to look at each part and engage where the state is.

That there was a fascinating discussion.

And that there was brutal honesty and collaboration.

Personally, I have been part of a stakeholder in the system for quite

a long time.

I thought I knew about everything about part C but I learned a ton about things I didn't know about our part C system.

When we really got into the details of it.

Some additional feedback, the format and purpose.

The format I felt the format.

The system self-assessment made sense for the most part.

However, we had a few people disagree or strongly disagree about the format.

One of the things that came out of testing the tool is that we did not include the rationale for each of the goals originally in the document.

And people had different ideas of what the intent was of JCIH and what the definitions were, without that rationale that was added afterwards.

The purpose of the EHDI self-assessment tool was clear.

Again, the most people agreed but we did not start off again talking about the purpose and what the purpose is and being really clear about how we were going to use it.

So that also was a recommendation that came from the group.

That was really important to talk about what the purpose is because I think a few people could have felt put on the spot when we were really looking at their system.

The intent wasn't to criticize or pick apart any particular program but to really look at it as a collaborative group.

Again, the discussion was most valuable.

We also didn't come up with next steps or talk about what we were going to do when we prioritize so that was one thing that I recommend that other states do have a really clear idea of what the next steps will be.

And again clear context so making sure why the JCIH document with you to be able to refer back to.

So again advice about making sure everybody is at the table.

And that come ready to listen, to talk about your particular piece of the program but also to listen to other people's.

Lessons learned and recommendations, again, I can't stress enough that the need for a diverse group of stakeholders because some things that I thought we did really, really well in Minnesota are some of our stakeholders had a different opinion about it and it was really important for me to learn that.

So vice versa.

Having that diverse group of stakeholders being able to talk freely together and having a tool to be able to help facilitate those discussions.

It was really important.

Prioritizing because there are so many goals for us to get to.  
And maybe we use data was one of the recommendations from our group.  
Maybe we start with data and then we vote.

How do we decide which goals to address first.

And again having clear next steps.

Once we rank where we are in our state, what do we do next?

How do we start to address some of the needs.

I'm going to turn it on back over to Candice.

I think.

Candice, are you there?

>> Can you hear me now?

>> I can hear you.

>> Oh, yeah.

Sorry about that.

I was saying when I was on mute that I will talk a little bit about  
the value of assessing our EHDI system progress.

And we will talk about the vision for the future as well.

One reason why it's so important I think to bring stakeholders  
together and have this discussion is that it really provides the JCIH  
tool provides parents access to information that experts can agree  
on.

And there is a quote right from the document.

This EI services document drafted by teams that's professionals with  
extensive expertise in EI programs for children that are deaf and  
hard-of-hearing for their family.

They relied on literature systems and recent professional consensus  
statements in developing this set of guidelines.

It's just so important to know that the diverse group had gotten  
together and worked through these guidelines and came to a consensus  
even in our field that is so very dis-- as far as passion and  
commitment and certain aspects of our EHDI system this is something  
we point to and say we do agree upon it.

It also underscores the importance of our EI services and emphasizes  
the critical nature of services.

Once a child is identified as deaf or hard-of-hearing so screening  
and confirmation the child is deaf or hard-of-hearing it's  
meaningless without appropriate individualized, targeted and high  
quality intervention and isn't that the truth.

It's really what happens after that child is identified.

That's the whole point of us convening.

Something else that it identifies is that individual and family  
driven services are critical to our EHDI system.

It re-enforces that is -- those are key components and it says right  
in there an optimal EI service team centers around the family and  
includes professionals with pediatric experience.

The specific professionals in each team should be individualized on a basis of the family needs.

And it's so critical.

I think those of us working in the system we know how completely individual each child and family is and what would work in one scenario would not work in another scenario.

So it's having that robust team of individuals that come together and pull in the variety of resources to help support that individual child and family.

It further explains the definition of early intervention and includes things like language, social and emotional and certainly literacy development for children who are deaf and hard of hearing.

As the parent I have to say, you know where I was once so focused on literacy perhaps or academics or language development, my son being almost 20, you know, now things like social/emotional and self-advocacy and those other skills are so morn later in life.

-- so important later in life but realizing EI services way back in that beginning stage should encompass all of those things because we need those certain things in place to get those skills later.

I mentioned once before that it also addresses the quality of services.

The qualifications of providers.

And it clearly outlines qualification for children who use sign language, listening in spoken language, cued speech, et cetera, ensures the full range of opportunities are available for the diverse needs of children.

And also addresses the needs of families from diverse cultural backgrounds.

Here in Minnesota we have been really seeing a dramatic increase to our culturally specific families and groups and so that work is become very, very important.

And what works in one community may not work in another community. Having that cultural competence is so critical.

Then certainly the JCIH points to the role of parents in the EHDI system as advisers, but also as individuals who can guide families along their journey.

And really elevates them to a very critical role.

Mostly very pleased the JCIH does the same for adults who are self/hard-of-hearing.

Those of us with children who are deaf and hard-of-hearing ourselves we know how important it is not only to meet what parent and get guidance there and for parents to provide input in the system, but the critical, critical role that adults who are deaf and hard-of-hearing that can play in advising the system and being an individual adviser to an individual family as their child progresses



and having the variety of individuals who can offer those services is so critical and it really speaks to that.

Is what the role of that JCIH self-assessment tool.

Just like the need for services following identification the child is deaf and hard-of-hearing, this program can ally with the JCIH goals.

It can be helpful for families when they are evaluating their own activity through standard measure.

Ensure parents and adults who are deaf and hard-of-hearing can participate in the evaluation of the system.

Calling for continuous improvement.

Self-reflection.

Making the case for possible funding for services that maybe aren't established that could be really critical and I hope that a lot of our listeners today are thinking in terms of those that particular possibility for this tool as well.

And then maybe eventually we do compare programs one to another kind of like the NECAP program that it's not to criticize a particular program but look for those bright spots and see what's working well to identify those key components and spread that information to the rest of the system.

We do have another poll going right now and so the question is for what purpose do you see a tool like this being helpful for the EHDI program?

I see the results coming in to identify the gaps and needs in the state or convenient a group of stakeholders to agree on priorities which could take some time.

Justify more funding services.

Or to identify and learn from states that rate themselves as having established practice finding out what's making that program tick. The results are coming in.

That's good.

We have identifying gaps and needs in your state is very important goal for this tool.

Good.

Good, thank you.

I just wanted to mention there are other people using the JCIH statements to develop other tools.

For example, there is the CDC parent to parent subcommittee project that is also taking the JCIH statement and adapting it for parents. So that they can better utilize and understand the JCIH position statement and supplement and so just making it more user friendly for that parent audience.

Look forward to seeing that developed.

And I wanted to end with a quote from our executive director of hands

and voices Janet.

Just about the importance of the tool or doing self-assessment and here she says the JCIH EI document established important measures to determine if best practices are being established.

Very important that families have the opportunity to know both and understand those practices in order to determine if the level of services that are being provided to them are appropriate.

This is especially important for families who are just starting out since they don't often have experiences or established comparisons to what should be the standard.

So that was what we hope to share with you today.

Again, I wanted to give credit to the other collaborators on this project.

Diane, Nicole and Allison and Christy.

We did have one more poll and the last question we had for you is whether you anticipate that your state would want to test out this tool.

Excellent.

It looks like good majority would want to.

We are hoping you will.

There is one point I think we made when we shared the assessment tool itself.

Was that on the top of the document we added a little notation and that is that if you do decide to use the tool, we would love to hear from you because we see this as being in draft form, although it made a few iteration, we are hoping it's close to be in its final stages but really just like quality improvement we want to make sure we are inputting the feedback that you give us.

So we have a little statement on the top of that document just saying if you are planning to use this just please let us know.

>> So this is Will.

We opened up the Q&A field so you can submit your questions now to today's presenters.

We have about seven minutes remaining to have them address whatever comments you have.

The first question was will there be access to this PowerPoint and can we share it with others.

So this presentation is going to be posted on kids hearing -- or infant hearing.org within the next week where you will be able to view it and I believe those who are registered for today will be also e-mailed that link so you will have ready access to that.

Our presenters, if you want to read through those questions that are being posted on the right there.

Do so.

And I will get them over to you as quickly as I can.

>>> Thank you.

This is Nicole.

So we have a question about if we can provide an example of how we might use the QI process with this tool.

And the way I'm sure there is probably many answers to that question. The way I see it is I do -- I believe that this tool could help identify gaps and needs in the state in your state and help -- then when you identify a priority you might want to look at, for example it might be goal number one, objective, 1.2, so looking at resource material. So it kind of gives you the topic you want to address so you could develop some sort of AIMS statement related to that topic and then use quality improvement methodology and maybe the model for improvement to test out small tests to improve that particular area. That's one way I could see it being used to help drive some of our small tests of change.

>> This is Candice.

I'm reading a question about when I had mentioned the data about the parents and the difference between parents who are deaf and parents who are hearing and that there might be a difference between parents who are signing and oral and whether I could elaborate on that. Unfortunately, I don't have that data.

That's something that Christy had shared with me in preparation for this webinar.

So I don't have the specifics on that but I do invite you to direct that question to Christy or I can certainly pass that on to her and have her get back to you.

Thank you for the question, though.

S in this is Nicole again.

I see question about asking about the objectives.

Were the objectives developed by our stakeholder group or JCIH?

They are the bullet points in JCIH.

They are taken word for word from JCIH.

So they are -- they were not developed by our stakeholder group.

>> This is Candice.

I see question about whether there is an on-line version.

Are we prepared to create an on-line version.

I will let Nicole jump in here, too, if she wants to.

We don't have a web base version of this at the moment.

I know there has been some preliminary discussion about this kind of rolling out maybe to another group that would kind of oversee the piloting of the tool.

So that's a really good suggestion and certainly one that we can pass on.

Did you have any other comments there Nicole?

About that?

>> I don't.

>> There is another question about -- that I mentioned that in our stakeholder group that we scheduled a three hour meeting and we were only able to get through three goals and honestly we were only able to scratch the surface.

And so what would we recommend to other states?

I think it's really the prioritization is really key.

That maybe deciding on one goal or the depending how much time have.

If you could schedule an all day meeting possibly but to be honest we were all exhausted after that three hour meeting.

And I think breaking it up into smaller chunks is probably more useful.

>> Would you agree, Candice?

>> This is Candice, I would definitely agree.

Even just coming together to talk about the definitions of some of the language was really helpful and that took time just to get everyone notice room to agree.

I honestly couldn't imagine doing it even though it was an entire day and think you want to convene different people.

In our EHDI advisory committee we had specific subcommittees that we brought together for the ones we were working on and they might need to grab a different group of people to bring in different people for some other discussions.

I personally think it would be better different days and then just kind of grouped by what goal it is -- the goals you are working on.

Would you agree, Nicole?

>> I would.

It relates to another question asking the recommended number of stakeholders for completing and discussing the tool.

I don't know there is a particular number.

I think what's key is to have variety of stakeholders who represent different pieces or parts.

I think we had -- there were different perspectives of how we were doing in certain areas and I think that perspective was really, really helpful in helping us assess where our system is.

I'm not sure it's about a number but really about having the right people in the room.

>> I think there is another question about the status of the next JCIH statement.

It's cutting off for me.

Is that what it says?

>> I believe so, yeah.

>> I don't know the status of that.

Are you aware of what the status is?

>> I'm not.

>> Okay.

>> There was a question about whether there is a tool for compiling the data.

That perhaps maybe a simple Excel template.

I think that's a great suggestion.

>> I know there is a question there on there about not having received the actual assessment tool.

I'm assuming that we can get that re-sent.

That's not a problem.

We will make sure to get that out.

>> Or you could e-mail us.

So if you are also interested in testing out the tool, we will work with NCHAM on how we can kind of coordinate our efforts to help improve the tool.

So let any of us know and you have our e-mails here.

>> Then a question about how many people participated.

Did you address that already?

I know was in the presentation and there was a slide up with a different stakeholders.

I'm thinking in my mine was it ten individuals?

>> Around that number.

>> Yeah.

>> And then I think there is another question for me specifically on the information from Christie's slide and I will let Christy talk a bit more about the specific tools that I think would be a great question for her so she can elaborate a lot farther on how those were implemented.

You have her contact information on that last slide.

I would encourage you to contact her.

>> And then the last question is if we wanted to utilize the full tool with a stake holder group, how long will it take to go through the whole thing?

I do not know the answer to that question.

It depends probably on how much in-depth you decided to go into it.

And to be -- like for our team, our group, I think the first few goals we had a lot more discussion and towards the end I think we were getting tired and we were like, I don't know.

Really the value is in the discussion and pulling together the stakeholders.

I think it could be a fairly large amount of time so that's why I really prioritizing is the most important.

>> This is Candice, agree.

We should cover that last one.

>> Great.

Well, this is Will again.

I want to thank both of you once again for participating and providing all of this really helpful information today.

And for everyone who has joined us today, remember you can get more information about this webinar by going on to [infanthearing.org](http://infanthearing.org) within the next week where you will see a recorded version so that you can view it again or share it with others who weren't able to join us today.

Thank you again.