Wyoming Early Intervention Initiative (WEII) for Families and their Children who are Deaf or Hard of Hearing

An initiative promoting collaborative efforts to increase Wyoming's capacity to provide quality early intervention services for families and their children who are deaf or hard of hearing from birth to kindergarten.

January 2020 - August 2021

Wyoming Early Intervention Initiative (WEII) for Families and their Children who are Deaf or Hard of Hearing

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The Wyoming stakeholders would like to acknowledge the invaluable guidance, expertise, and encouragement received throughout this initiative from the Marion Downs Center.

Thank you!

Dedication

This manual is dedicated to Susan Davis Fischer, M.S., CCC-SLP, our colleague and cherished friend.

Susan's commitment to helping children who are deaf or hard of hearing develop communication was unparalleled. Susan was a shining light in the states of Wyoming and Colorado in working directly with infants, toddlers, and preschoolers who are deaf or hard of hearing. Susan loved both children and parents. Her natural talent for working with children and their families is known as "The Susan Fischer Effect".

Her love for her family, her humor, her fashion sense, her ability to hold a confidence, her inability to use and report numbers, and her lack of ever passing a valid driver's test are dear to us.

We have a hard time putting into words how blessed we are to have known her.

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I. Synopsis

Early identification and provision of appropriate early intervention are critical for children who are deaf or hard of hearing (D/HH). Regardless of type or degree of hearing loss, cognitive level, mode of communication, presence or absence of additional disabilities, race, ethnicity, or socio-economic status, children identified before six months of age have significantly better developmental and educational outcomes then those identified after six months of age.

In January 2020, an initial stakeholder meeting was held to identify the current strengths, gaps and challenges for providing early intervention services to children who are D/HH and their families in Wyoming. A plan to organize, gather and analyze information regarding the state of the state was decided upon and the Wyoming Early Intervention Initiative (WEII) for Families and their Children who are Deaf or Hard of Hearing was born.

The WEII's overall goal is *to promote collaborate efforts to increase Wyoming's capacity to provide quality early intervention services for children who are D/HH from birth to kindergarten and their families*.

In the winter of 2020, an Early Intervention Provider Survey and Family Survey were conducted to collect baseline data regarding early intervention services for children who are D/HH and their families in Wyoming. A D/HH early intervention system self-assessment was completed by a small group of stakeholders to prioritize areas of need based on the Joint Committee on Infant Hearing (JCIH) guidelines.

In the spring of 2020, the information collected from the surveys and assessment were analyzed and reviewed. Findings were prioritized and an improvement plan was developed.

In the summer of 2020, stakeholders came together to pledge their commitment to this work and dedication to prioritized areas began.

Since September 2020 through August 2021, small working groups have made substantial progress on the following 5 prioritized goal areas:

1. Communication with Stakeholders: *Increase awareness of and access to available resources and services for young children who are deaf or hard of hearing (D/HH) and their families both within and outside Wyoming.*

2. Family to Family Support: *Create a system in which families who have children who are deaf or hard of hearing (D/HH) from birth to kindergarten are consistently made aware of and have the ability to access and utilize available resources in Wyoming.*

3. Progress Monitoring for Individual Children: *Wyoming children receiving early intervention will have access to and participate in a uniform, statewide system for gathering and analyzing developmental outcome data for children who are deaf/hard of hearing ages birth to kindergarten. Data will be used to inform intervention decisions and practices to improve early intervention on the individual and statewide level. Progress monitoring will be sustainable statewide as evidenced by the addition of the Outcomes and Developmental Data Assistance Center for EHDI Programs (ODDACE) to the list of approved/recommended child development assessments as mandated by the state of Wyoming.*

4. Professional and Parent Training: *Create a system in which families who have children who are deaf or hard of hearing (D/HH) from birth to kindergarten are consistently made aware of and have the ability to access and utilize available resources in Wyoming.*

5. Hearing Technology Training: *Increase knowledge and understanding on the appropriate use and implications of hearing technology by providing both online and in-person trainings for families, early interventionists, and childcare providers.*

Following completion of this report, the WEII stakeholders will meet to review and adapt goals for year-2 and continue making important and meaningful progress on the improvement of early intervention services for Wyoming children who are D/HH birth to kindergarten and their families.

II. Report Terminology

AABR - Automated Auditory Brainstem Response (hearing screening technology)
ASL - American Sign Language
ASTra - Advocacy, Support, and Training Program
CDC - child development center
D/HH - deaf or hard of hearing
ECSE - Early Childhood Special Education
EI - early intervention
EIEP - Early Intervention & Education Program
EHDI - Early Hearing Detection and Intervention
GBYS - Guide By Your Side (family organization)
H&V - Wyoming Families for Hands & Voices (family organization)
IDEA - Individuals with Disabilities Education Act
IEP - Individualized Education Plan
IFSP - Individualized Family Service Plan
JCIH - Joint Committee on Infant Hearing
NECAP - National Early Childhood Assessment Program
OAE - Otoacoustic emissions (hearing screening technology)
ODDACE - Outcomes and Developmental Data Assistance Center for EHDI
SLP - Speech Language Pathologist
SWOT - Strengths, Weaknesses, Opportunities, and Threats Analysis
TOD/HH - Teacher of the Deaf and Hard of Hearing
WDE - Wyoming Department of Education
WYCHAP - Wyoming Children's Hearing Aid Program
1, 3, 6 - Hearing screened by 1 month of age, diagnosis by 3 months of age, appropriate intervention by 6 months of age

III. A Limited Review of Early Hearing Detection and Intervention (EHDI) in the United States

From the Executive Summary of the Joint Committee on Infant Hearing 2019 Position Statement: "Early Hearing Detection and Intervention (EHDI) activities beginning at the birth hearing screening and culminating in early intervention, have positively impacted outcomes for children who are deaf or hard of hearing and their families in the United States and world-wide. Universal newborn hearing screening has resulted in significantly lowering the average age of identification. Screening is a necessary first step, but does not ensure the next critical steps of timely identification and diagnosis of children who are deaf or hard of hearing, amplification, and referral to early intervention, all with the goal of promoting language development.

The goal of EHDI is to assure that all infants are screened and diagnosed as early as possible, and appropriate intervention initiated, no later than six months of age. There is a body of literature which demonstrates that children and families experience optimal outcomes when these benchmarks are met. Additionally, communication and linguistic competence (in spoken language, signed language, or both) are achievable when timelines are met, and when optimal audiologic and early intervention services are accessible. There remain critical areas of needed improvement within the EHDI system to ensure newborns benefit from early recognition and have access to appropriate supports."

A. Timeline of Notable Dates
    1. 1969: The Joint Committee on Infant Hearing (JCIH) was established
        a. This was the first meeting between the American Speech Language Hearing Association (ASHA), the then American Academy of Ophthalmology and Otolaryngology (AAOO), and the American Academy of Pediatrics (AAP) - organizations which have *knowledge*, *training* and *interest* in children who are D/HH.
        b. The Committee was compromised of representatives from audiology, otolaryngology, pediatrics, and nursing.
        c. The Committee was charged with the responsibility to make recommendations concerning the early identification of children with, or at-risk for, hearing loss through newborn hearing screening.
    2. 1975: Federal law PL 94-142 was passed
        a. "To assure that all children with disabilities have available to them…a free appropriate public education which emphasizes special education and related services designed to meet their unique needs,
            i. …to assure that the rights of children with disabilities and their parents … are protected,
            ii. …and to assist states and localities to provide education of all children with disabilities."
        b. This law supported children with disabilities who previously had only limited access to the education system and were therefore denied, or at risk for not receiving, an appropriate education.

3. 1988: The Commission on Education of the Deaf Report
    a. The report stated, “Congress and The Department of Education had not done enough to educate children who are deaf/HOH” in the United States
    b. This report documented that education for persons who are D/HH in the United States was unsatisfactory and that both Congress and the Department of Education had failed to provide necessary direction and oversight of deaf programs across the country.
    c. Recommendation from the Commission regarding early identification: “The Education Department, in collaboration with the Department of Health and Human Services, should issue federal guidelines to assist states in implementing improved screening procedures for each live birth. The guidelines should include the use of high-risk criteria and should delineate subsequent follow-up procedures for infants and young children considered to be at risk for hearing impairments.”
    d. Recommendation related to early childhood: “The Department of Education should require state educational agencies to conduct statewide planning and implementation activities, including the establishment of program and personnel standards that specifically address the educational and psychological needs of families with young children who are deaf. Individuals working with young deaf children and their families should be professionally trained in the area of deafness and early intervention.”
4. 1990: Amendments to law PL 94-142 were made, effectively changing the name of the law to Individuals with Disabilities Education ACT (IDEA)
    a. IDEA is a federal law that requires states and school districts to ensure that children with disabilities receive a *free appropriate public education* in the *least restrictive environment*.
    b. IDEA is the vehicle through which appropriate early intervention for children who are D/HH and their families can be obtained.
5. 1991: Multiple studies examined the effectiveness of technologies available to detect the presence of hearing loss at the time of a child’s birth admission.
6. 1992: Design of Early Hearing Detection and Intervention (EHDI) programs began in the United States.
    a. EHDI endorses *early detection* and *early intervention* for all infants who are, or who are at risk of being or becoming, deaf or hard of hearing.
    b. EHDI 1-3-6 months
        i. (1) All infants should receive a hearing screening prior to **one** month of age
        ii. (3) All infants who refer in one or both ears should receive a diagnostic evaluation prior to **three** months of age
        iii. (6) All infants who are identified as deaf or hard of hearing should begin receiving early intervention services by **six** months of age
7. 1994: The Position Statement from the JCIH endorsed the goal of universal detection of infants with hearing loss as early as possible. All infants with hearing loss should be identified before three months of age and receive intervention by six months of age.
    a. Updated JCIH Position Statements were published in 2000, 2007, and 2019.
    b. Current JCIH member organizations include:
        i. Alexander Graham Bell Association for the Deaf and Hard of Hearing
        ii. American Academy of Speech/Language and Hearing Association
        iii. American Academy of Pediatrics

iv. American Academy of Audiology
v. American Academy of Otolaryngology-Head and Neck Surgery
vi. Council of Education of the Deaf
vii. Directors of Speech and Hearing Programs in State Health and Welfare Agencies

c. Current JCIH supporting organization (non-voting) include:
i. Boys Town National Research Hospital
ii. Centers for Disease Control and Prevention
iii. Maternal and Child Health Bureau
iv. National Institute on Deafness and Other Communication Disorders (NIDCD) National Institutes of Health
v. American Speech-Language-Hearing Association

IV. A Limited Review of Early Hearing Detection and Intervention (EHDI) in Wyoming

The Wyoming Early Hearing Detection and Intervention (EHDI) was established in the early 1990s and has grown into a successful program. Wyoming EHDI has developed a statewide system that works toward meeting the JCIH's 1-3-6 guidelines in screening, diagnosis, and referral to early intervention. Wyoming EHDI is guided by an Advisory Board that is comprised of representatives from multiple state agencies, organizations, institutes of higher learning, families, and individuals who are D/HH.

A. Notable Dates and Facts
   1. 1997: Wyoming newborn hearing screening was universal (over 90% screened).
   2. 1999: Wyoming passed legislation mandating universal newborn hearing screening. Since this legislation went into effect, more than 95% of Wyoming children born each year have had a newborn hearing screening completed.
   3. 2007: State legislation was passed for a sustainability fund for universal newborn hearing screening.
   4. All 20 birthing hospitals in Wyoming use Automated Auditory Brainstem Response (AABR) technology.
      a. AABR technology screens the entire auditory system (peripheral and central).
      b. Otoacoustic emissions (OAE) technology, which only screens the peripheral auditory system, is used by midwives and child development centers in Wyoming.
   5. Wyoming has a two-tiered screening protocol for newborns.
      a. An initial hearing screening is conducted prior to hospital discharge.
      b. If the initial hearing screening is failed on one or both ears, newborns return for a second AABR screening within 7-10 days.
      c. Please see Appendix A, Tables 1A – 1D, for newborn hearing screening data from 2005-2019.
   6. Wyoming has demonstrated consistent progress in referring children who fail newborn hearing screening to audiologists with the experience and equipment to provide complete and accurate diagnostic audiological evaluations and appropriate follow-up referrals. From 1997 to 2019, 440 Wyoming children have been identified with hearing loss following referral from newborn hearing screening. Please see Appendix A, Tables 2A – 2G for diagnostic data from 2006-2019.
   7. Wyoming continues to make strides in timely referral of newborns identified as D/HH to Part C Early Intervention. Please see Appendix A, Tables 3A – 3E for early intervention data from 2006-2019.
   8. The Wyoming Children's Hearing Aid Program (WYCHAP) fund was established in 2012 by the Wyoming Legislature.
      a. This program functions to provide timely access to hearing aids for children, ages birth through the end of their high school career, identified with hearing loss who are either not insured or under-insured. Hearing aids are fitted using best practice recommendations.
      b. At the time of this report's publication, 168 children have received hearing aids through WYCHAP.

9. Family to Family Support Organizations
    a. Families rank family-to-family support as one of the most helpful forms of support for their family. Parents/families reporting participation in social networks with other parents/families of D/HH children had less isolation, greater acceptance of their child, and improved interactional responsivity. (JCIH, 2007).
    b. In response to the need for family to family support, a Wyoming Chapter of Hands & Voices was established in 2006. Wyoming Families for Hands & Voices is a parent driven non-profit organization that provides unbiased support to families of D/HH children. The Hands and Voices goal is to help parents help their children reach their fullest potential. Two additional programs within Hands & Voices are Guide By Your Side (GBYS) and Reading Early Accelerates Development (R.E.A.D. Plus). GBYS provides unique, direct support to families. This support comes from Parent Guides who walked a similar path and can share from their experience and knowledge. R.E.A.D. Plus empowers families with strategies to support their child's speech and language development. Support is provided to help families understand their child's hearing loss and the potential impact it may have on their child.
10. Late Onset Hearing Loss (LOHL) System
    a. Identifies LOHL that has the potential to negatively impact a child's development and education.
    b. Four to 6% of children *develop* hearing loss after birth but before 6 years of age (data from the National Health Interview Survey, 2007, retrieved from the National Institute on Deafness and Other Communication Disorders [NIDCD], 2010).
    c. LOHL screening is provided by Wyoming Child Development Centers and/or Early/Head Start programs.
    d. In Wyoming, the LOHL screening protocol includes otoscopy, OAE, pure tones and immittance.
    e. See Appendix A, Table 4 for the number of children with documented LOHL hearing and vision screenings in Wyoming from 2006 – 2019.

V. Introduction to the Wyoming Early Intervention Initiative (WEII)

Wyoming provides early intervention services for children from birth up to kindergarten via 14 Child Development Center Regions. These 14 private, non-profit Child Development Center Regions are contracted through the Wyoming Department of Health, Early Intervention and Education Program (see Figure 1). This system provides a structure for coordination of early intervention services throughout the Regions and the state.

In Wyoming there is a shortage of early childhood teachers, speech language pathologists, and early childhood special education teachers, who have the specific training and experience in working with deaf or hard of hearing infants, toddlers, and preschoolers. This shortage has resulted in challenges which impact the developmental outcomes for children who are D/HH. **This early intervention initiative was formed to bring together key Wyoming stakeholders to gather and analyze data regarding the challenges that Wyoming families face in their journey to raise and educate their young children who are D/HH.**

As a result of the reviewed programs and systems conducted by WEII stakeholders, a collaborative plan utilizing existing Wyoming resources was developed to facilitate improvements to the developmental outcomes of children who are D/HH. The specific purpose of the collaborative and subsequent plan is *to increase Wyoming's capacity to provide quality, sustainable early intervention services for children who are D/HH from birth up to kindergarten and their families.*

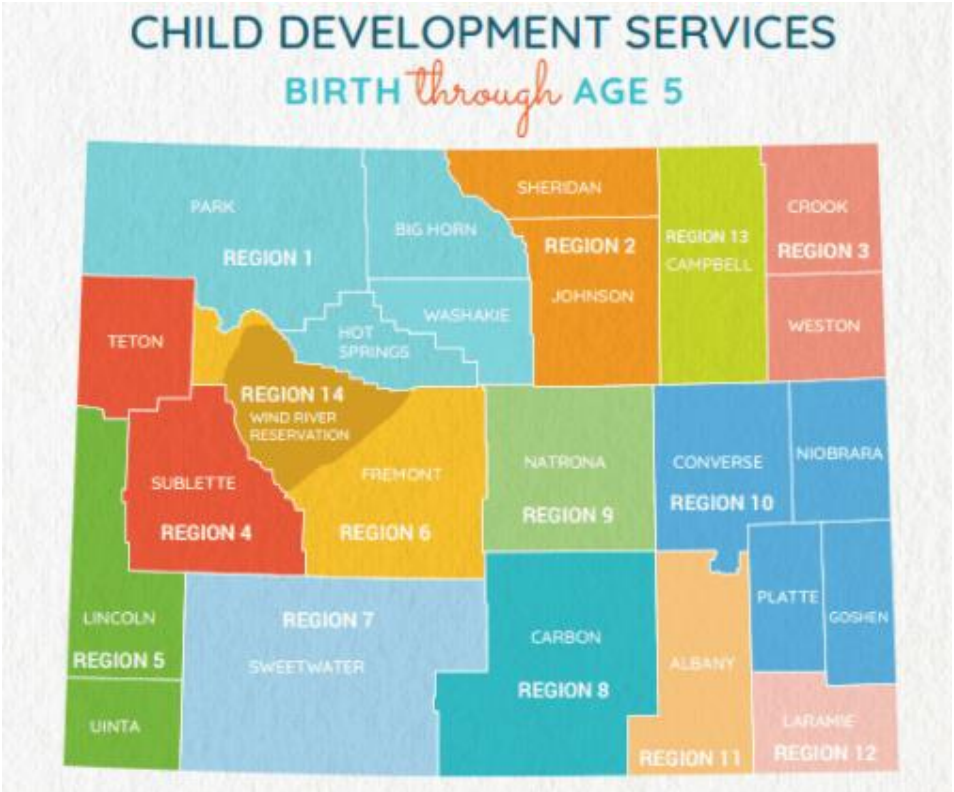


Figure 1. Wyoming Child Development Center regions

At the initial WEII stakeholder meeting held in Cheyenne on January 16, 2020, the following plan was agreed upon by the attending stakeholders. Due to COVID, all subsequent WEII meetings were held via video conference.

Plan for stakeholder meetings and EI system assessment work

January – March 2020

1. Complete family and early intervention provider surveys
2. Complete the JCIH D/HH EI system self-assessment
3. Analyze results of the above-mentioned surveys and assessment

April 2020

1. Review analyzed results
2. Prioritize findings
3. Develop improvement and goal plans

August 2020

1. Stakeholder meeting to review and finalize commitments
2. Implementation of improvement and goal plans

February 2021

1. Share the work from the past 12 months of WEII
2. Appraise general impressions, review intended outcomes, and commit to WEII sustainability

Based on the analysis of the family and early intervention provider surveys completed during the first quarter of 2020 and the JCIH D/HH EI system self-assessment completed in March 2020, the following areas were identified for improvement through a goal prioritization process in order of priority. The first five areas targeted for completion between 9/2020 – 8/2021 (Year 1) are as follows.

1. **Statewide communication to increase awareness of, and access to, available resources and services (national and state) for Wyoming children who are deaf or hard of hearing and their families from birth up to kindergarten.**
2. **Family to family support to increase awareness of pertinent Wyoming resources.**
3. **Training for families and professionals to increase awareness of, and engagement in, existing and newly developed family and professional systems and supports.**
4. **Progress monitoring for children who are deaf or hard of hearing from birth up to kindergarten, who are receiving early intervention in order to gather, analyze, and understand current developmental outcome data for this population.**
5. **Training to increase knowledge for families, early interventionists, and childcare providers to increase their understanding on the appropriate use and implications of hearing technology.**
6. Training for professionals providing D/HH Services to Wyoming children birth to kindergarten and their families.
7. Training for assessment and goal writing to inform IFSP/IEP development.
8. Access to Communication Modality Specialists (ASL, Cued Speech, Listening and Spoken Language).
9. Training to increase the number of providers who have fluency in ASL and English-based sign systems.

As part of the improvement planning process, each of the 26 implementation goals were linked to one of the tiers illustrated in the Figure 2 model. About 38.5% of the goals were identified at the awareness level for dissemination of general information on EHDI and EI, another 38.5% to both awareness and knowledge levels, and 23% targeting intensive coaching and training skills.

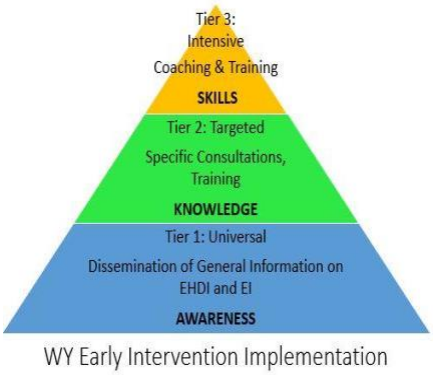


Figure 2. Intervention Model

VI. Actions and Findings

The following timeline and actions describe the primary work of the Initiative. See Appendix B for meeting agendas.

January 16, 2020, Stakeholder Meeting

Key Topics

- Overview of background & relevant initiatives
- WY EHDI & IDEA Part C data (Centers for Disease Control and Prevention 1-3-6, NECAP, Part B eligibility)
- Crosswalk of IDEA Part C federal reporting requirements with Joint Committee on Infant Hearing (JCIH) goals and knowledge and skills
- SWOT Analysis (see Table 1 for results)
- Plan for Collaborative work:
    - Winter
        - WY EHDI surveys (families and early intervention providers)
        - JCIH D/HH EI system self-assessment (smaller group)
        - Analyze results
    - Spring
        - Meeting to review results
        - Prioritize findings and develop improvement plan
    - Summer
        - Review and finalize commitments and implementation of plan
- Commitments – Circles of Involvement
    - Leadership – Core Planning Team
    - Engagement – Key stakeholders who commit to being part of the project
    - Champions – Agency representatives with authority to represent and commit resources

February - March 2020, Assessment

The following assessments were conducted regarding EHDI and IDEA Part C services:

- WY EHDI survey:
    - Completed by 153 early interventionists in 14 Child Development Regions (see Appendix C for results)
    - Completed by 18 Wyoming parents of children who are D/HH (see Appendix D for results) .
- JCIH D/HH EI system self-assessment
        - Completed by a selected group of 12 stakeholders; each stakeholder discussed and responded to 74 questions covering the 12 JCIH Goal areas assessing Wyoming's ability to offer quality early intervention services (see Appendix E for results).
            - Respondents rated (1 = nothing in place to 4 = practice well established) and prioritized each question (A=highest priority to C=lowest priority).
            - Based on the rating and prioritization, the 74 items were sorted into 3 priority levels.

Table 1. **Wyoming Early Intervention for Children who are Deaf/Hard of Hearing: Strengths – Gaps – Challenges – Opportunities** (January 16, 2020)

	Strengths	Gaps	Challenges	Opportunities
Systems	• Close working relationship between EHDI and CDCs • 25+ years of EHDI Program development • Birth to K early intervention/education system • Wyoming's low population density allows for quick and impactful changes to occur • Collaboration with Marion Downs Center • The importance of relationships is recognized among agencies/systems/individuals • Data are used to inform practice	• Overall lack of training for general education, preschool, and ECSE staff currently working in Wyoming regarding the D/HH population • Minimization of impact of HL on development and education by medical and educational professionals is passed on to parents • Lack of recognition of importance of TOD/HH to IFSP and IEP plans • Inability to provide high quality services for all communication modalities • Limited training delivery options - webinars are not an effective method for training everyone • No state early childhood systems/programs are often siloed • Weak awareness of and buy-in for early intervention from medical community for children who are D/HH • Insufficient assistive hearing technology in CDCs (personal FM and classroom systems) • Lack of attendance by deaf and hard of hearing individuals in the initial WEII meeting	• The 14 CDC regions are private non-profit organizations each with their own administrative structure ○ 9 of the 14 CDCs are members of Child Development Services of Wyoming • Resistance to change ○ Individuals worry about continuous proposed program changes. The difficulty recruiting and retaining highly qualified providers to work with children who are D/HH is perceived to be threatened by providers leaving if asked to do additional work. • No collaborative/ efficient electronic system to track early education data on children in conjunction with the WY EHDI Program • There is no specific Wyoming state law recognizing the unique communication and language needs of children who are D/HH (a Deaf Child's Bill of Rights)	• Maximize system collaboration to better share resources in WY (i.e. qualified providers)

	Strengths	Gaps	Challenges	Opportunities
Families	• The importance of parent involvement is recognized • Access to personal hearing instruments via WYCHAP • 15+ years of WY Families for Hands & Voices Organization • Guide By Your Side Program in place • Provision of early intervention services by local Child Development Centers allow for strong relationships with local families	• Feelings of isolation for families parenting D/HH children. Feelings of isolation for children who are D/HH • Parent's lack of or diminished understanding of their rights and responsibilities under the Individuals with Disabilities Education Act (IDEA) • Parents feel pressured by professionals, as well as their own family members, to agree to "lesser" proposed IFSP and IEP services and hence don't feel supported in advocating for their child's developmental and educational needs	• Parents report they feel hesitant/guilty asking for developmental and educational services they perceive their child needs due to limited local/community resources	• Telehealth (when technology works); some CDCs use "therapy aids" that go into the home to help- manage technology that connects with the remote therapist or interventionist • Trainings through H&V for parents and peer social opportunities for children who are D/HH and their families
Staffing/ Services	• Many qualified hearing screeners in WY hospitals and CDC's • Core team of highly qualified early intervention providers (audiologists, speech language pathologists, teachers of the D/HH, parent advisors) advising the initiative • Professionals' attitudes demonstrate flexibility and finding "a way to make services work" • Preservice commitment from University of Wyoming for future training of needed early childhood ECSE and SLP with knowledge and skills to work with children who are D/HH	• Lack of highly qualified providers for children who are D/HH available within WY • Isolation for providers (lack of professional/peer cohort) • Size of professionals' caseloads drive frequency of EI services offered • Lack of qualified sign language interpreters	• Insufficient preservice education (1 course) regarding special education topics for general education teacher training at the University of Wyoming • Service provision for children with multiple challenges/needs • Insufficient numbers of highly qualified providers for children who are D/HH in WY ○ Recruitment of highly qualified providers is difficult ○ Difficulty finding internship placements for preservice clinical experience hours for professionals working with children who are D/HH	• Outreach consultants (2) through WDE provide support for children birth – 21 (limited because only 2) • WY Relay system for telecommunication

	Strengths	Gaps	Challenges	Opportunities
Funding	• Continuing education opportunities for teachers/providers • Funding for professional learning in ECSE early childhood • WY Department of Education reimburses school districts 100% of cost of special education	• CDCs are funded by Child Count at half the rate of K-12 education • Shortage of SLPs in WY. SLPs will often take school district positions because of higher salaries as opposed to working in CDCs	• Developing a statewide funding model to address funding for early intervention services which reflects parity with K-12	• $2 million federal Preschool planning grant to ALIGN – nonprofit WY agency

April 2020, Stakeholder Meeting

- Meeting Purpose/Summary
    - Review EHDI provider and parent survey data and JCIH D/HH EI system self-assessment results for themes
    - Identify goal areas from themes and prioritize work for Years 1, 2, 3 (see Appendix F. Goal Prioritization Summary)
    - Identify small working groups from Stakeholder group to develop subgoals, activities, timelines, and persons responsible
- Selected Goal Areas - Priority for Years 1 & 2
    1. Communication with Stakeholders
    2. Family to Family Support
    3. Training for Families (revised to Parent & Professional Training)
    4. Training: Progress Monitoring for Individual Children
    5. Training: Hearing Technology
- Additional Goals for Years 3 & 4
    6. Training: Strategies and practices for early intervention for children who are D/HH
    7. Training: Assessment and IFSP/IEP Goal Writing
    8. Increasing access to communication modality specialists (ASL, Cued Speech, Listening & Spoken Language)
    9. Training: ASL & Signed English Language

May - July 2020, Implementation Planning

Stakeholders were grouped to complete the Work Plan (see Appendix G). The Work Plan consisted of goal templates for each of the 5 priority Goal Areas. Teams identified a leader and clarified the goal for each Goal Area followed by objectives, sub-objectives, measurements, timelines, and persons responsible. The implementation "Tier" (Awareness, Knowledge, Skills) was also identified for each Goal Area.

August 2020, Stakeholder Meeting

- Meeting Purpose
    - Review updated family survey data
    - Review and discuss Work Plan Goal Areas
        - Discuss Implementation of Goals:
            1. Pre-Year 1 (January 2020 – August 31, 2020)
            2. Year 1 (September 1, 2020 – August 31, 2021)
            3. Year 2 (September 1, 2021 – August 31, 2022)
    - Review and discuss Logic Plan draft (see Figure 3)
- Meeting Summary
    - Goal implementation for Year 1 & 2 to proceed
    - Core Team to meet quarterly to monitor and report progress
    - Core Team and stakeholders to meet in February 2021 to review progress
    - Development of Work Plan for remaining goals to occur in Spring 2021

February 2021, Stakeholder Meeting

- Meeting Purpose/Summary
    - Share and review goal group progress, work, activities, and future plans
    - Review the WEII System Assessment Report draft
    - Query all stakeholders on their general impressions, what's working, what didn't work, and barriers to implementation encountered in the past year
    - Discuss WEII sustainability
    - Gain a pledge of commitment to continued WEII work from stakeholders

VII. Improvement Planning

The Logic Model Plan (see figure 3) was developed to provide a general snapshot of the goals, activities and, most importantly, the anticipated outcomes and long-term impact of this collaborative initiative.

Wyoming Early Intervention Initiative for Families and their Children who are Deaf or Hard of Hearing LOGIC PLAN

Resources/Inputs	Activities	Outputs	Outcomes	Impact
• Agency Support (Department of Health, Department of Education, Wyoming Part C and Part B (birth to 5 years of age) Child Development Centers) • Funding for Professional Development activities • Willing EI providers • Hands & Voices • University of Wyoming • EHDI • Marion Downs Center	• Communication: Identify pertinent channels and disseminate information and resources to professionals/families • Family-to-Family Supports: connect families to WY programs and resources (H&V, GBYS, R.E.A.D. Plus, Part C, Part B, Outreach Services through WDE) • Progress Monitoring: completed every 6 months for children birth to kindergarten using the ODDACE, functional auditory assessment and pragmatics checklist • Training for Families: Identify existing statewide and national online family supports; relevant existing statewide family trainings and monitor participation • Training: Hearing Technology • Training for Providers: Identify and disseminate information regarding training opportunities (DHH intervention, assessment, goal writing, ASL/sign language); create database to track provider participation • Methods to access various Communication Modality specialists	• Infographics regarding family-to-family support opportunities • Training modules for providers on assessment, goal writing, DHH intervention practices, progress monitoring procedures • Progress monitoring protocol • LENA protocol • Hearing technology instructional videos • Annual schedule of training opportunities and events for families	1. Families and practitioners know how to access relevant sources for accurate/appropriate information. 2. Information is available in an easily accessible format. 3. Data informs intervention decisions and practices to improve early intervention on the individual and statewide level. 4. Progress monitoring is sustainable statewide using the ODDACE in addition to the state of Wyoming list of approved/recommended child development assessments. 5. Families are aware of and participate in family-based trainings and support opportunities. 6. Families know of essential resources in Wyoming and can utilize them. 7. Families, early intervention providers, childcare providers and other essential persons to the child's development understand appropriate use and implications of hearing technology.	1. More knowledge and understanding of the impact of HL. 2. Parents and professionals know where to go for appropriate, reliable support. 3. Families receive services in a timely manner. 4. Child outcomes improve. 5. Providers have more knowledge and skills. 6. EIEP mandates specific assessment protocol for children who are DHH. 7. Appropriate hearing technology is consistently used by all children. 8. More families are using essential Wyoming resources specifically for children who are DHH. 9. More families are knowledgeable about the development expectations for their children and how to support their desired goals. 10. More families understand their rights and responsibilities and their children's rights for services under the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA).

Figure 3. Logic Model DRAFT 8.6.20

VIII. Year 1 Progress

From September 2020 through August 2021, small working groups focused their efforts on five primary goal areas. The five main goal areas include: Communication with Stakeholders, Family to Family Support, Professional and Parent Training, Progress Monitoring, and Hearing Technology Training. A great deal of work was accomplished in all the goal areas, below are the highlights of each goal's accomplishments during year 1.

Communication with Stakeholders

Increase awareness of and access to available resources and services for young children who are deaf or hard of hearing (D/HH) and their families both within and outside Wyoming.

- Provides support and resources for the small working groups
- Tracks and monitors all small working group activities and progress
- Communicates with working group lead(s) monthly via email
- Regularly updates master goal sheets for each small working group
- Finalized WEII System Assessment and Progress Report and will develop future reports
- Identification of channels for report and resource dissemination
- Presentations to additional stakeholders regarding the work of WEII
  - WEII Presentation given during the Wyoming Families for Hands and Voices Parent Training on June 25 and 26, 2021
  - WEII Presentation given during the Wyoming Early Intervention Council (EIC) quarterly meeting on July 13, 2021

Family to Family Support

Create a system in which families who have children who are deaf or hard of hearing (D/HH) from birth to kindergarten are consistently made aware of and have the ability to access and utilize available resources in Wyoming.

- Collection of EHDI, H&V and WDE Outreach website usage data quarterly
- Development of a survey regarding the knowledge and usage of Wyoming resources for families who have children with hearing loss

- Creation of appropriate and valuable resources to be distributed widely across the state
    - Resources ready for distribution
        - Wyoming Families for Hands & Voices Support Infographic
    - Resources in the process of finalization prior to distribution
        - *What is Early Intervention?* Infographic (see Appendix H)
        - Quick Start Guide – *Practical Strategies for Families of Deaf or Hard of Hearing (D/HH) Infants* (see Appendix I)

Professional and Parent Training

Create a system in which families who have children who are deaf or hard of hearing (from birth to kindergarten) are consistently made aware of and have the ability to access and utilize available resources in Wyoming.

- Provided Family Service Coordinator Webinars (3-part webinar)
    - Short (45 minute) webinars virtually; 67 total attendees
        - 1st Webinar – Background Information (December 28, 2020; 28 attendees)
        - 2nd Webinar – Importance of the FSC Role Working with Families of Children who are D/HH, Understanding Audiograms and What Hearing Loss Looks & Sounds Like, and The Importance of Amplification (January 29, 2021; 19 attendees)
        - 3rd Webinar – Parent Perspectives (March 12 and 26, 2021; 20 attendees)
    - Post-Webinar Surveys reflect positive feedback (see Appendix J)
- Facilitated an Advocacy, Support, and Training (ASTra) (January 15 and 16, 2021, 35 participants)
    - Organized and hosted by Wyoming Families for Hands & Voices in collaboration with the National Hands & Voices Organization
    - ASTra is a replicable D/HH Educational Advocacy Program
    - Post-ASTra Training Survey considers the importance of this training (see Appendix K)
- Creation of appropriate and valuable Quick Start Guides
    - Quick Start Guides/Resources in the process of finalization prior to distribution
        - *Practical Strategies for Preschool Classroom Teachers and Early Intervention Providers of Children who are Deaf/Hard of Hearing* (see Appendix L)
        - For Professionals – *Transition from Part C to Part B for Children who are Deaf/Hard of Hearing* (see Appendix M)
        - *Assistive Listening Devices* (see Appendix N)
- Adaptation of Professional Resources
    - Colorado Home Intervention Program (CHIP) Manual
        - For families who have children who are D/HH
    - Toy Time for Tots Curriculum
        - The curriculum is based around common toys that many families have in their home. It guides providers and parents regarding vocabulary to target, auditory activities, speech/language activities, pragmatic activities, literacy activities, songs/nursery rhymes and provides a sign language support sheet for the specific toy/activities

Progress Monitoring

Wyoming children receiving early intervention will have access to and participate in a uniform/statewide system for gathering and analyzing developmental outcome data for children who are deaf/hard of hearing ages birth to kindergarten. Data will be used to inform intervention decisions and practices to improve early intervention on the individual and statewide level.
Progress monitoring will be sustainable statewide as evidenced by the addition of the Outcomes and Developmental Data Assistance Center for EHDI Programs (ODDACE) to the list of approved/recommended child development assessments as mandated by the state of Wyoming.

- Outcomes and Developmental Data Assistance Center for EHDI Programs (ODDACE)
    - Funded by the Centers for Disease Control and Prevention (CDC)
    - Allison Sedey, PhD, University of Colorado - Boulder
    - States with organizations currently participating in ODDACE
        - Colorado, Indiana, Maine, North Dakota, Texas, Vermont, and Wyoming
    - Developmental Assessments
        - Second Edition (DAYC-2)
        - MacArthur-Bates Communicative Development Inventories
        - Cincinnati Auditory Skills Checklist
        - Pragmatics Checklist
        - Expressive One Word Picture Vocabulary Test
        - Minnesota Letters and Numbers
    - The results for individual children allow parents and interventionists to monitor a child's progress over time and identify potential delays at their onset. Additionally, results from the assessment data can be used to generate IFSP/IEP goals and to provide a data-driven approach to educational programming decisions
    - ODDACE benefits
        - Child and family
        - Intervention programs and interventionists
        - Field of deafness
        - See Appendix O for detailed explanation of benefits
    - ODDACE in Wyoming
        - Trainings held for participating providers
        - Year 1: Regions 2, 9, and 12
        - Year 1: Participating READ+ Families
        - Year 2: Regions 1, 6, and 14 will join the other year 1 participating entities

Hearing Technology Training

Increase knowledge and understanding on the appropriate use and implications of hearing technology by providing both online and in-person trainings for families, early interventionists, and childcare providers.

- Development and compilation of videos related to hearing technology
    - Videos available from Marion Downs Center
        - *How to Clean a Hearing Aid*
        - *How to do a Listening Check*
        - *How to Retube an Earmold*
    - Videos developed by the Hearing Technology working group
        - *How to Insert and Remove an Earmold* (see Appendix P for stills of the video)
        - *Taking Earmold Impressions*
        - *How to Trim an Earmold*
        - *How to Know When You Need a New Earmold*
        - *What is Feedback?*
    - Video links made available through the EHDI website
- Creation of a "luggage tag"
    - Provides basic information regarding the chosen hearing device
    - Option to personalize for individual children
    - Travels with the child everywhere they go

IX. Next Steps

The collaborative efforts to increase Wyoming's capacity to provide quality early intervention for children who are deaf and hard of hearing from birth up to kindergarten and their families began with planning for the first stakeholder meeting on January 16, 2020. From the initial meeting through August, 2020, surveys, data analysis, discussion and planning has resulted in specific steps to guide the plan forward. From September 2020 to August 2021, groups worked on the implementation of the five highest identified priority WEII goals. Work on these goals and additional goals will continue into Year 2 (September 2021 to August 2022). In order to ensure progress and monitor these steps, the following actions will occur:

- Stakeholders will determine Year 2 goals.
- Stakeholders will continue to meet quarterly to monitor and document progress and address challenges that arise.
- Small working groups will continue to meet regularly to work toward sustainability of Year 1 goals and progress on Year 2 goals.
- An annual stakeholder meeting will serve as an opportunity to highlight the progress as well as invite feedback and guidance.
- An annual report will highlight the successes of the WEII activities and goals met.
- Work will continue to develop a state model for early intervention for children birth to kindergarten who are deaf and hard of hearing.

WEII work would not be possible without the continued guidance and funding from the Marion Downs Center in Colorado, and the endless commitment and hard work from stakeholders from the Wyoming Early Hearing Detection and Intervention Program, Wyoming Families for Hands & Voices, the Wyoming Department of Health, Early Intervention and Education Program Unit; the Wyoming Department of Education - Outreach Services for the Deaf/Hard of Hearing, the University of Wyoming and the Region 8 and 11 Child Development Centers.

X. Appendices

Appendix A. Wyoming Data
"1-3-6" Progress in Wyoming

Since legislation requiring newborn hearing screening was passed 1999, more than 95% of Wyoming children have had a newborn hearing screening completed annually.

1 - Newborn Hearing Screening

Table 1A. Percent of Newborns Screened

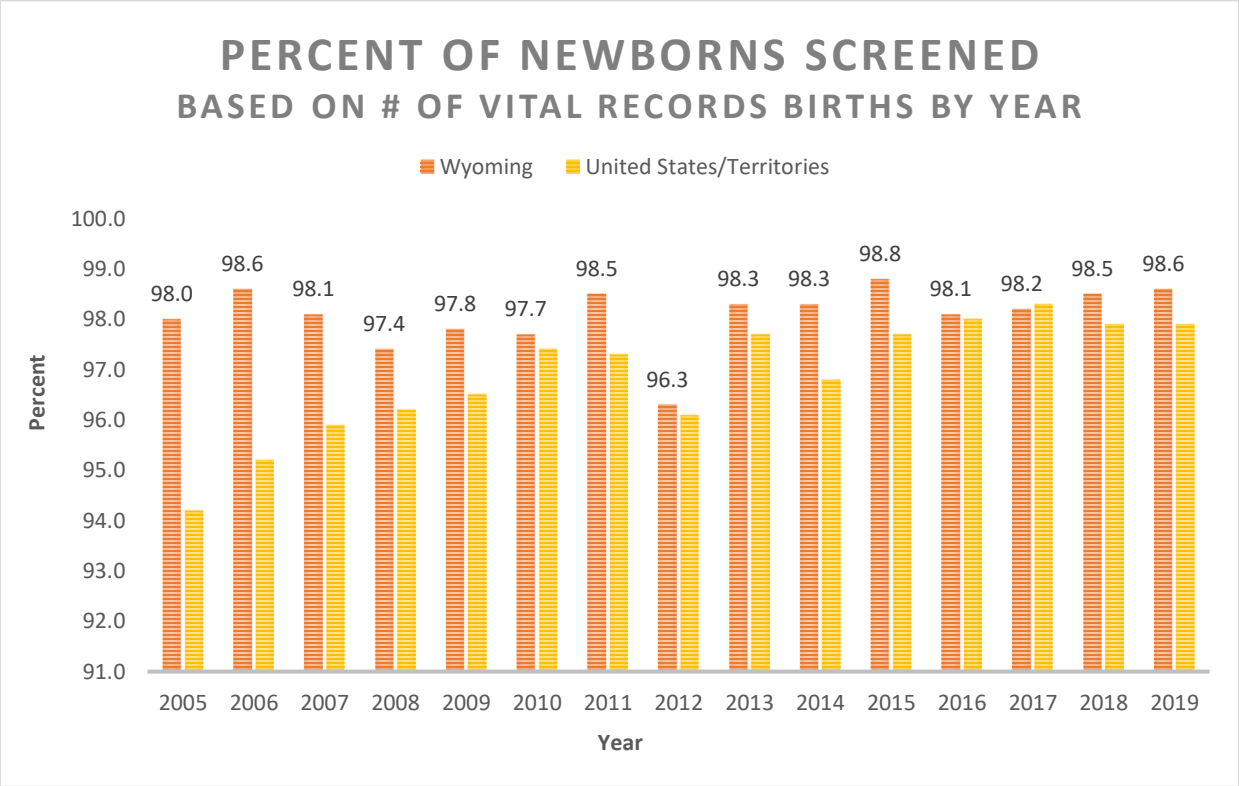


Table 1B. Percent with Final Hearing Screening by 1 Month
Wyoming newborn hearing screening protocol includes a two-stage screening process. Newborns who fail an initial newborn hearing screening have a repeat hearing screening at 7-10 days of age prior to being referred for diagnosis.

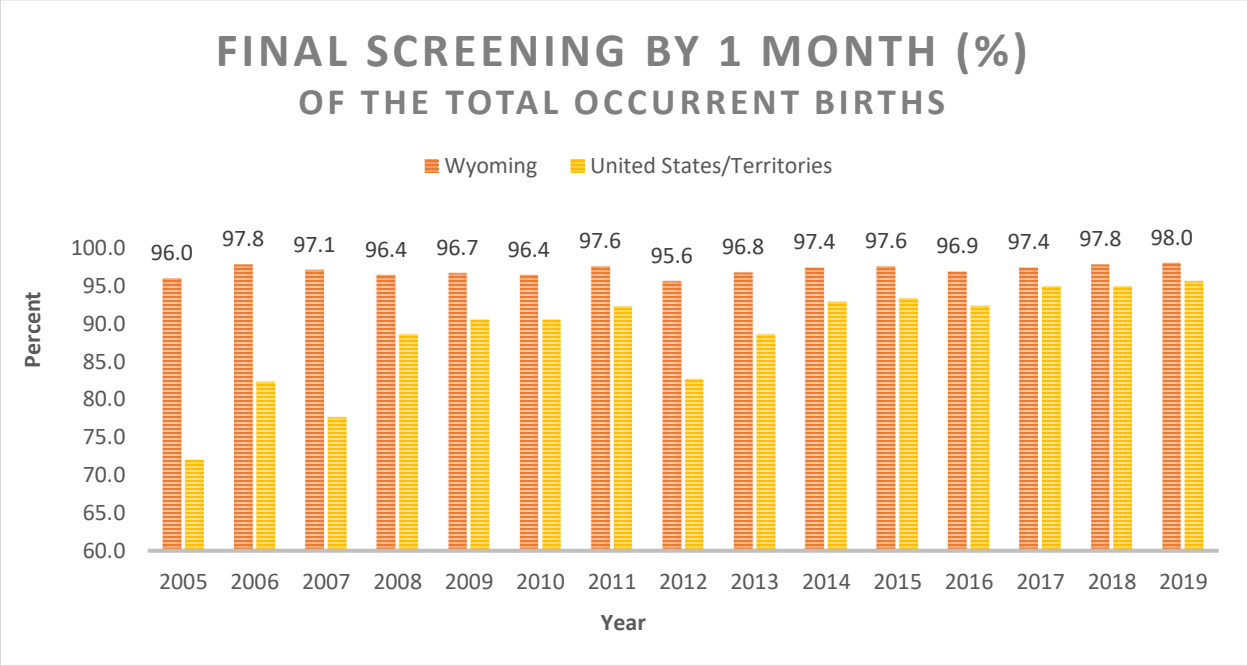
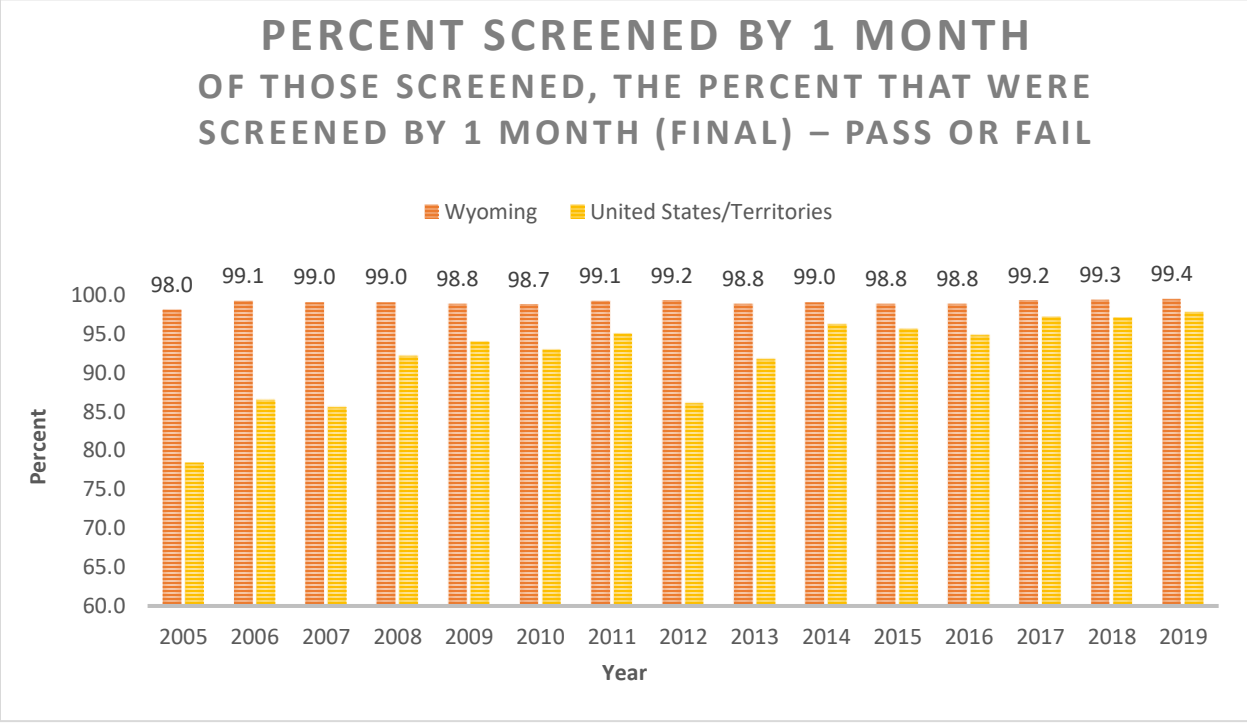


Table 1C. Percent Screened by 1 Month - of those Screened



3 - Diagnosis Following Failed Hearing Screenings

Table 2A. Percent Diagnosed - of those that Failed their Final Hearing Screening

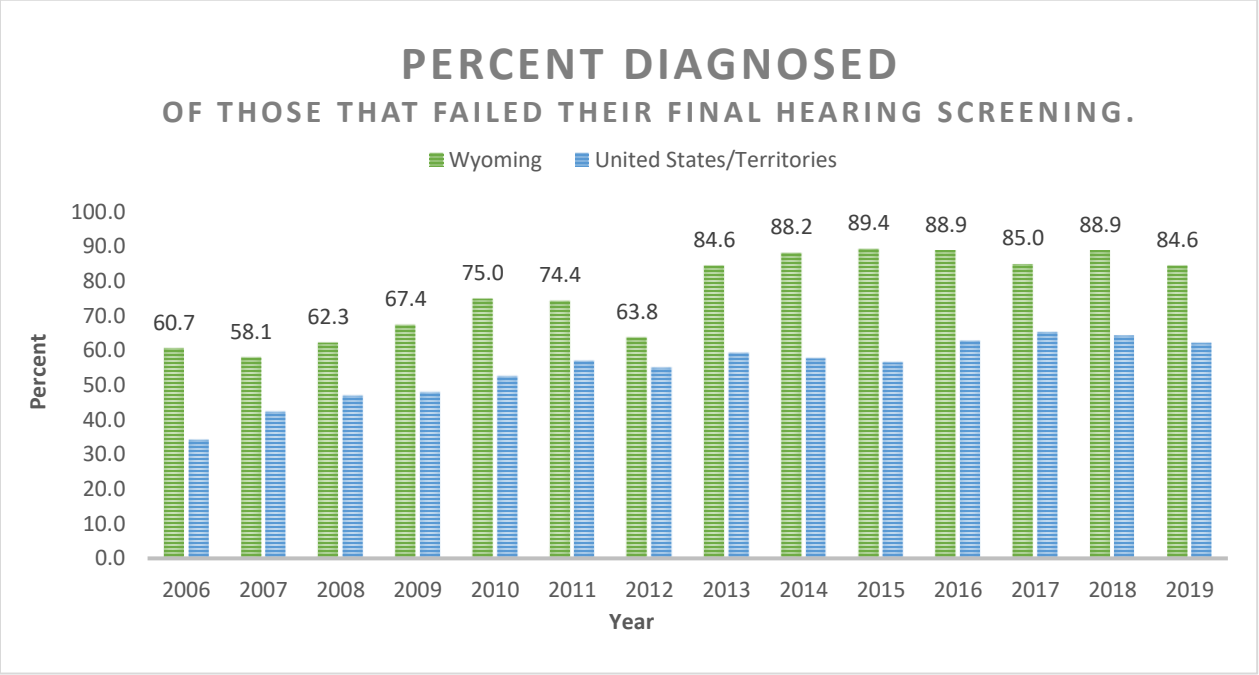


Table 2B. Diagnosis by 3 Months - of those that Failed their Final Hearing Screening

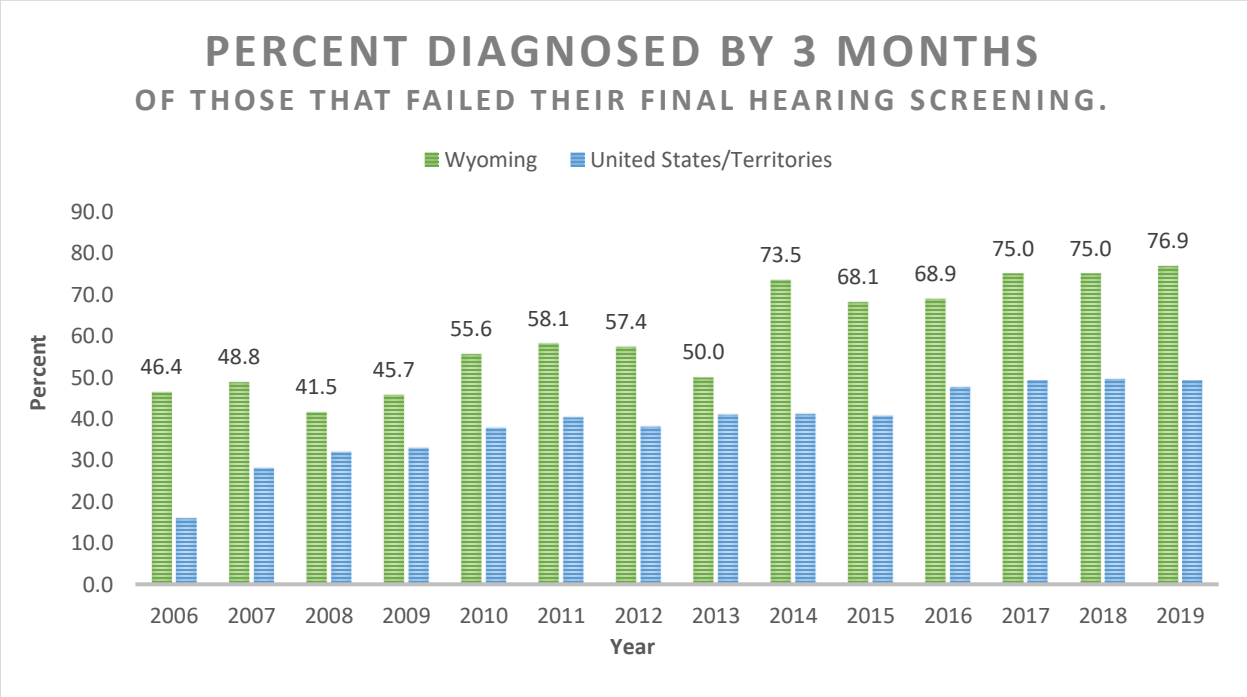


Table 2C. Diagnosed by 3 Months - of those that received a Diagnosis

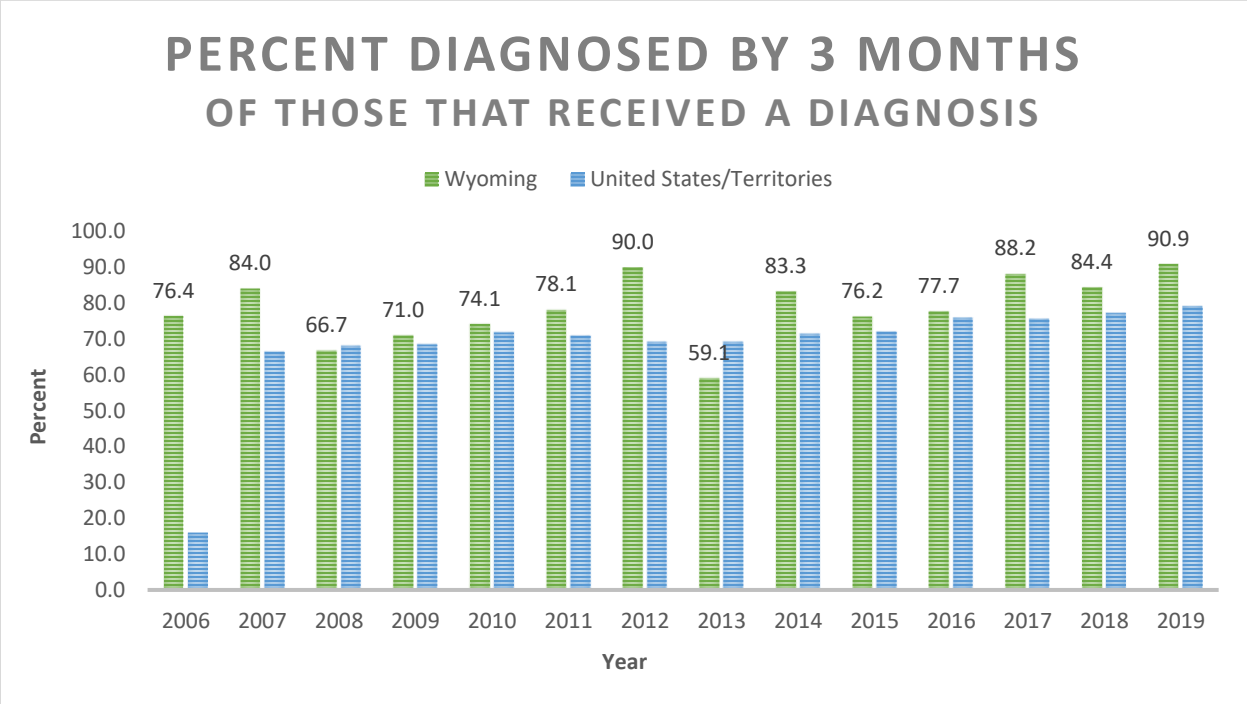


Table 2D. Prevalence of Hearing Loss

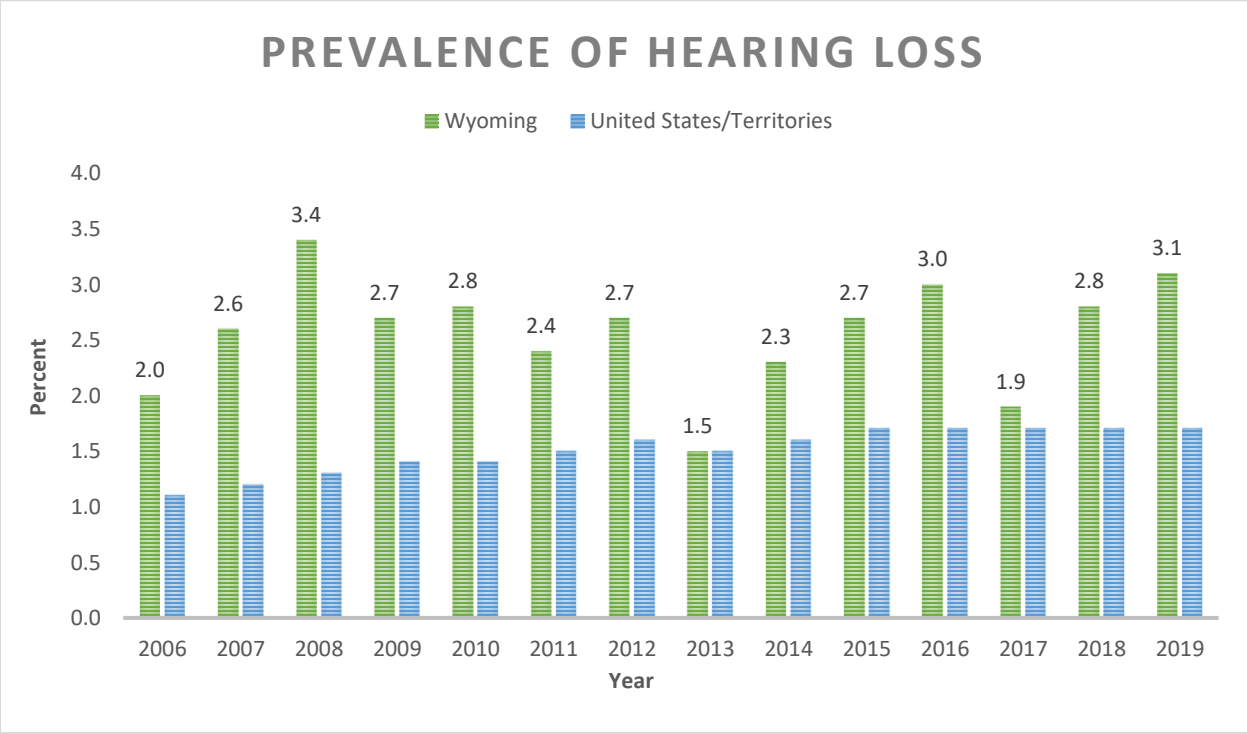


Table 2E. Hearing Loss Identified from Newborn Hearing Screening

Year	Wyoming Newborns Identified with Hearing Loss	Sensorineural	Permanent Conductive**	Non-Permanent Conductive	Mixed	Auditory Neuropathy	Unknown
1997*	1						1
1998*	11						11
1999*	15						15
2000*	5						5
2001*	12						12
2002	19	9	10				
2003	18	8	9				1
2004	19	9	10				
2005	19	9	9			1	
2006	14	6	8				
2007	19	8	10			1	
2008	26	11	14			1	
2009	22	13	8			1	
2010	23	13	9		1		
2011	24	9	9	6		1	
2012	25	14	5	4	2		1
2013	17	7	1	6	2	1	
2014	26	9	9	3	1	2	2
2015	30	8	5	11	2	1	2
2016	29	9	6	9	2		3
2017	17	9	1	3	2	2	
2018	24	10	5	7	2		
2019	25	14	2	6	2		1
Totals	**440**	**175**	**130**	**55**	**16**	**11**	**54**

*Records available from 1997-2001 do not indicate type of hearing loss
**Newborns are considered to have permanent conductive loss after a diagnosis of conductive loss until a diagnosis showing normal hearing is completed. From 2002-2010, permanent and non-permanent conductive numbers were not differentiated in reporting. Therefore, all newborns diagnosed with conductive loss prior to 2010 are listed as permanent conductive loss.

Table 2F. Permanent Hearing Loss

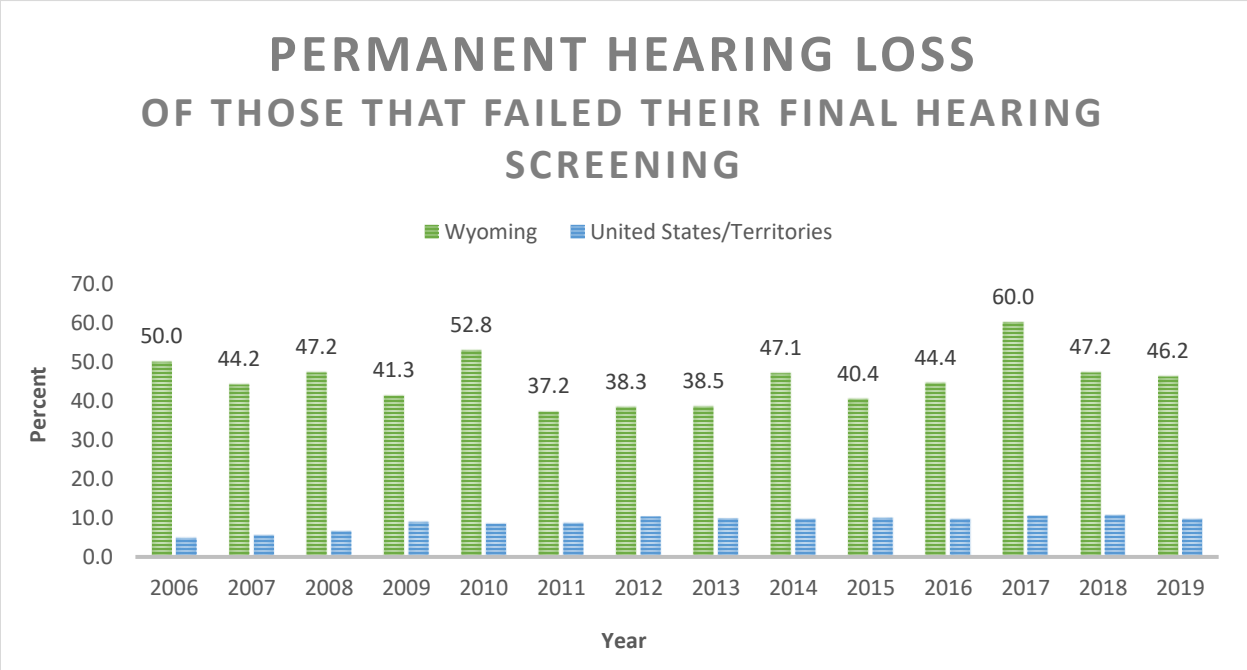
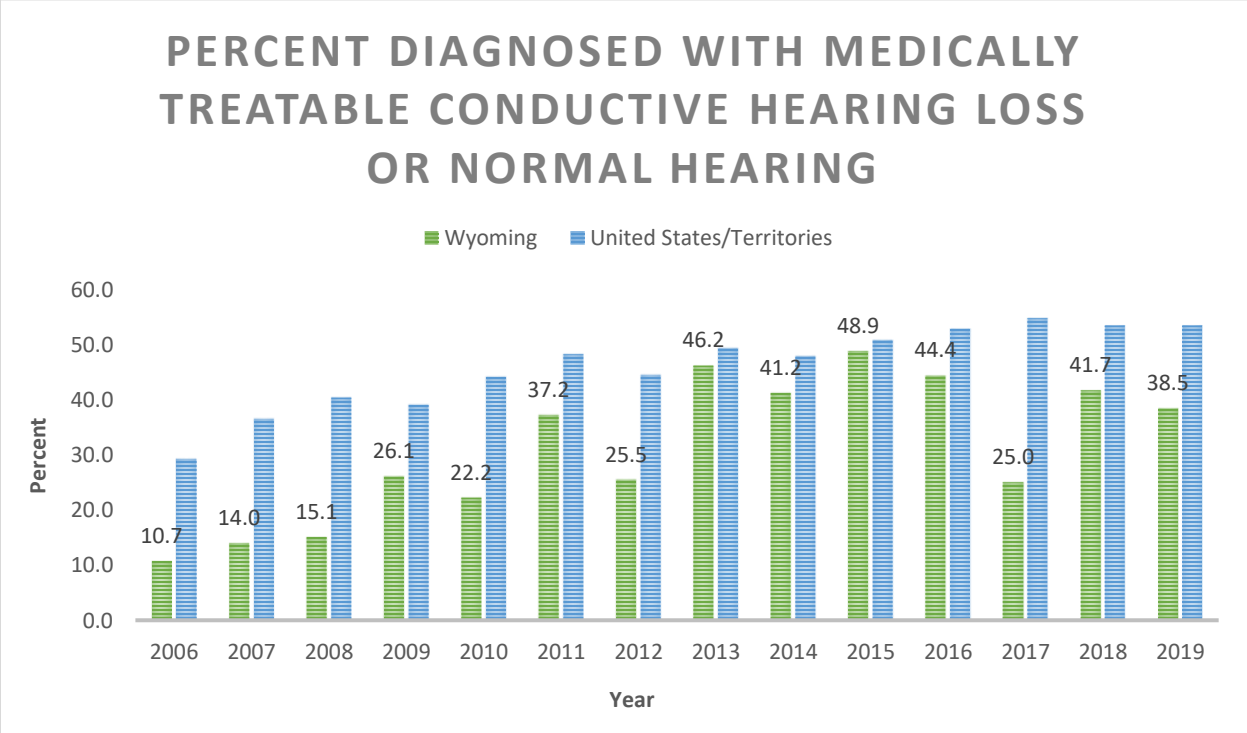


Table 2G. Medically Treatable Conductive Hearing Loss of Normal Hearing



6 - Early Intervention

Table 3A. Percent of Infants Identified as D/HH who were Referred to Part C EI.

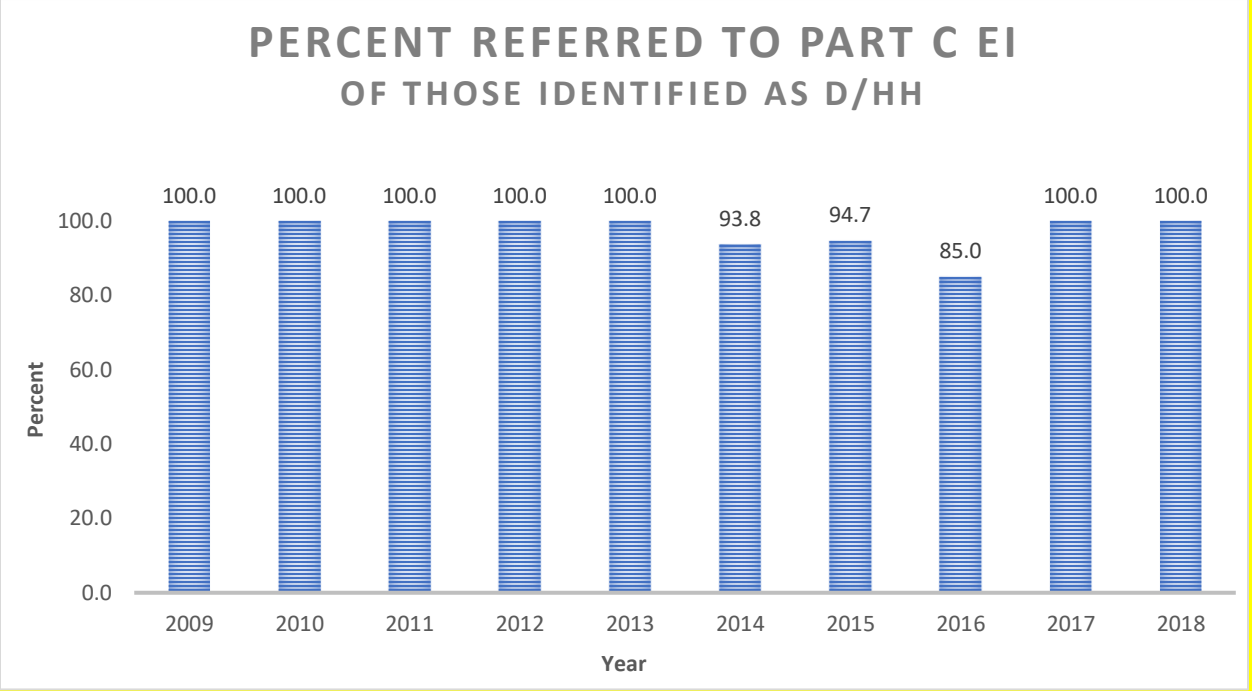


Table 3B. Percent of Infants Identified as D/HH who were Referred to Part C EI by 6 Months

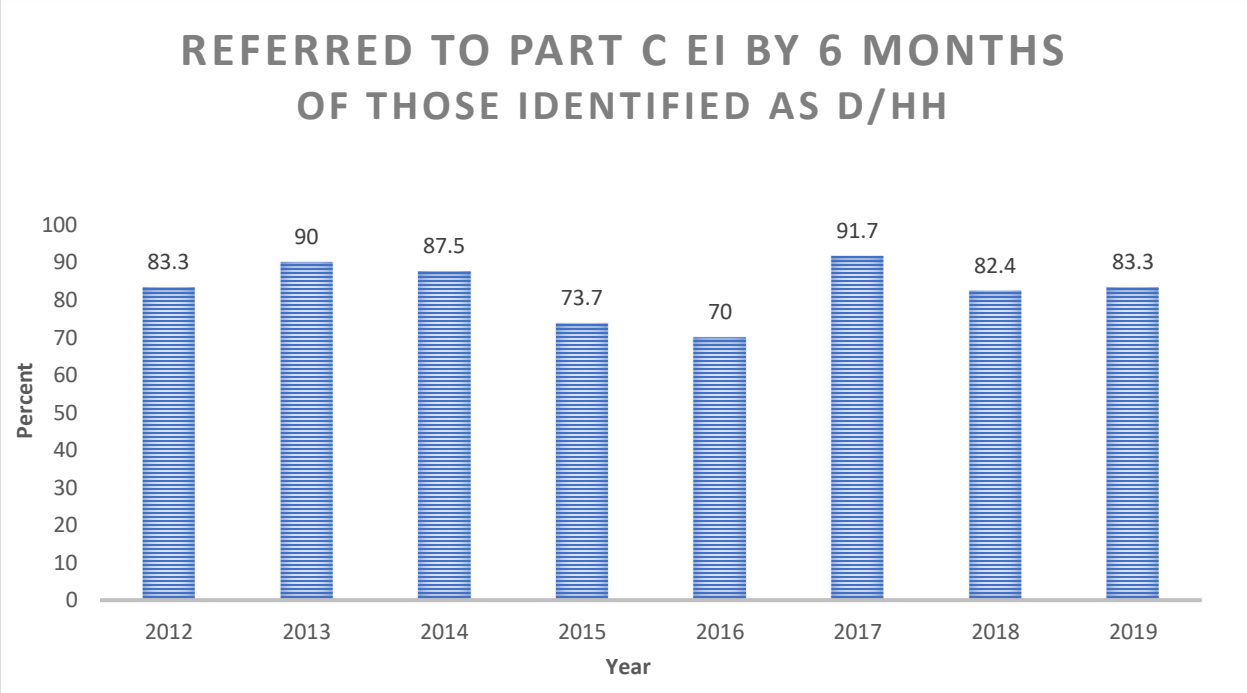


Table 3C. Percent of Infants Enrolled in Part C and Non-Part C EI

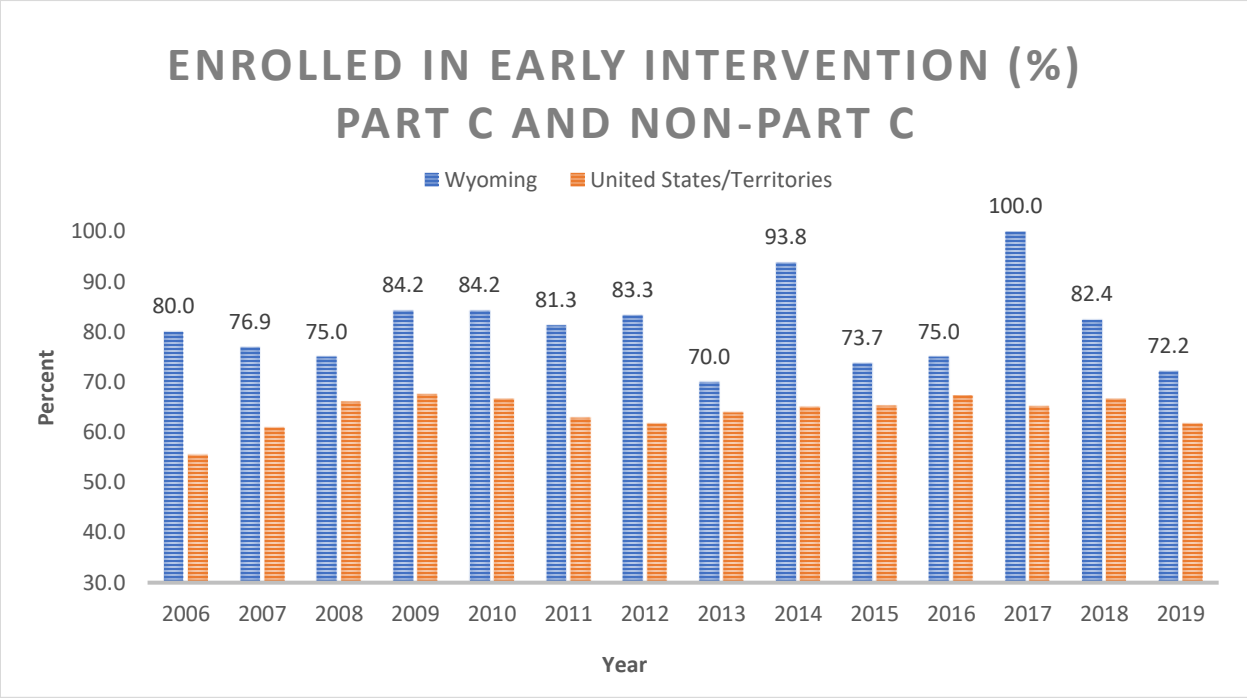


Table 3D. Percent of Infants Enrolled in Part C and Non-Part C EI by 6 Months

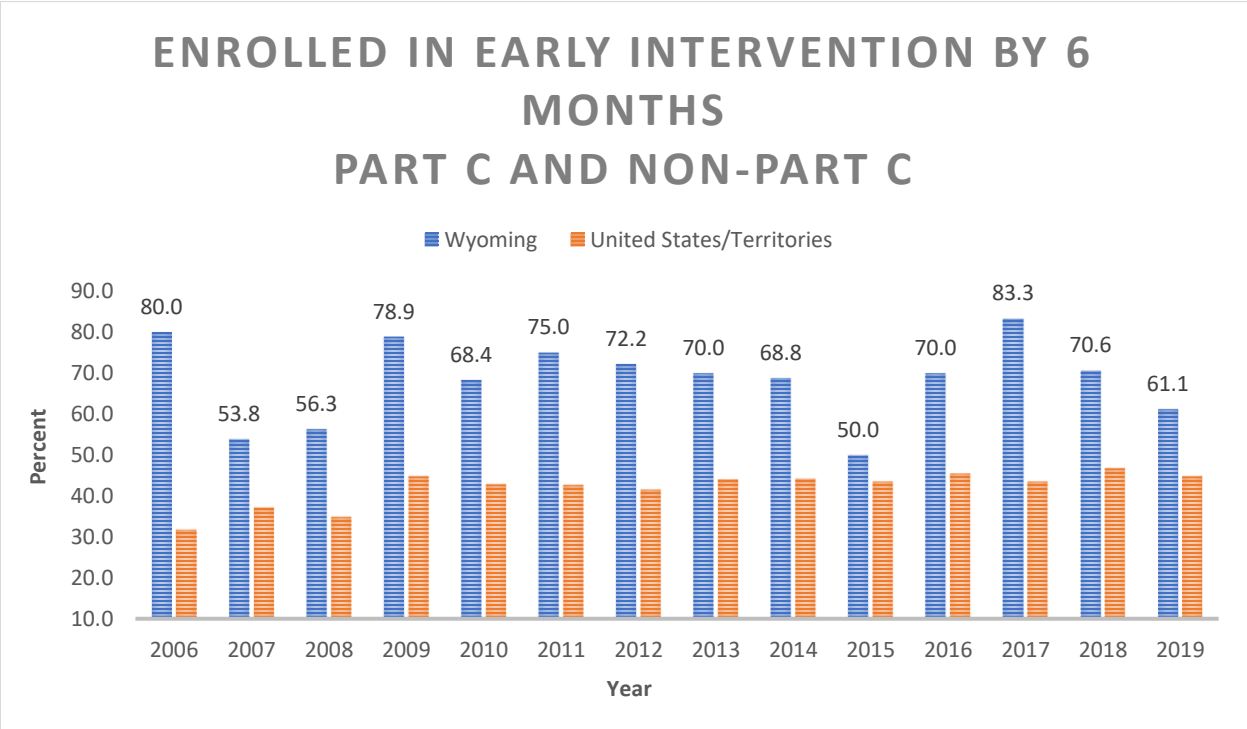
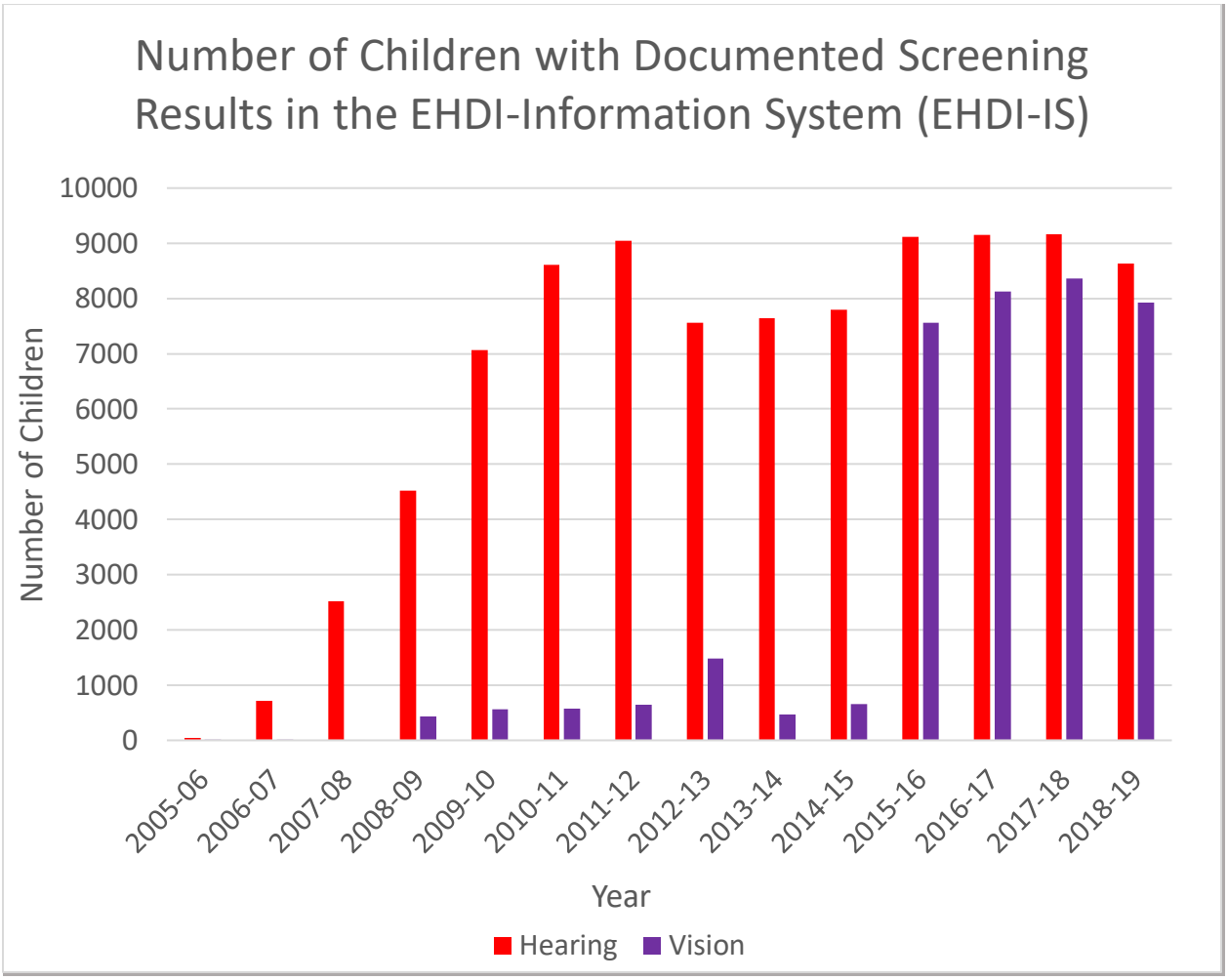


Table 3E. Number of Children Enrolled in Part C and Non-Part C Early Intervention

YEAR	WYOMING	
	PART C EI	NON-PART C EI
2009	13	3
2010	16	0
2011	13	0
2012	15	0
2013	7	0
2014	15	0
2015	14	0
2016	14	1
2017	10	2
2018	10	4
2019	12	0

For additional 1-3-6 data, refer to http://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html

Table 4. LOHL Hearing and Vison Screening Results



Appendix B. Meeting Agendas

1. January 16, 2020 Stakeholder Meeting

AGENDA

Wyoming Early Intervention for Children who are Deaf or Hard of Hearing and their Families

January 16, 2020 | 8:30 AM – 2:30 PM
Hosted by: WY Early Hearing Detection and Intervention (EHDI) Team
Location: Little America, Cheyenne, WY

Meeting Purpose: To promote collaborative efforts to increase Wyoming's capacity to provide quality early intervention services for children who are deaf or hard of hearing birth to age 5 and their families.

Time	Item
8:30 AM	Welcome, Introductions, Communication Considerations
9:00	Overview of National EHDI System, 2019 JCIH Guidelines and EI Updates
9:30	Wyoming State of the State: CDC 1-3-6 data, NECAP data, Transition to Part C eligibility
10:00	Break
10:15	Crosswalk of JCIH Goals and Part C Reporting requirements
10:30	Discussion: Services that are working and gaps in programs and services
11:30	Lunch
12:15	Discussion: Challenges to services Plan for collecting information
1:15	Break
1:30	Circles of Involvement
2:15	Next Steps
2:30	Adjourn

2. April 20, 2020 Stakeholder Meeting

AGENDA

Wyoming Early Intervention for Children who are Deaf or Hard of Hearing and their Families

April 20, 2020 | 9 AM – Noon

Hosted by: WY Early Hearing Detection and Intervention (EHDI) Team

Zoom Link: https://zoom.us/j/8487315104

Overall Goal: To promote collaborative efforts to increase Wyoming's capacity to provide quality early intervention services for children who are deaf or hard of hearing birth to age 5 and their families.

Today's Meeting Goal: Review results of surveys, prioritize needs and develop an action plan.

Advance Handouts: Agenda, data summary table, data files (Jan 16 Summary of Strengths, Gaps, Challenges, Opportunities), JCIH Goals, JCIH Goal rating summary, EI Snapshot w/o graphs).

Meeting Handouts: Agenda, PPT, Goal Prioritization Form

Online Communication Guidelines:

- Mute Zoom microphones when not speaking
- Make sure your face is well-lit w/o backlighting and you are in a quiet space (use a headset and microphone if available
- Raise your hand to be called on

Time	Item
9:00 AM	Welcome & Housekeeping
	Say hello: Name, Agency, best kept secret for working remotely
9:15	Overview of the Work completed to date
	JCIH Date: Highlights and Discussion
10:00	Break
10:10	EI Snapshot Data: Highlights and Discussion
	Data summary discussion: what are themes that emerge across data points?
11:00	Break
11:10	Selection of preliminary goal areas
	Prioritize goal areas for Year 1, 2, 3
	Small Group Work assignments
Noon	Next Steps, Adjourn

AGENDA

Wyoming Early Intervention for Children who are Deaf or Hard of Hearing and their Families

August 12, 2020 | Noon – 3:30

Hosted by: WY Early Hearing Detection and Intervention (EHDI) Team

Zoom Link: http://zoom.us/j/4857523817

Overall Goal: To promote collaborative efforts to increase Wyoming's capacity to provide quality early intervention services for children who are deaf or hard of hearing birth to age 5 and their families.

Today's Meeting Goal: Review family survey data, review and discuss work plan, review and discuss Logic Plan.

Meeting Handouts: Agenda, PPT, WY EI Work Plan, Logic Plan

Time	Item
Noon	Welcome & Housekeeping Brief History of EHDI in WY
12:15	Overview of Work completed to date & today's Meeting Goals • Goal • Stakeholders • Work to date • Today's meeting goals
12:25	Wyoming Family Survey Data Discussion: What surprised you? What are some data points that confirmed something you already knew? What themes emerged?
1:00	Break
1:10	Intervention Implementation, Overview of Goal Areas/Leads, Goal presentation and discussion (pre-year 1, year 1, year 2)
2:00	Break
2:10	Discussion: Potential Barriers to Implementation
2:30	Logic Plan Review and Discussion
3:00	Next Steps, Adjourn

AGENDA

Wyoming Early Intervention Initiative (WEII) for Families and their Children who are Deaf or Hard of Hearing

February 8, 2021 | Noon – 1:30 PM
Hosted by: WY Early Hearing Detection and Intervention (EHDI) Team
Zoom Link: https://zoom.us/j/8487315104

Overall Goal: To promote collaborative efforts to increase Wyoming's capacity to provide quality early intervention services for children who are deaf or hard of hearing birth to age 5 and their families.

Today's Meeting Goal: SHARE the work of WEII – Year 1 Report, Working Group updates; APPRAISE – General impressions, what's working, what didn't work, barriers to implementation; REVIEW intended outcomes of WEII; COMMIT for sustainability and maintaining WEII.

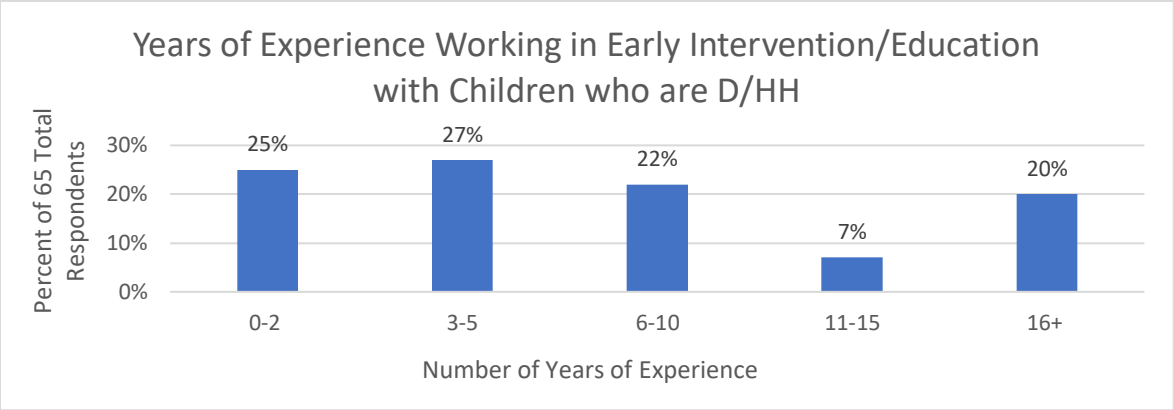
Meeting Handouts: Agenda, PPT, WY D/HH EI System Assessment Report Draft

Time	Item
Noon	Welcome & Housekeeping
12:10	Work to Date and Today's Meeting Goals
12:15	WY D/HH EI System Assessment Report Review
12:25	Small Working Group Goal Progress – Communication, Family to Family Support, Progress Monitoring, Professional and Parent Training, Hearing Technology Training
12:50	Full Group Discussion: Impressions, what's working, what didn't work, barriers to implementation
1:20	Commitment and Next Steps
1:30	Adjourn

Appendix C. Provider Survey Summary

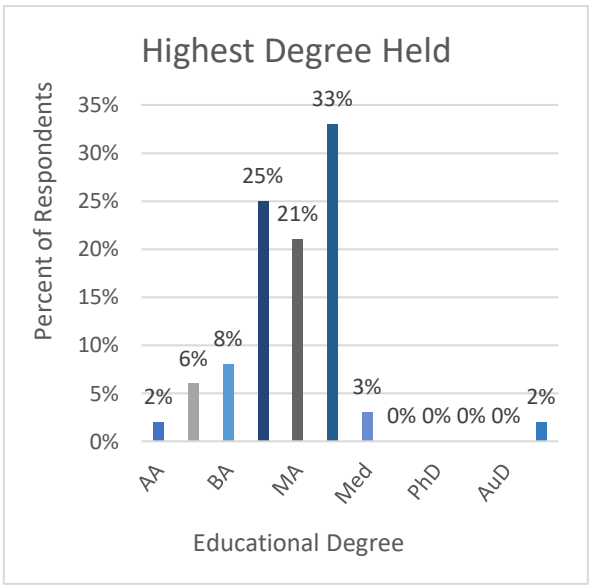
Early intervention Providers from Wyoming's 14 Child Development Center Regions were surveyed in the winter and spring of 2020 to give a snapshot of self-assessed quality of care delivered to deaf/hard of hearing children birth to age 5 and their families. Providers were recruited through their respective Child Development Centers. Participating Child Development Center Regions received a gift card in appreciation of their collective time. This snapshot is based on the responses of 153 providers delivering early intervention services throughout the state of Wyoming.

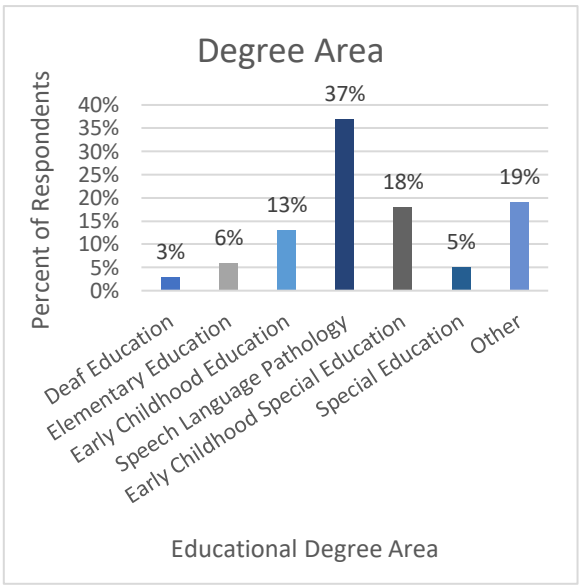
PROVIDER DEMOGRAPHICS - YEARS OF EXPERIENCE



PROVIDER DEMOGRAPHICS - EDUCATION

- 58% of providers hold a graduate degree, 42% hold an undergraduate degree or less
- 41% hold degrees that include content about children who are D/HH

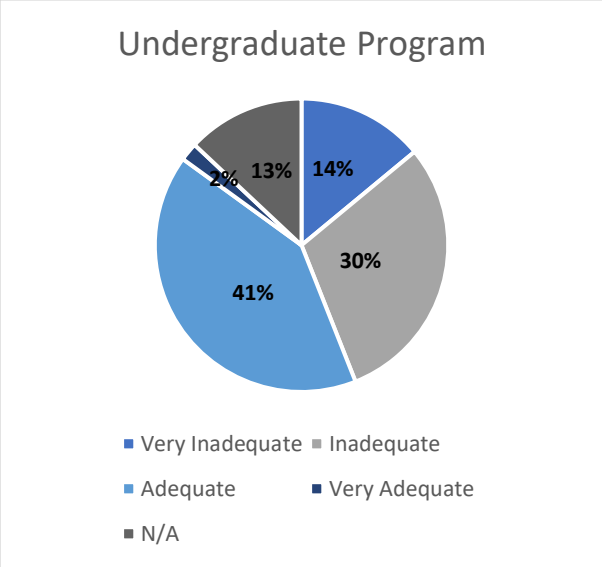


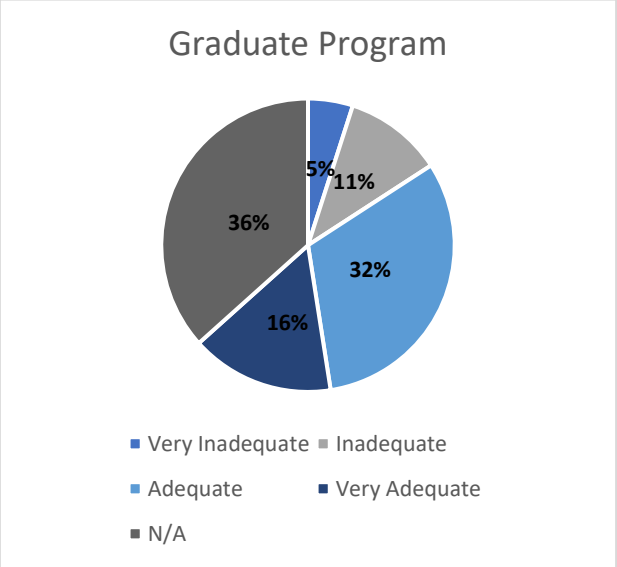


PROVIDER DEMOGRAPHICS - EDUCATION

- 51% of providers reported their undergraduate educational program (if applicable) as being "inadequate" to provide D/HH services
- 25% of providers reported their graduate educational program (if applicable) as being "inadequate" to provide D/HH services

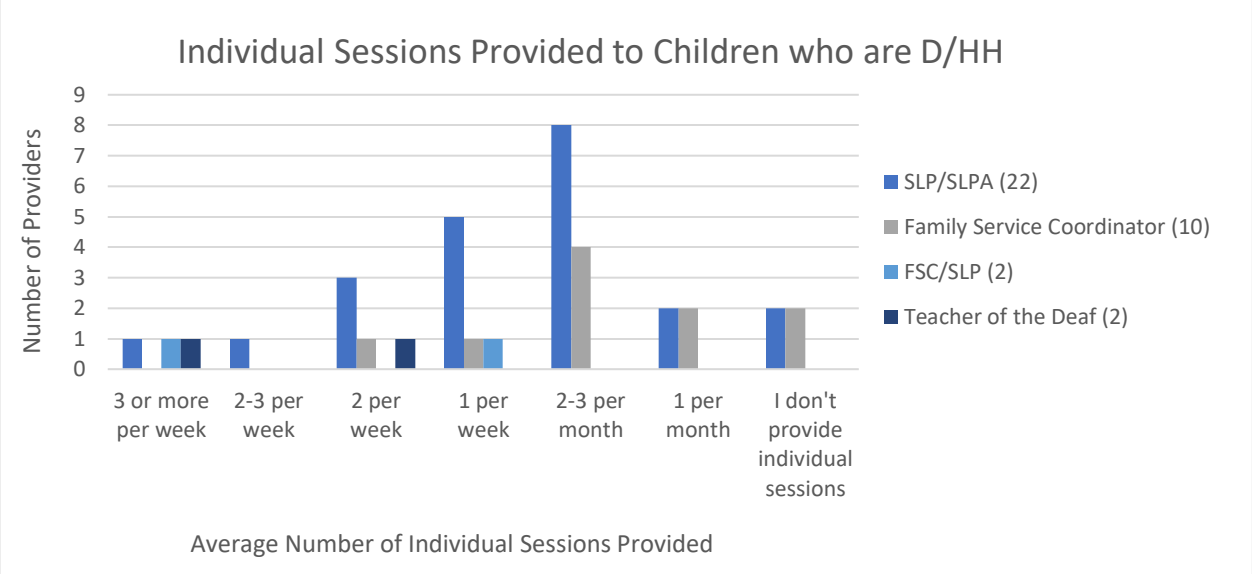
How adequate was your educational program in preparing you to provide early intervention services to families who have a child who is D/HH?



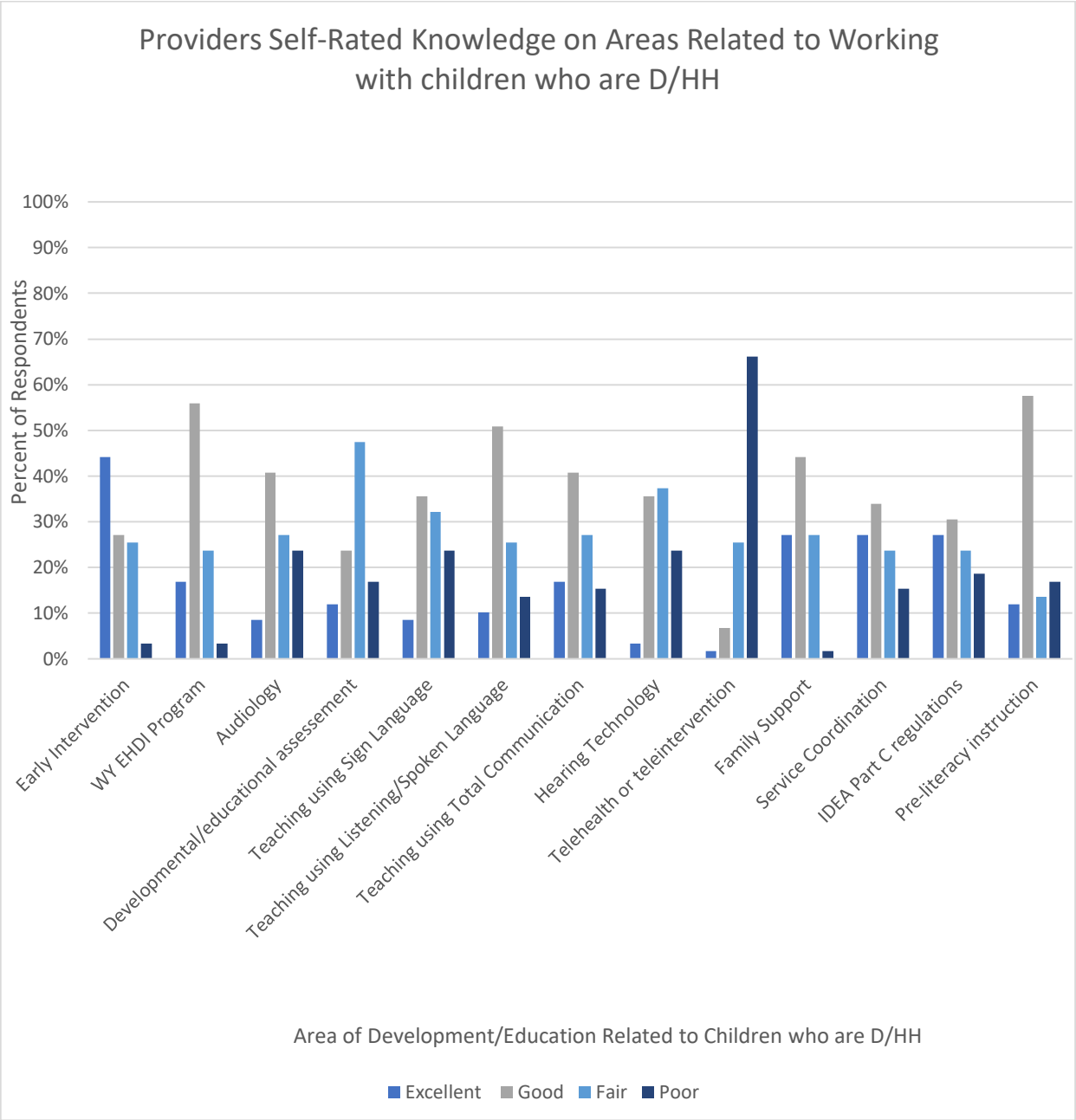


SESSION / FAMILY INFORMATION

Individual Sessions provided to children who are D/HH delivered by providers who are expected to be providing direct individual sessions. This information does not include classroom teachers, Special Education Directors or Special Education Directors/Family Service Coordinators.



PROVIDERS KNOWLEDGE ON AREAS OF D/HH DEVELOPMENT/EDUCATION



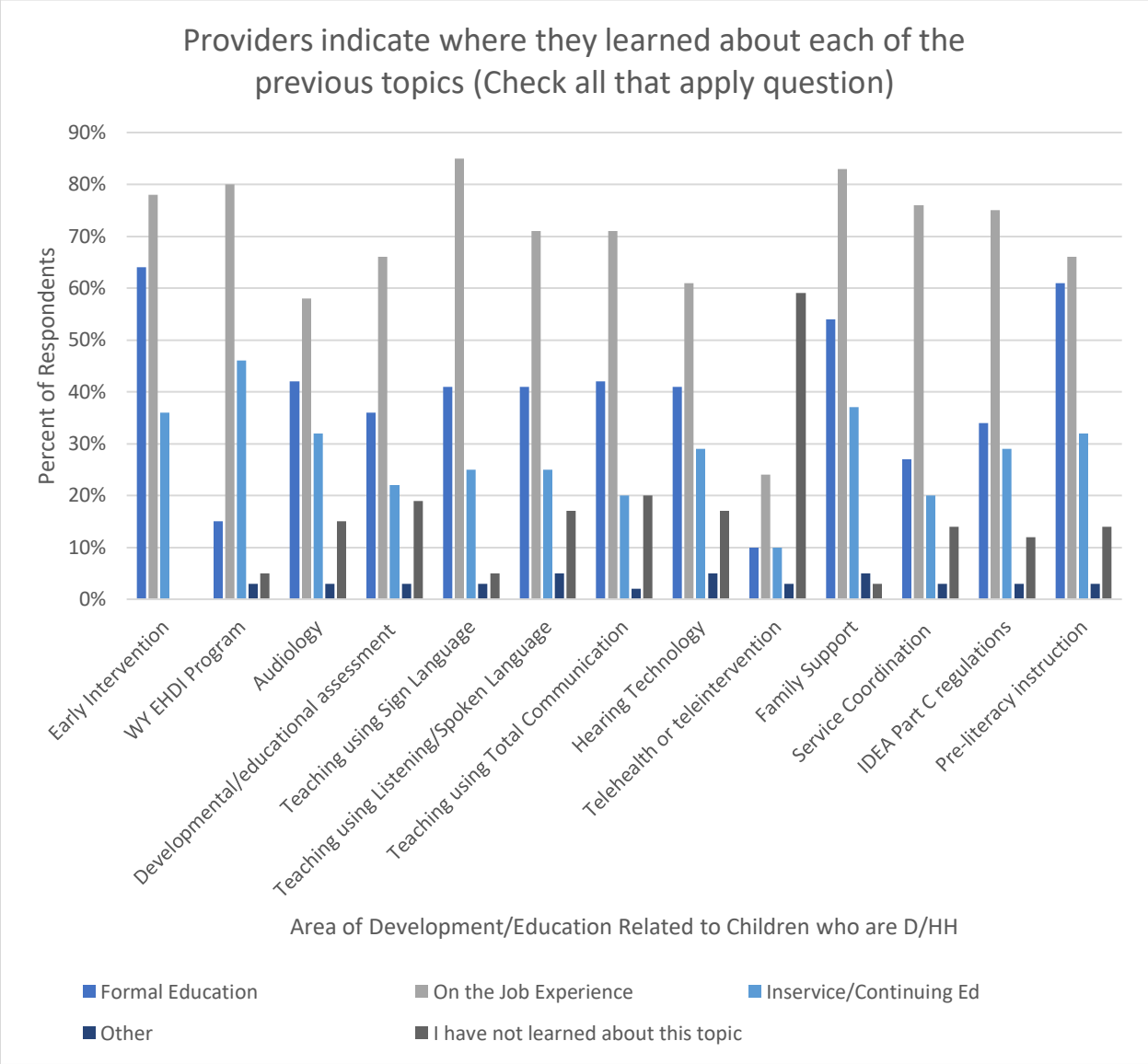
Top Areas with Excellent/Good Knowledge Ratings:

- Wyoming EHDI Program
- EI for Children who are D/HH
- Family Support
- Pre-Literacy Instruction

Top Areas with Fair/Poor Knowledge Ratings:

- Telehealth/Teleintervention
- Assessments for Children who are D/HH
- Hearing Technology
- Teaching Using Sign Language

PROVIDERS KNOWLEDGE ON AREAS OF D/HH DEVELOPMENT/EDUCATION

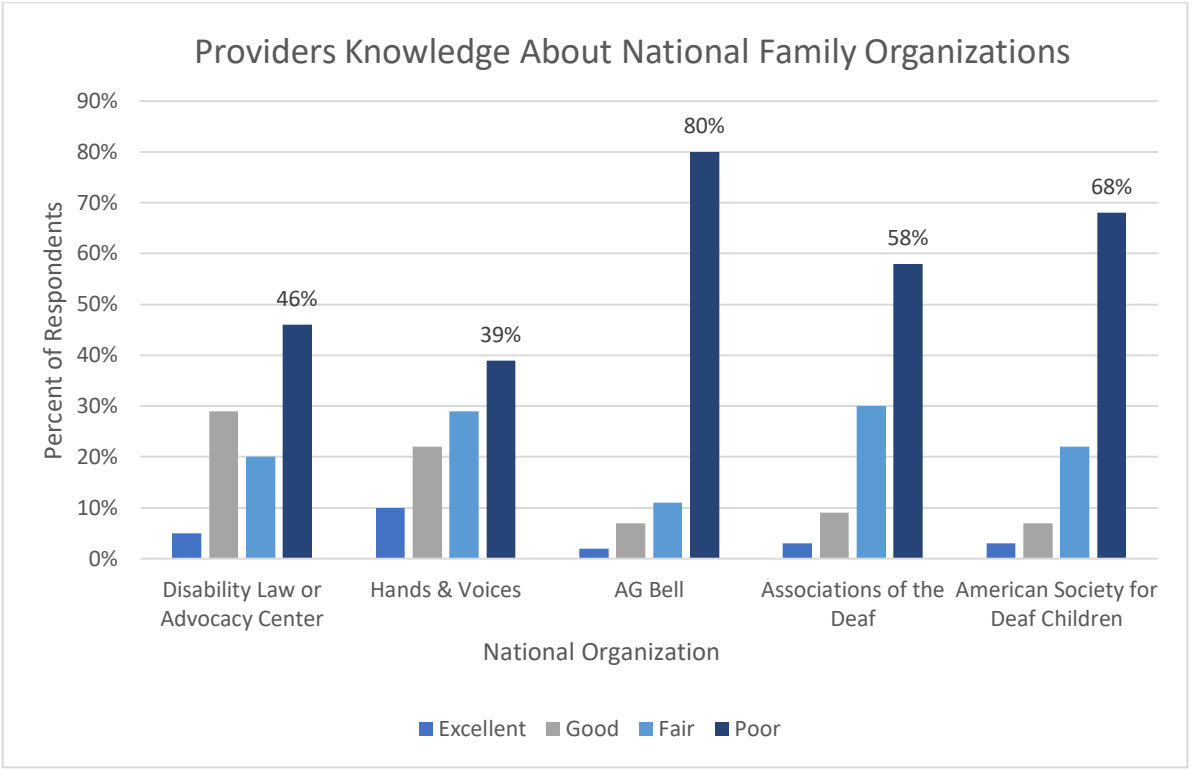


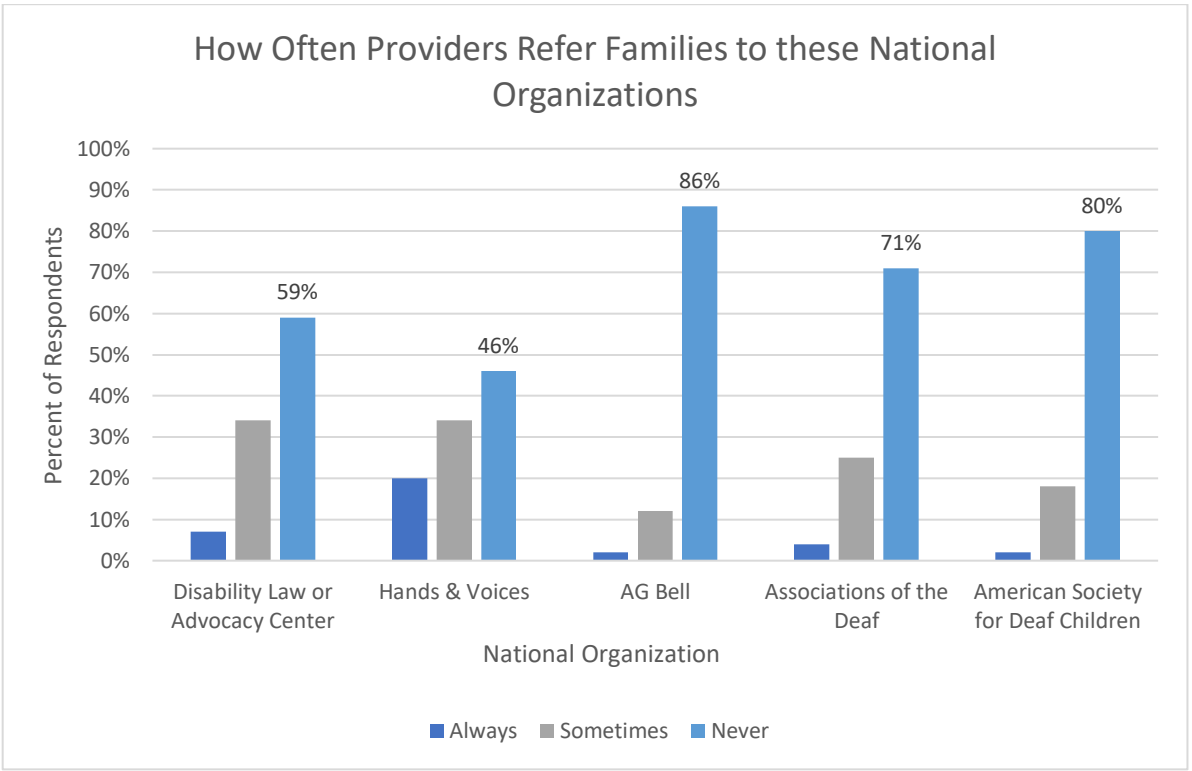
TRAINING NEEDS – TAGGED BY 5 OR MORE SURVEY RESPONDENTS

- Early Intervention for D/HH services including therapy and curriculum
- Assessment and writing goals for children who are D/HH
- Teaching ASL/sign language
- Hearing Technology
- Family Support

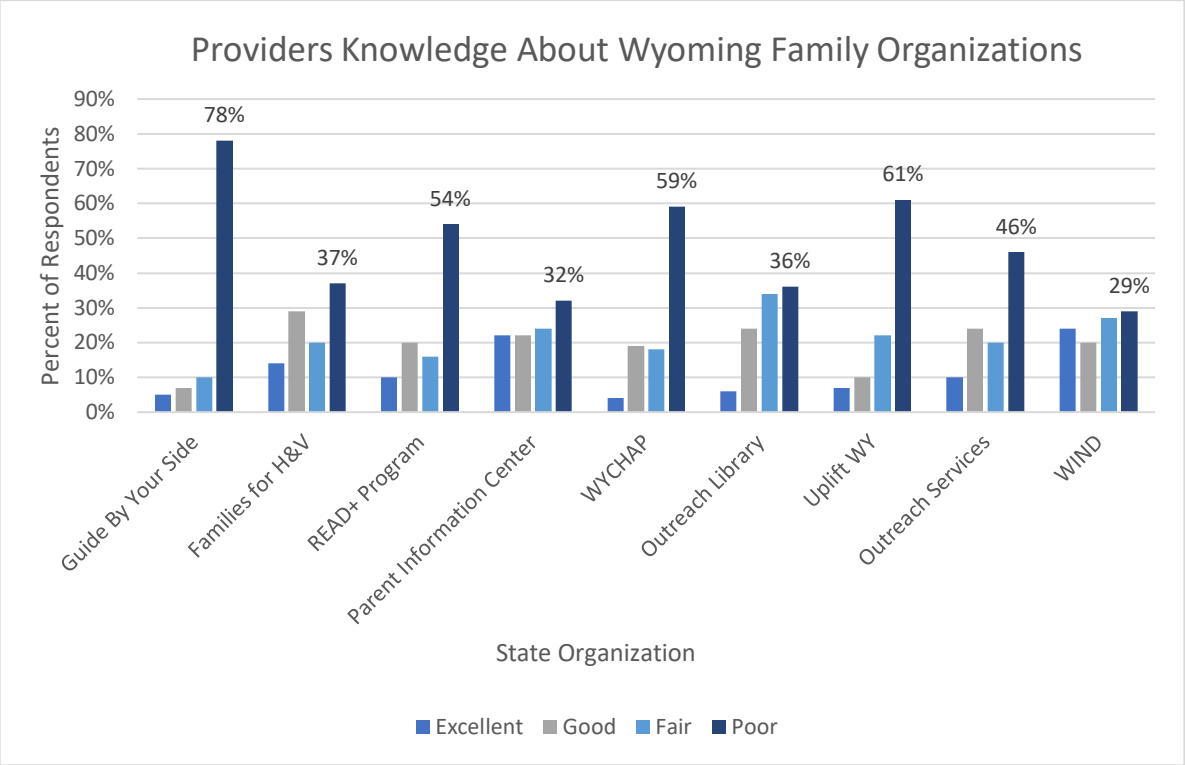
AWARENESS OF RESOURCES

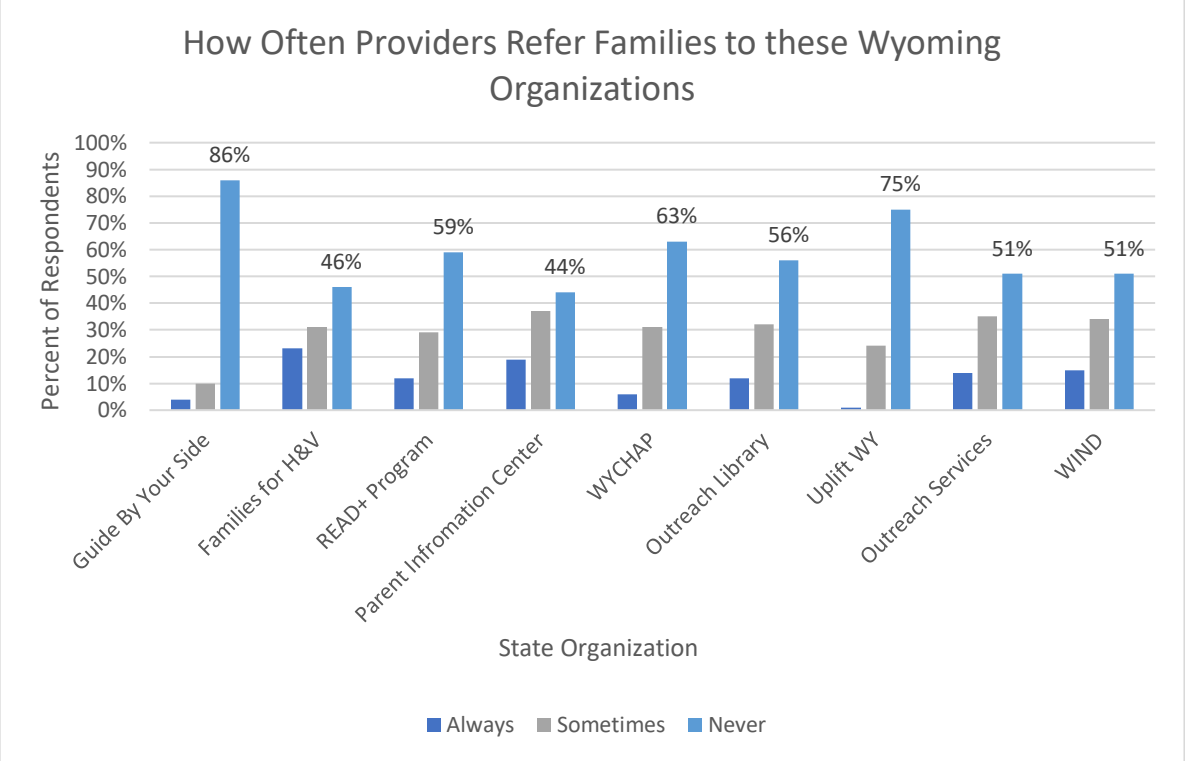
Knowledge and Utilization of National Family Organizations



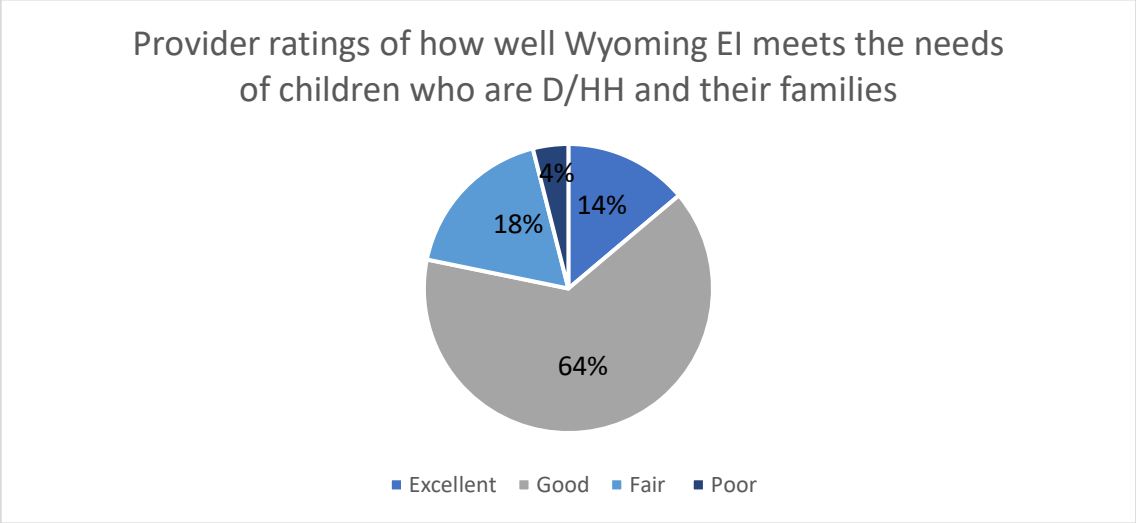


PROVIDER AWARENESS OF RESOURCES
Knowledge and Utilization of State Family Organizations





ABILITY TO HELP FAMILIES



ABILITY TO HELP FAMILIES

How would you rate your ability to help families whose children are D/HH with the following issues?	Ability to Assist				How Often			
	Excellent	Good	Fair	Poor	Always	Often	Sometimes	Never
Provide families with choices concerning services and supports	19%	42%	30%	9%	23%	26%	40%	11%
Help families learn about all communication modalities	11%	54%	21%	14%	26%	28%	26%	19%
Coach families to take the lead in setting goals	26%	44%	21%	9%	32%	28%	28%	12%
Ensure the family feels confident, that they are a part of the team when meeting about their child	53%	39%	4%	5%	63%	14%	14%	9%
Help parents understand their legal rights	46%	33%	9%	12%	54%	21%	12%	12%
Coordinate with other providers	51%	39%	9%	2%	47%	25%	25%	4%
Help families get services like childcare, transportation, respite care, or food stamps	19%	39%	25%	18%	21%	18%	42%	19%
Help families get in touch with other families for support	25%	32%	25%	19%	16%	26%	39%	19%
Serve families from different cultures than yours	40%	42%	14%	4%	30%	25%	40%	5%

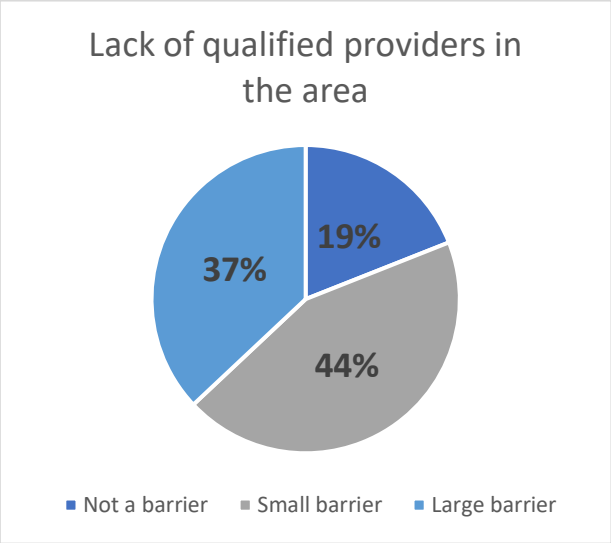
SUGGESTED CHANGES TO BETTER HELP CHILDREN WHO ARE D/HH AND THEIR FAMILIES

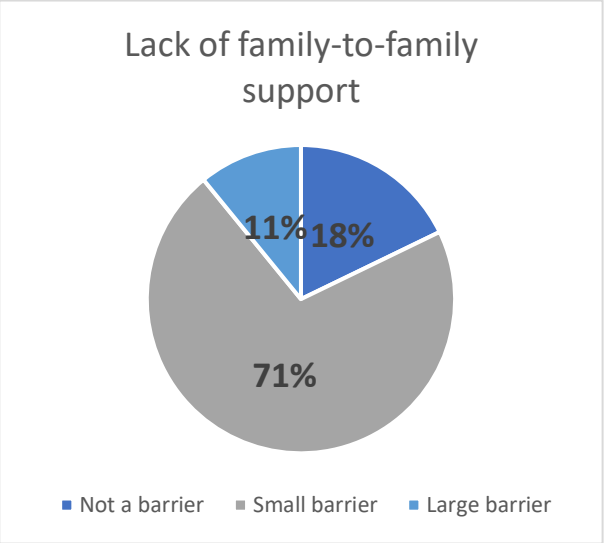
57 open responses were categorized into the following areas for possible improvement:

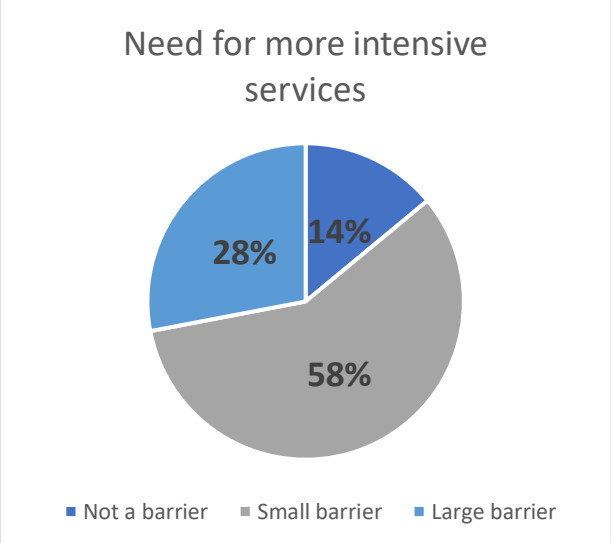
- Staffing and Services (18 responses)
- State Systems (10 responses)
- Unsure or No Need (9 responses)
- Training (7 responses)
- Other (5 responses)
- Support to Families (2 responses)
- Funding (1 response)

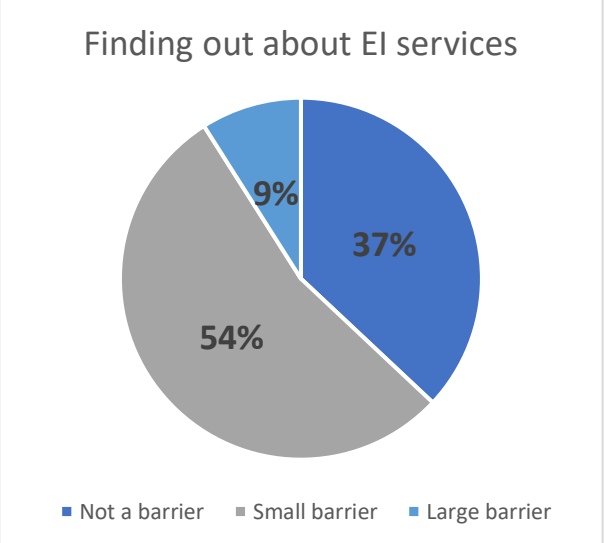
BARRIERS FACED BY FAMILIES

How providers rated the following barriers faced by families with a child who is D/HH

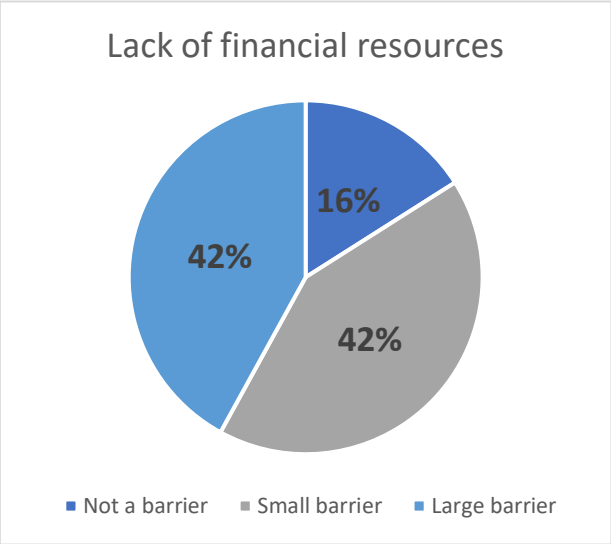


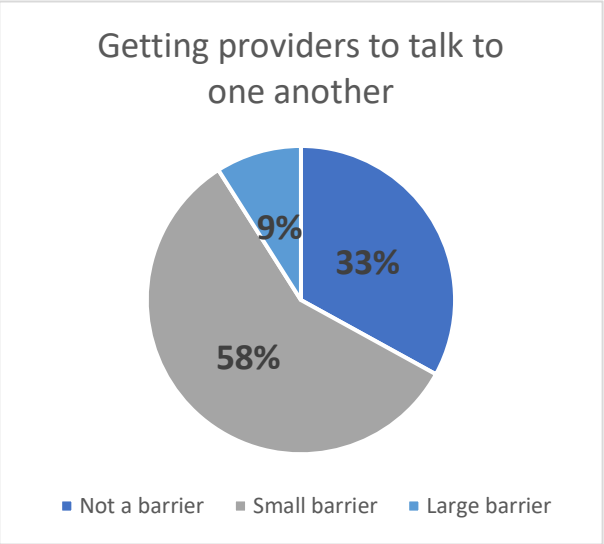


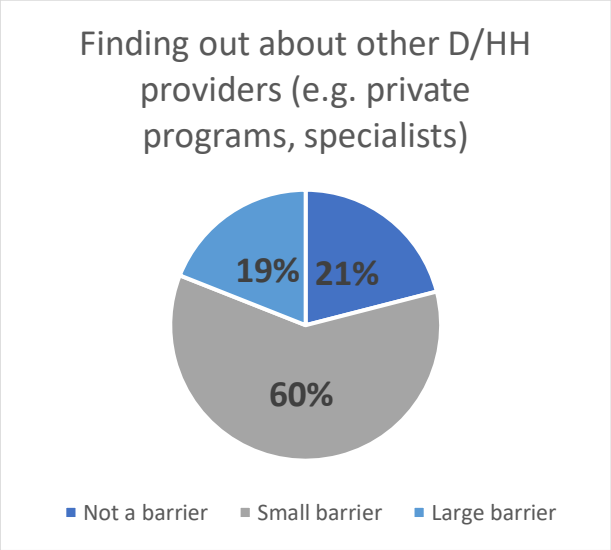


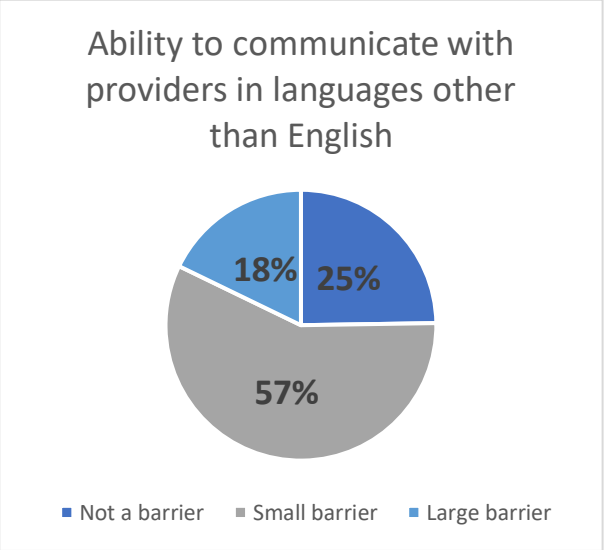


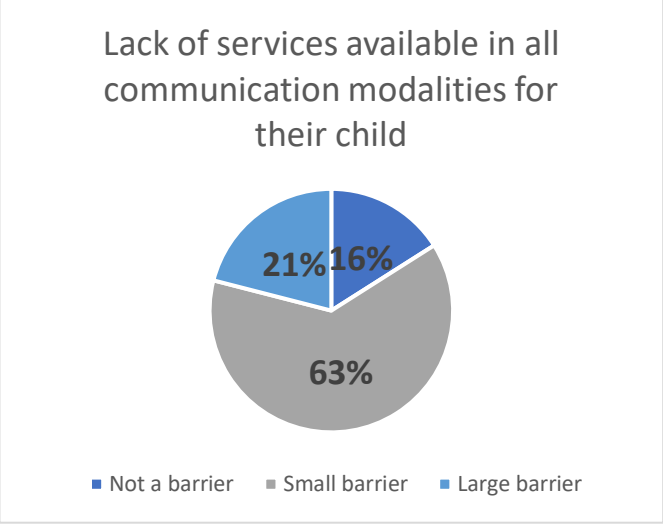
How providers rated the following barriers faced by families with a child who is D/HH







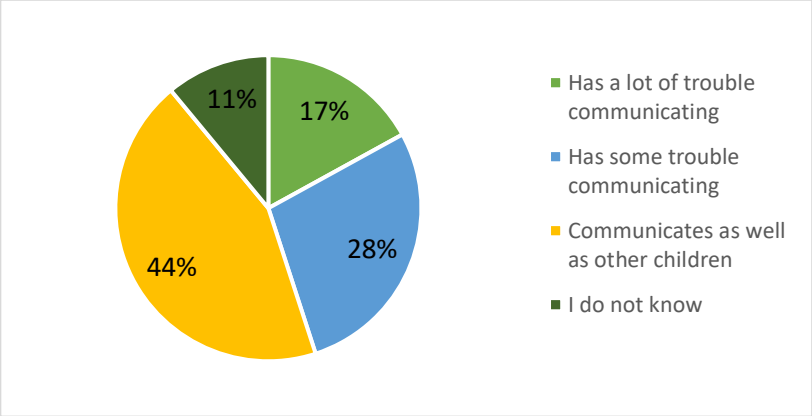




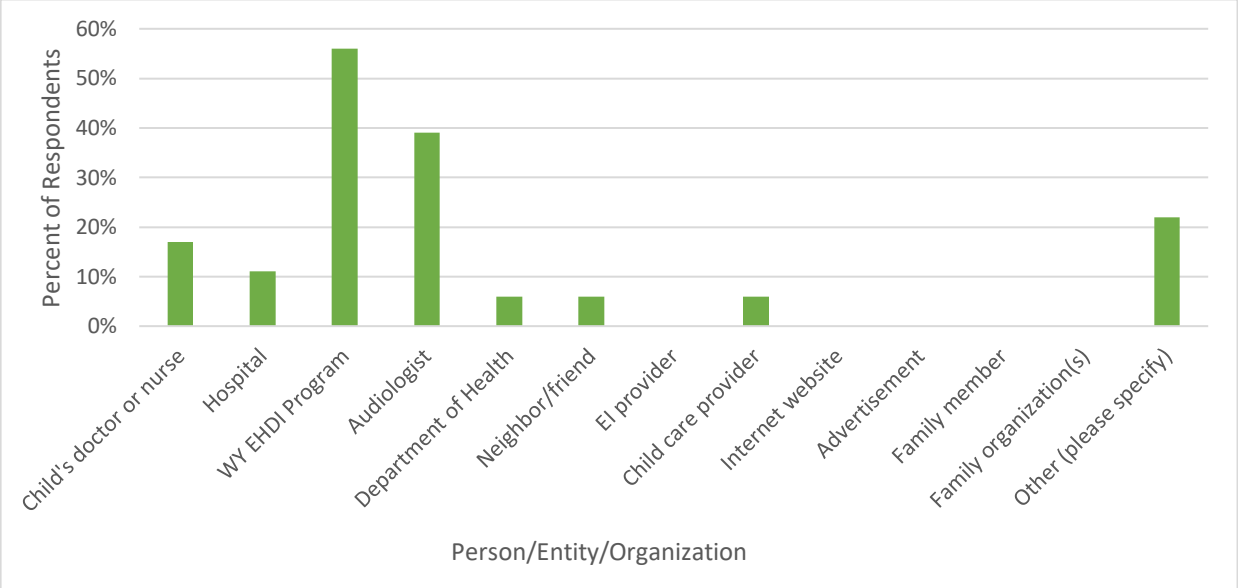
Appendix D. Family Survey Summary

Families with young children diagnosed as deaf or hard of hearing were surveyed in the winter and spring of 2020 to provide a snapshot of demographic characteristics of the children and parent perspectives of the identification and early intervention process and services from birth to age 5. Families were recruited for the survey through Wyoming Families for Hands & Voices and the READ+ Program. Participating families received a gift card in appreciation of their time. This Snapshot is based on the responses of 18 families.

COMPARED TO OTHER CHILDREN OF THE SAME AGE, HOW WELL DO THE RESPONDENTS FEEL THEIR CHILD WHO IS D/HH CAN COMMUNICATE WITH OTHER PEOPLE?



HOW RESPONDENTS FOUND OUT ABOUT EARLY INTERVENTION SERVICES

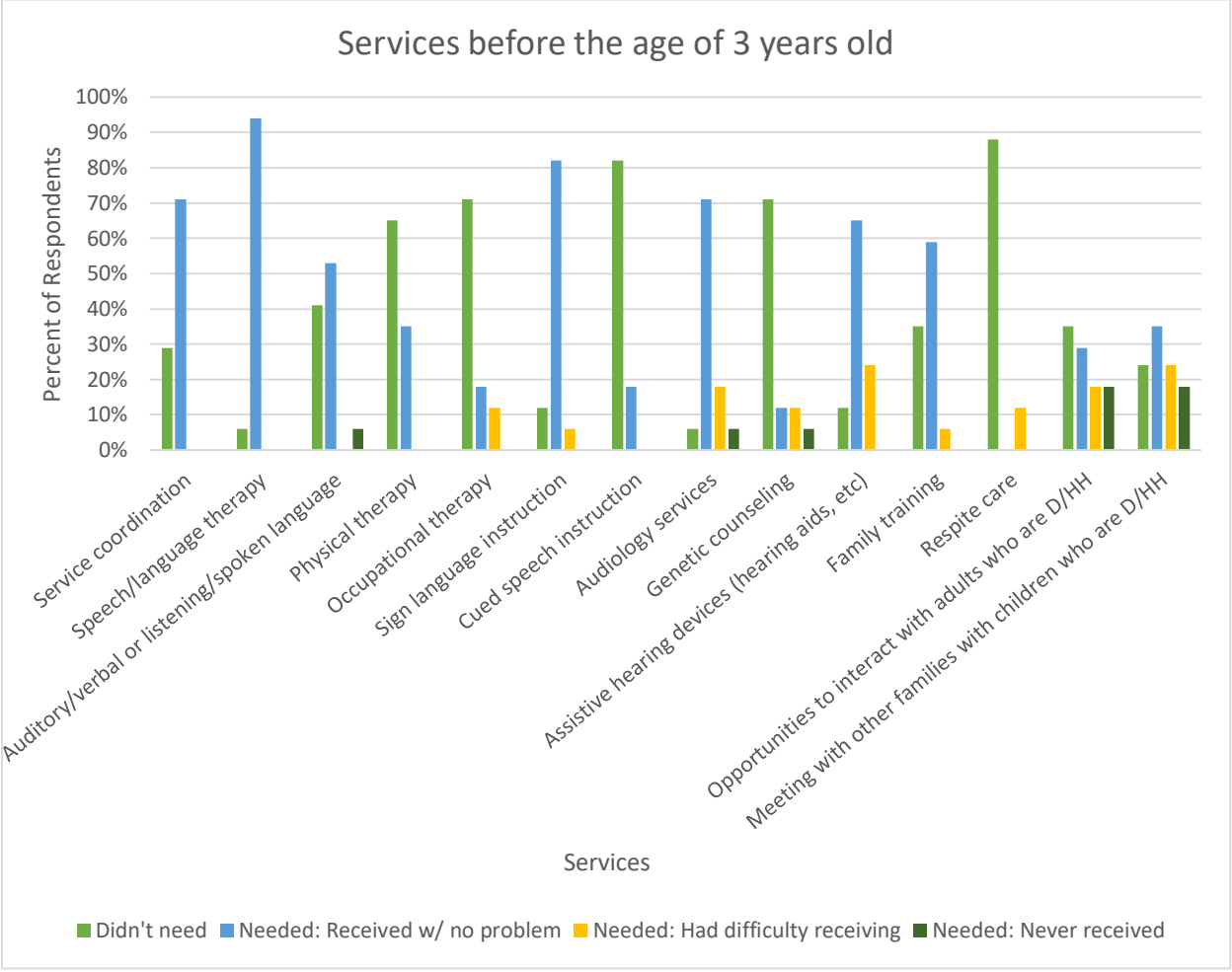


*"Other (please specify)" responses: (1) "Deaf Library (Jo Otterholt) and Children's Developmental Services Screening;" (2) "Deaf Library;" (3) "My older son attended STRIDE, so we knew all about it;" (4) "Children's Developmental Services screening"

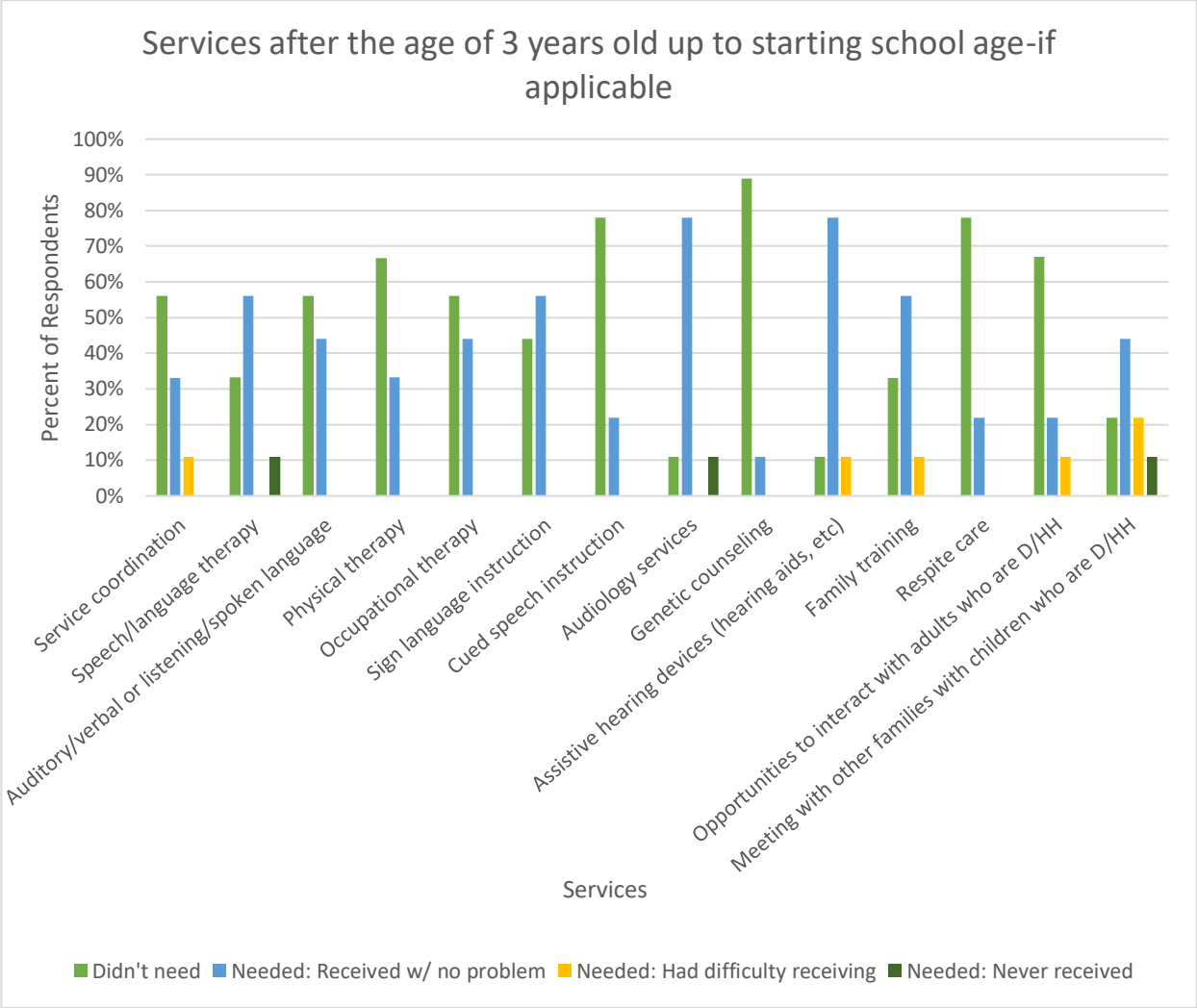
EARLY INTERVENTION (EI) AND FAMILY SERVICES

- 61% of children who are D/HH captured in this survey were diagnosed and started receiving EI services within 0-5 months of birth; the other 39% received services after 5 months of age and/or were diagnosed with Late Onset Hearing Loss
- Only 56% (5/9 children who are D/HH) over the age of 3 years old have an IEP
- 29% of families reported spending $1,000-10,000 of out-of-pocket money on hearing technology, 12% of families reported spending $500-1,000, 12% of families reported spending $1-500 and the other 47% of families reported spending $0 of out-of-pocket money on hearing technology
- 24% of respondents reported having to arrange private services for their child before the age of 3, those personally arranged services included: Sign Language Classes, Speech Therapy, and Physical Therapy
- 22% of respondents reported having to arrange private services for their child after the age of 3 up to school age, those personally arranged services included: Speech Therapy and Physical Therapy

HOW FAMILIES FELT ABOUT ACCESSIBILITY TO EI SERVICES BEFORE THE AGE OF 3



HOW FAMILIES FELT ABOUT ACCESSIBILITY TO EI SERVICES AFTER THE AGE OF 3



ABOUT THE SURVEYED FAMILIES AND THEIR CHILDREN WHO ARE D/HH

- 100% (18/18) of the respondents were the mothers of the children who are D/HH
- Neither parent nor other sibling(s)-if applicable of the children who are D/HH, are D/HH themselves
- 78% (14/18) of the surveyed families used to or currently participate in the R.E.A.D.+ Program (68% currently participate, 11% used to participate), 11% of families no not participate in the READ+ Program, and 11% of families are not familiar with the READ+ Program
- 67% of WY children who are D/HH captured in this survey have bilateral hearing loss, 33% have unilateral hearing loss
- 94% of the children who are D/HH use hearing technology (only one of the surveyed children does not currently use hearing technology - a majority (77%) of them use hearing aid technology

ADDITIONAL COMMENTS FROM FAMILIES

- "It's unfortunate that once children reach 3 years of age and are meeting expectations, they may no longer qualify for EI. Instead of removing services altogether, the state should allow for tiered intervention to ensure children are continuing to meet or exceed expectations. For instance instead of twice a month services could be rendered monthly or bi-monthly and tiered down from there. There is such a large emphasis on how important access to language is at an early age, yet from the age of 3 to 5, children and parents are left to fend for themselves. Why are we striving for the status quo of "meets expectations?" Shouldn't we be striving for our children to meet their potential or exceed expectations?"
- "Our insurance did not cover hearing aids but the Wychap program covered them and they are amazing. We are trying to get cochlear implants for my son but our insurance denied them. We are waiting on an appeal."
- "it can be challenging not having an audiologist in the area, although this has recently changed. Also it is tough to do services for our son due to the fact that services are during the work day and at this age the services should be done with us there so we can learn. READ program has been great with working with us on Saturday."
- "I wish that there were more services or resources that could help us walk through the insurance process. Maybe someone that could call and advocate on our behalf or could give us the verbiage and tools we need to ensure proper and fair billing. We have had issues with our insurance declining coverage when the services should be covered. Mentorship or guidance in the process would have been a great help. My coverage concerns were not heard by our clinic and it made me feel very helpless and frustrated, and in the end very angry."
- "We had a couple bumps in the road with an SLP that was contracted out of state, but our local EI team helped us to resolve this issue."
- "Get connected to an Audiologist, CDC, and get hearing device options figured out ASAP."
- "Take advantage of all the resources available to you. Though this journey can be daunting at times, we are not alone."
- "Learn as much as you can about hearing loss, ask questions, and take all the help and support that is offered. Wyoming Hands & Voices, & EHDI were a great resource and were there to help us every step of the way. Susan and the READ+ Program have also been fantastic; Susan is an amazing person and has a ton of knowledge and has definitely helped us to understand hearing loss and helped us to think outside the box to make sure we give our daughter every opportunity to learn."
- "I would like my pediatrician to be more educated with D and HH kids. It'd be nice to have an advocate in Cheyenne, and not have to go to Denver for it."
- "ask for more group opportunities to meet other kids and families"
- "Things can be scary, but they get better! Your child is going to overcome the obstacles with your help. They need you! Take what you can get with sign language, try to learn as much as you can. Also, someone should contact you about getting your child on an early intervention plan and it's a great idea for you and your child especially in an uncertain time like this."

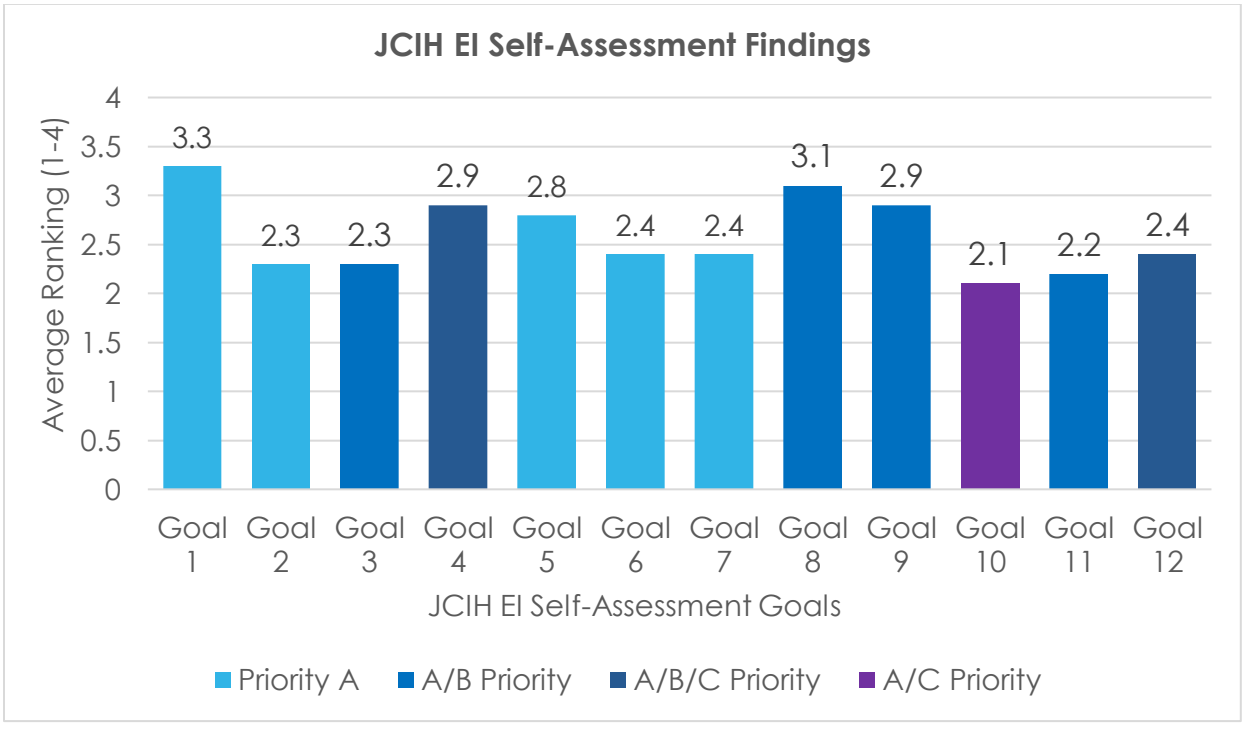
Appendix E. JCIH Self-Assessment Summary

The mission of the Joint Committee on Infant Hearing (JCIH) is to address issues that are important to the early identification, intervention, and follow-up care of infants and young children with hearing loss.

The JCIH is comprised of representatives from the following organizations: Alexander Graham Bell Association for the Deaf and Hard of Hearing, American Academy of Pediatrics, American Academy of Audiology, American Academy of Otolaryngology – Head and Neck Surgery, American Speech-Language Hearing Association, Council of Education of the Deaf, Directors of Speech and Hearing Programs in State Health and Welfare Agencies. The JCIH is also supported by the following organizations: Boys Town National Research Hospital, Centers for Disease Control and Prevention, Maternal and Child Health Bureau, and the National Institute on Deafness and other Communication Disorders (NIDCD) National Institutes of Health.

The JCIH most recently released a position statement in 2019 for principles and guidelines for Early Hearing Detection and Intervention (EHDI) programs. From the 2019 position statement, a tool was designed to assist leaders who are responsible in their state or territory for early intervention systems for children who deaf or hard of hearing in assessing the EI systems available for these children. Within Wyoming, representatives from the Department of Health, Early Intervention and Education Program; Department of Education, Outreach Services for the D/HH; Wyoming EHDI Program; Wyoming Families for Hands & Voices; Child Development Services of Wyoming; and the University of Wyoming assessed the EI systems in Wyoming. The results from the Wyoming D/HH EI system self-assessment follow.

JCIH EI SELF-ASSESSMENT DATA



GOAL BREAKDOWN

Goal 1: All children who are D/HH and their families have access to timely and coordinated entry into EI programs supported by a data management system capable of tracking families and children from confirmation of hearing loss to enrollment into EI services

Average Ranking: 3.30A

Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

1.1 – Share a baseline analysis of EHDI follow-up statistics with part C to establish collaboration and to identify system gaps or needs regarding statistics to be reviewed, such as (1) confirmation/identification of children who are D/HH and (2) their enrollment in EI services.

1.2 – Develop a mechanism that ensures family access to all available resources and information that is accurate, well-balanced, comprehensive, and conveyed in an unbiased manner.

Goal 2: All children who are D/HH and their families experience timely access to service coordinators who have specialized knowledge and skills related to working with individuals who are D/HH

Average Ranking: 2.26A

Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

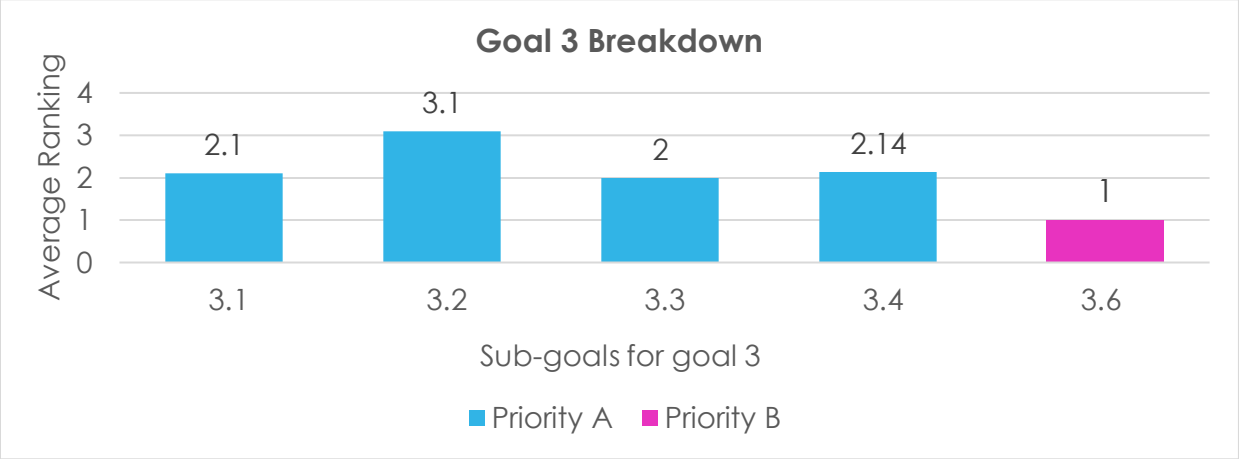
2.1 – Develop or adapt qualifications for service coordinators who contact families after confirmation that their child is D/HH.

2.2 – Identify the core knowledge and skills for service coordinators on the basis of evidence-based practices and the recommendations of professional organizations and national policy initiatives.

2.3 – Identify the number and percentage of families who had timely access to a service coordinator with skills and expertise related to children who are D/HH and their families.

Goal 3: All children who are D/HH from birth to 3 years of age and their families have EI providers who have the professional qualifications and core knowledge and skills to optimize the child's developmental and child/family well-being

Average Ranking: 2.27A/B



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

3.1 – Adopt and implement guidelines that address the professional qualifications required for providing family-centered EI to families and children who are D/HH from birth to age 3. These guidelines will address educational background and core knowledge and skills for providers of EI services in areas, including developmental, educational, and communication/language.

3.2 – Ensure that stakeholders participate in the adoption and implementation of these guidelines. Stakeholder categories will include, at minimum, the state EHDI and part C programs, EI direct service providers with core knowledge and skills serving children who are D/HH from birth to age 3, parents/caregivers with children who are D/HH, and adults who are D/HH with a background in a related area.

3.3 – Provide the resources needed for professionals to obtain the core knowledge and skills to serve children who are D/HH from birth to age 3 and their families.

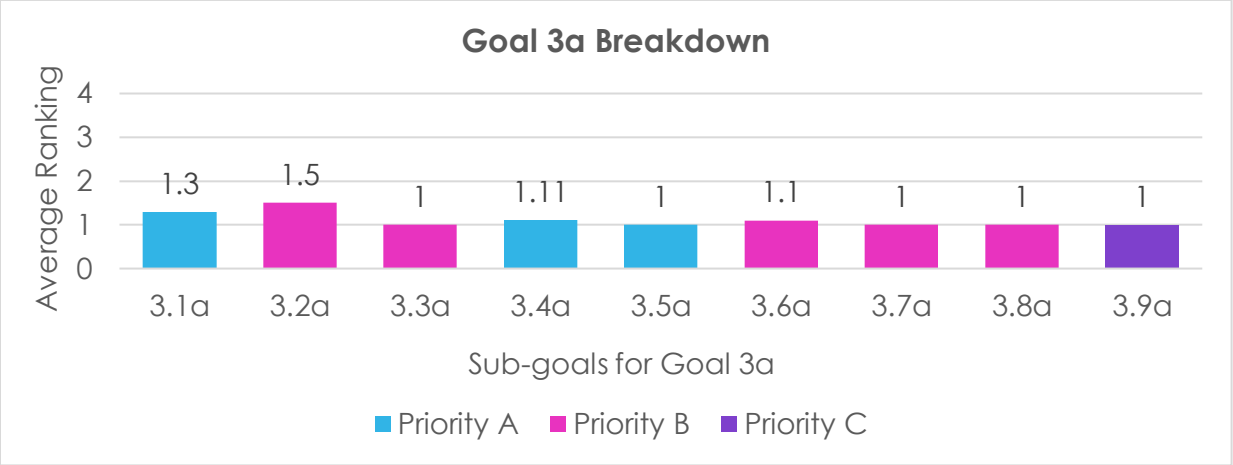
3.4 – Following the approved guidelines, identify the number and percentage of EI providers who have the appropriate core knowledge and skills and who are currently providing services to families with infants/children who are D/HH. Consider recruiting experienced professionals to mentor others (e.g., via distance technology or onsite visits).

3.5 – Not Ranked

3.6 – Regularly monitor progress toward this goal by annually identifying the number of families who are receiving EI services from professionals with core knowledge and skills as determined by the state-developed qualification system.

Goal 3a: Intervention services to teach ASL will be provided by professionals who have native or fluent skills and are trained to teach parents/families and young children

Average Ranking: 1.11A/B/C



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

3.1a – Ensure that families have complete and accurate information about ASL.

3.2a – Identify collaborative partners who can assist in the development of statewide systems capable of providing competent sign language instruction to families and their infants/children.

3.3a – Establish a representative committee that develops guidelines related to the qualifications of sign language instructors.

3.4a – Conduct a needs assessment to determine (1) the number of available sign language instructors with the qualifications in sign language and family/infant education and (2) available funding sources.

3.5a – Develop systems that ensure that neither geographic location nor socioeconomic status limits access to competent and skilled sign language instructors. State systems should consider utilization of all technology, including computer and videophones, to support teaching families.

3.6a – Establish and conduct training for ASL instructors that includes strategies and techniques for teaching sign language to families of infants and toddlers.

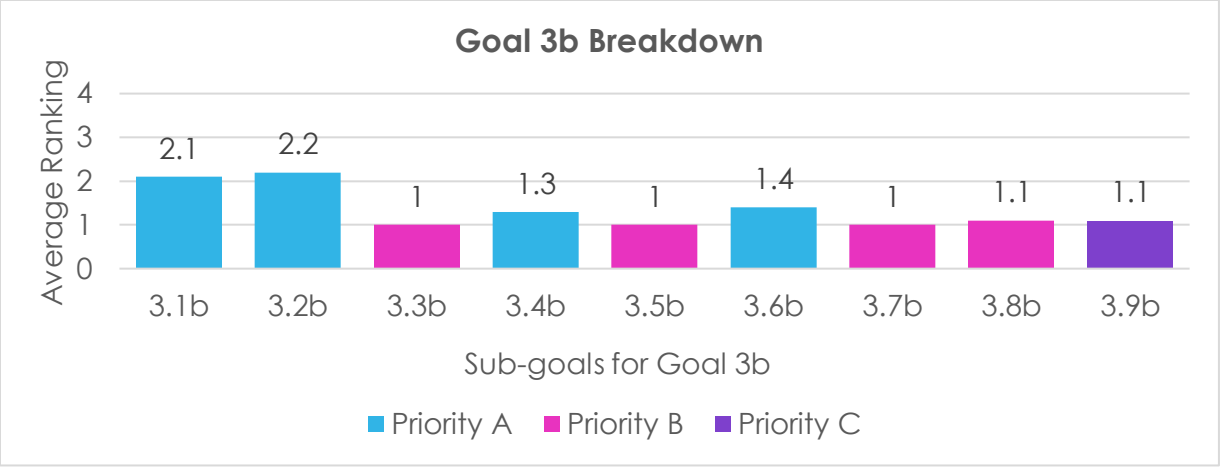
3.7a – Establish a quality assurance program for ASL instructors of parents/families.

3.8a – Conduct a needs assessment to determine the number of professionals (compensated or volunteer) with the qualifications and skills required to serve as an ASL instructor for families/parents of infants.

3.9a – Ensure that ASL instructors can accept, without judgment, a family's use of their sign language skills with or without spoken language.

Goal 3b: Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge

Average Ranking: 1.35A/B/C



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

3.1b – Ensure that families have complete and accurate information about listening and spoken language development.

3.2b – Identify collaborative partners who can assist in the development of statewide systems capable of providing competent listening and spoken language instruction to families and their infants/children.

3.3b – Establish qualifications of EI service providers with the core knowledge and skills to develop listening and spoken language (example: Listening and Language Self-Checklist for Colorado Home Intervention Program (CHIP) Facilitators).

3.4b – Conduct a needs assessment to determine the number of available EI providers with the qualifications and skills required for developing listening and spoken language with infants who are D/HH.

3.5b – Develop systems and ensure that neither geographic location nor socioeconomic status limits access to competent EI providers with knowledge and skills in developing listening and spoken language. State systems should consider utilization of all technology, including computer and videophones, to support teaching families.

3.6b – Establish and conduct training for EI providers to increase their skills in providing listening and spoken language development.

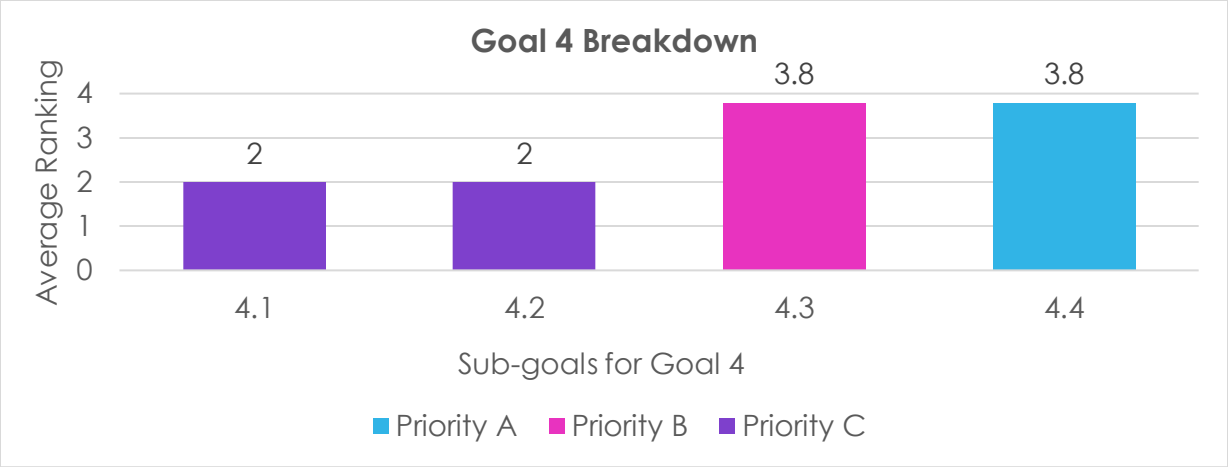
3.7b – Establish an evaluation of the skills and knowledge of EI providers in their delivery services for listening and spoken language.

3.8b – Ensure that the EI providers have been observed sufficiently, have been provided with feedback, and have demonstrated skills in the provision of listening and spoken language interventions for families with infants/children who are D/HH.

3.9b – Ensure that EI providers can accept, without judgment, the family's use of the listening and spoken language skills they have learned with or without the use of sign language or any other visual communication system.

Goal 4: All children who are D/HH with additional disabilities and their families have access to specialists who have the professional qualifications and specialized knowledge and skills to support and promote optimal developmental outcomes

Average Ranking: 2.90A/B/C



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

4.1 – Develop and implement a data management system capable of reporting the number and percentage of children who are D/HH with additional diagnosed disabilities, including the following: visual, intellectual, or emotional/behavioral disability; fine and gross motor delays with or without cerebral palsy; autism spectrum disorder; sensory processing disorder; and craniofacial or neurodegenerative disorders or brain malformations.

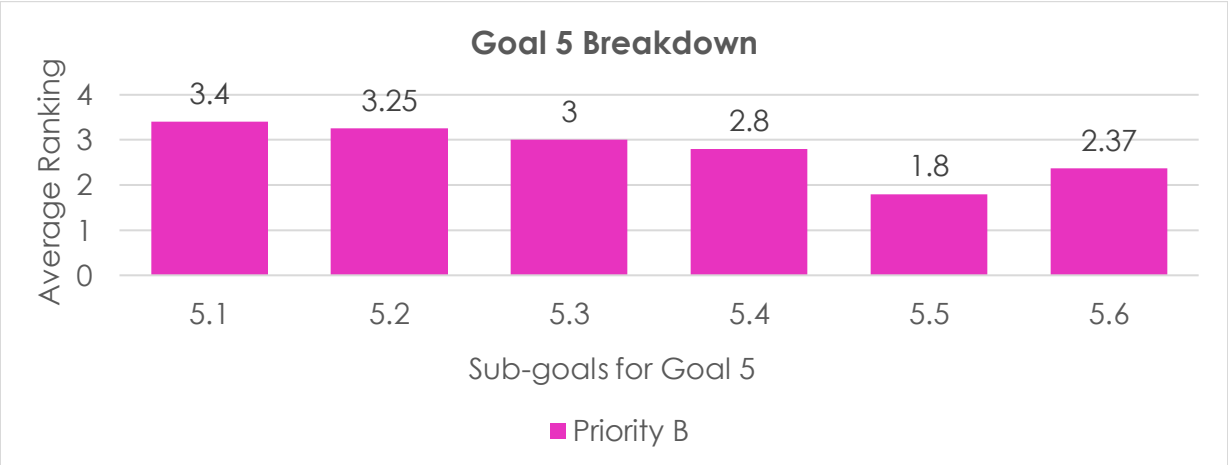
4.2 – Develop a system with the ability to track children who are D/HH with additional disabilities regardless of the primary disability of the child, identifying the individual or agency that can and will assume responsibility for tracking these children (e.g., EHDI or part C, public school programs, or schools for the deaf).

4.3 – Ensure that the developmental monitoring protocol is adaptive and sensitive to any restrictions in performance that are due to the additional disability and that would significantly underestimate the abilities and skills of the child.

4.4 – Implement models of transdisciplinary services, making certain that families who have children with multiple disabilities have access to EI services that meet the needs of the child and family in all developmental domains.

Goal 5: All children who are D/HH and their families from culturally diverse backgrounds and/or from non-English-speaking homes have access to culturally competent services with provision of the same quality and quantity of information given to families from the majority culture

Average Ranking: 2.77B



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

5.1 – Identify the number of families who speak or sign a language other than English in the home and the percentage of families using non-English languages by native language.

5.2 – Identify the number of families who speak English and are culturally diverse, including the areas of cultural diversity (African American, Hispanic/Latino, Asian American or South Pacific Islander, or American Indian/Native American).

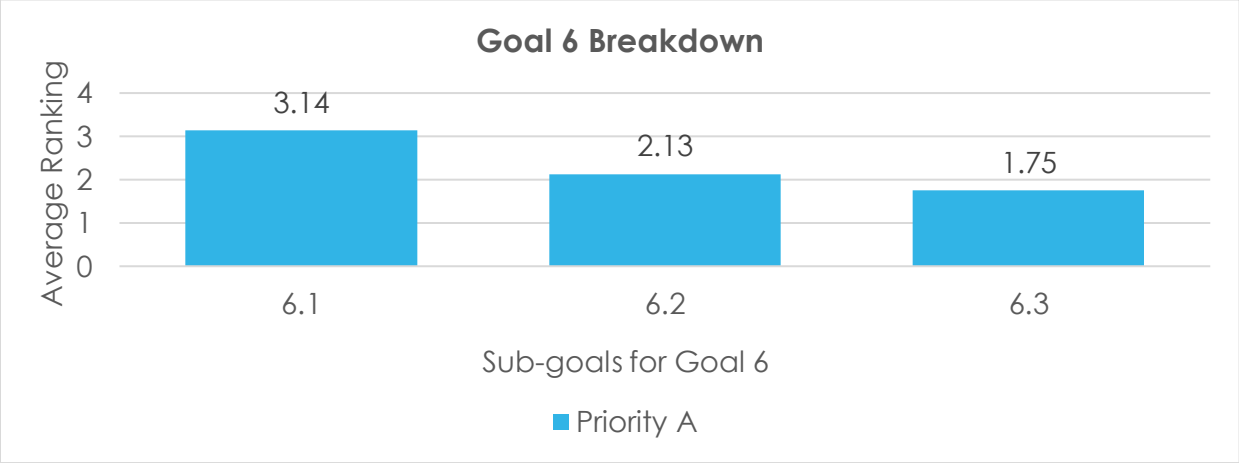
5.3 – Develop a plan for ensuring access to information for families whose native language is not English that is comparable to information provided to native English-speaking families by providing resources in the family's home language or languages.

5.4 – Ensure that families from diverse cultures participate in and feel comfortable giving feedback about services received, by providing diverse communication mechanisms including face-to-face feedback or surveys in the home language or languages), "buddy systems" and peer mentors from culturally diverse groups, community leaders who can serve as cultural brokers and advisers, and consistent interpreters who are trained in the EI curricula specific to families with children who are D/HH.

5.5 – Develop professional in-service training that includes information about providing services to families who do not speak English. This training should include such topics as cultural differences in attitudes and beliefs about disability, behaviors that may be considered offensive by other cultures, avoidance of cultural stereotypes, and different cultural expectations of medical, allied health, and educational professionals. Training should also include beliefs about being D/HH not as a disability but as a cultural and linguistic difference.

5.6 – Monitor the developmental progress of children who are acquiring languages other than spoken English. For some of the more common languages, such as Spanish, there are a few developmental instruments that can be used. As developmental assessments become available in other languages, they should be incorporated into EI programs to assist families in monitoring their child's progress and determining whether the choices made are facilitating success in communication for their child who is D/HH.

Goal 6: All children who are D/HH should have their progress monitored every 6 months from birth to 36 months of age, through a protocol that includes the use of standardized, norm-referenced developmental evaluations, for language (spoken and/or signed), the modality of communication (auditory, visual and/or augmentative), social-emotional, cognitive, and fine and gross motor skills
Average Ranking: 2.35A



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

6.1 – Monitor the developmental progress of all infants identified through universal newborn hearing screening (UNHS) on a consistent schedule, every 6 months through 36 months and annually thereafter, to ensure that children are making appropriate progress.

6.2 – Develop a statewide standard assessment protocol used with all children who are D/HH to provide the state/territory with an opportunity to do quality assurance of components of their EI system. States could develop a standard assessment battery in collaboration with experts in their state and either directly implement the battery or ensure that it is implemented (e.g., in collaboration with a university, research entity, or other program capable of collecting and analyzing statewide assessment data for children who are D/HH). This information can then be use to improve the skills of the providers and the characteristics of intervention.

6.3 – Develop a collaborative sharing network capable of collecting developmental data for progress monitoring at regular intervals including data reporting to the EHDI database.

Goal 7: All children who are identified with hearing loss of any degree, including those with unilateral or slight hearing loss, those with auditory neural hearing loss (Auditory Neuropathy), and those with progressive or fluctuating hearing loss, receive appropriate monitoring and immediate follow-up intervention services where appropriate

Average Ranking: 2.43A

Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

7.1 – Refer all children with unilateral or bilateral hearing loss to EI for evaluation and consideration of enrollment. If the child does not qualify for state EI services, ensure that families are provided with access to information and counseling regarding their child's hearing loss and the potential impact of hearing loss on the child's daily life and communication development.

7.2 – Develop follow-up mechanisms for ongoing monitoring of hearing, speech/language, and communication for all children with hearing levels that fall outside the range of normal in one or both ears, regardless of the etiology of the hearing loss. This monitoring should include follow-up mechanisms for children with chronic, nonpermanent conductive hearing loss.

7.3 – Monitor communication development (receptive and expressive language, speech, and auditory skills) through appropriate developmental screening protocols every 6 months in the infant/toddler period and every 12 months thereafter.

7.4 – Identify the agency or professional responsible for surveillance and make sure that surveillance occurs (eg, either through the medical home or managing physician, the audiologist, Part C, or a referral back to the EHDI system).

7.5 – Determine and designate a provider or system (eg, Part C, EHDI, primary care physician, parent/family) that ensures that developmental screening of communication, audiologic monitoring, tracking, and surveillance occurs, especially if the child has been deemed ineligible for EI services through the state Part C system.

7.6 – Develop and disseminate information about the use of amplification for children with hearing loss prepared by consulting audiologists with expertise with infant/children.

7.7 – Provide families with an opportunity for access to visual communication, which may include sign language systems, in addition to listening and spoken language, particularly in light of the possibility/probability of progressive hearing loss.

7.8 – Ensure that a child with a conductive hearing loss that has persisted in the first few months of life and remains for 6 months will be referred to EI services and otologic specialty care to make sure that adequate auditory access is available to the child.

7.9 – Consider amplification, if the hearing loss has remained for 6 months even if it is temporary, to accomplish this auditory access. This group also includes children with cleft palate or Down Syndrome, who are at a very high risk for chronic fluctuating middle ear effusion.

7.10 – Surveillance should indicate parent/family counseling and evaluation by a speech-language pathologist to monitor progress in speech and language acquisition.

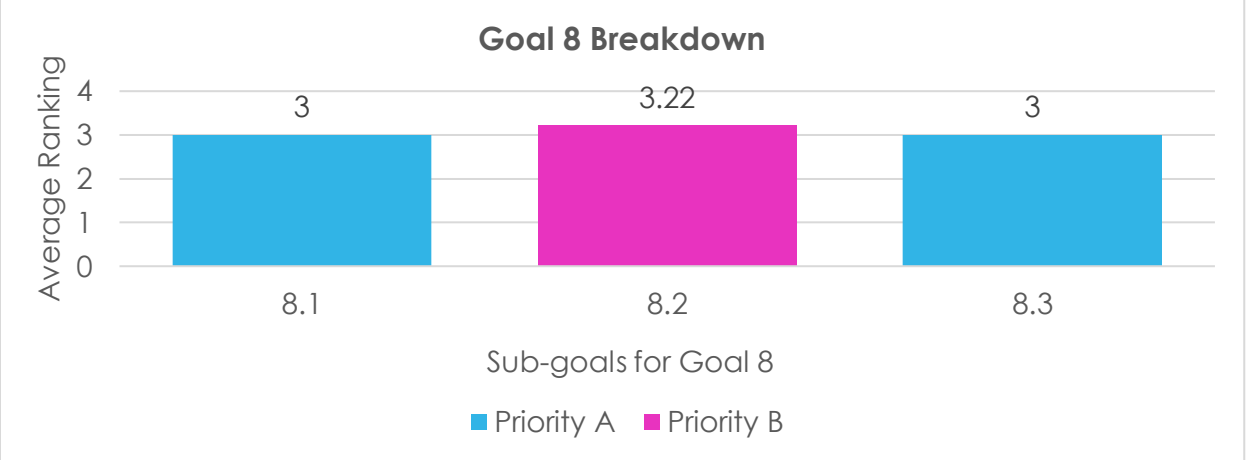
7.11 (*no vote needed) – Limited research suggests that children with minimal/mild bilateral hearing loss may not wear hearing aids either because (1) the children reject the amplification, (2) the parents/family are unable to promote consistent amplification usage, or (3) the parents/family are themselves not convinced of the benefit of amplification.

7.12 – Provide educational information to parents/family.

7.13 – Encourage primary care physicians to recognize the need for ongoing audiologic surveillance in all children, particularly those with risk factors for delayed-onset/progressive hearing loss, or those children whose hearing loss is already being treated with hearing amplification. This surveillance should include developmental checks consistent with the American Academy of Pediatrics Periodicity Schedule, or more frequently if concerns are raised regarding hearing or development.

Goal 8: Families will be active participants in the development and implementation of EHDI systems at the state/territory and local levels

Average Ranking: 3.07A/B



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

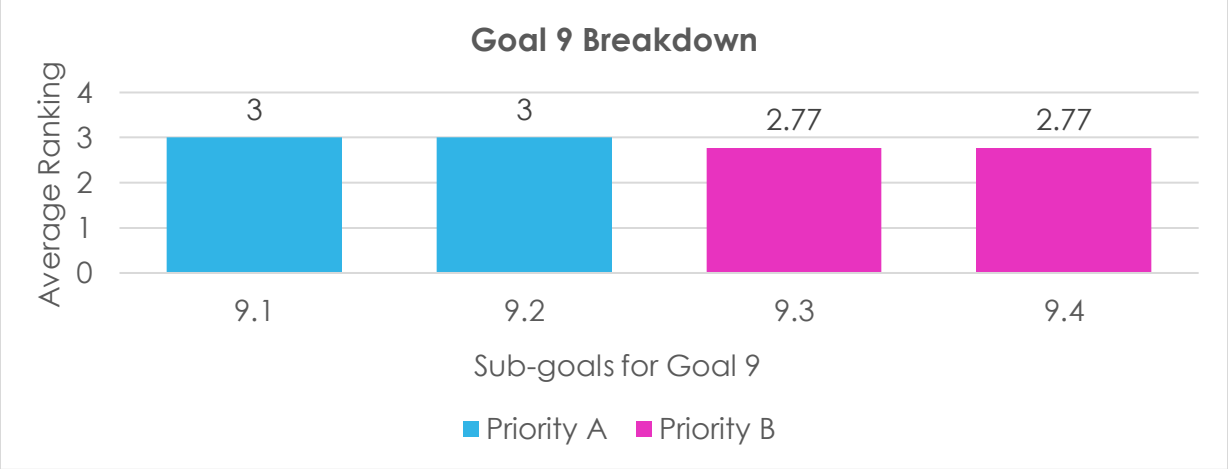
8.1 – Develop or revise policies and legislation related to EHDI programs that require the meaningful inclusion of qualified families as active participants in the development and implementation of EHDI systems.

8.2 – Report the number of professional family positions (i.e., compensated rather than volunteer) and demonstrate how parents and families are involved in recruitment processes.

8.3 – Provide resources (professional development training and mentorship) for families to obtain the necessary knowledge and skills to participate in systems and policy development and demonstrate that training is provided.

Goal 9: All families will have access to other families who have children who are D/HH and who are appropriately trained to provide culturally and linguistically sensitive support, mentorship, and guidance

Average Ranking: 2.89A/B



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Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

9.1 – Develop and implement guidelines that address family-to-family support. These guidelines should outline the background and training necessary for family support providers to interact with families of infants/children newly identified as D/HH, including the importance of objective, unbiased information.

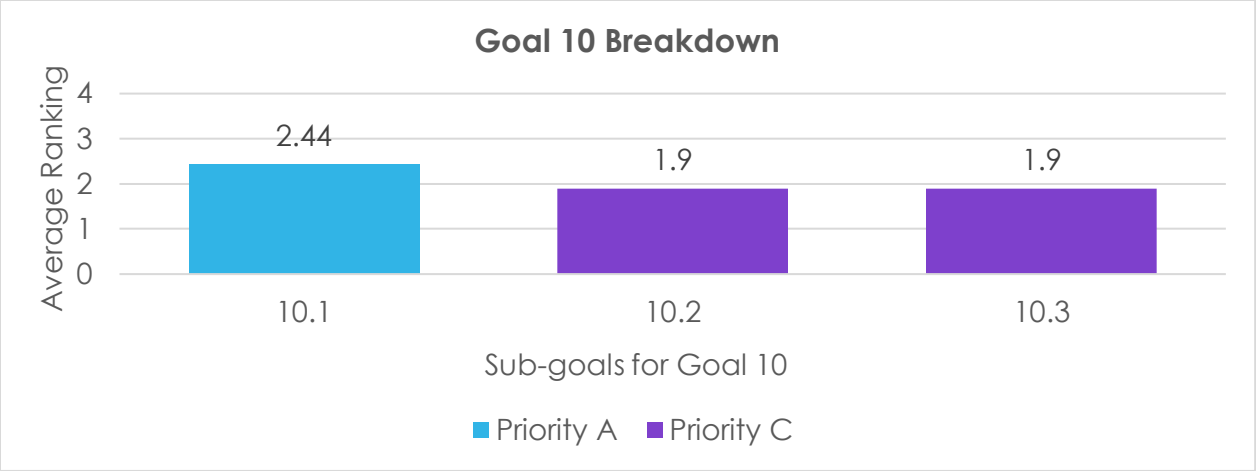
9.2 – Provide the necessary training for families/parents who participate in family-to-family support sessions and activities.

9.3 – Identify collaborative channels to create sustainable and compensated family-to-family support services.

9.4 – Report the number and percentage of families who have had access to appropriate family-to-family supports.

Goal 10: Individuals who are D/HH will be active participants in the development and implementation of EHDI systems at the national, state/territory, and local levels; their participation will be an expected and integral component of the EHDI systems

Average Ranking: 2.08A/C



Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

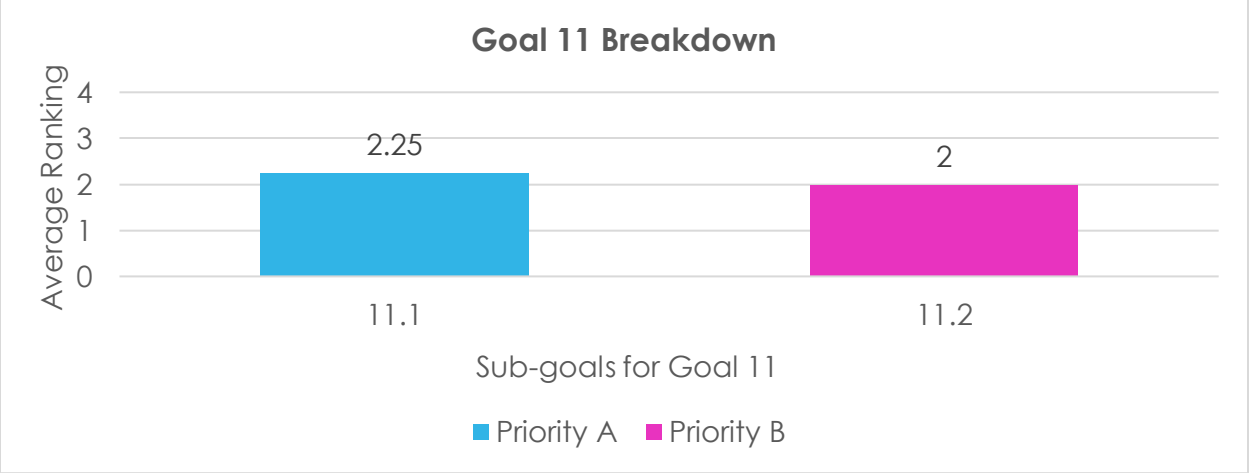
10.1 – Develop or revise policies and legislation related to EHDI programs to require inclusion of individuals who are D/HH and who represent a diverse range of communication, educational, amplification technology, and life experiences as active participants in the development and implementation of EHDI systems (e.g., involvement of such individuals in systems will be evident in recruitment processes and in the number of compensated, rather than volunteer, positions filled by individuals who are D/HH).

10.2 – Implement professional development training and mentoring systems and provide the resources needed for individuals who are D/HH to obtain the necessary knowledge and skills to participate in systems and policy development.

10.3 – Report the number of professional positions (e.g., compensated and volunteer) filled by individuals who are D/HH at all levels of the EHDI system.

Goal 11: All children who are D/HH and their families have access to support, mentorship, and guidance from individuals who are D/HH

Average Ranking: 2.16A/B



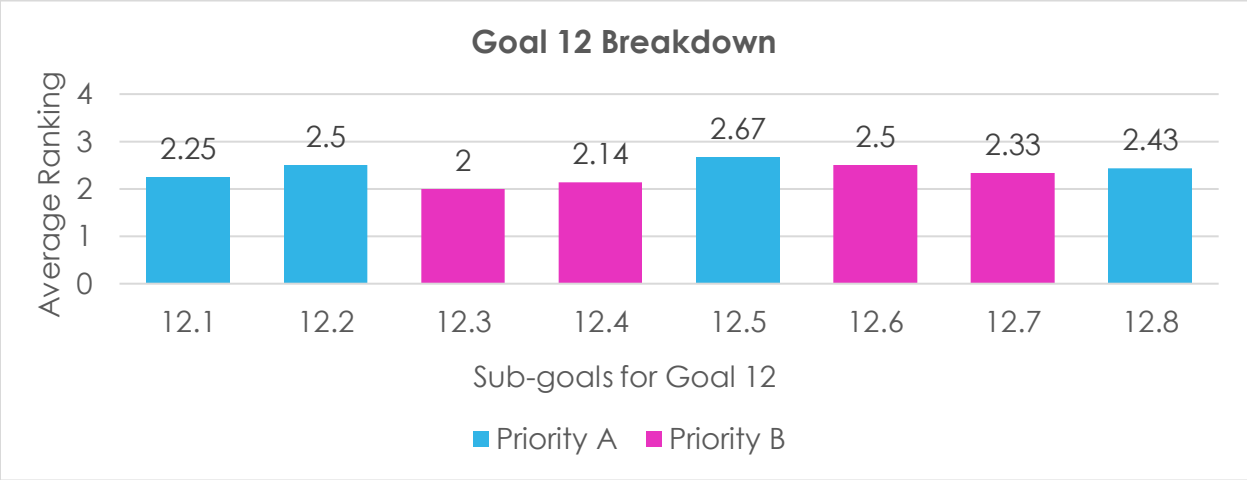
Legend:
Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

11.1 – Establish an advisory group composed of a critical mass of members who are D/HH, especially those with experience with EI services and programs, along with representatives from the state EHDI system and EI providers with expertise and skill in providing services to families of infants and toddlers who are D/HH

11.2 – Make sure that the individuals who are D/HH represent the diversity of the EHDI population (e.g., deaf culture, hard of hearing, cochlear implant and hearing aid users, unilateral hearing loss, auditory neural hearing loss, cultural diversity).

Goal 12: As best practices are increasingly identified and implemented, all children who are D/HH and their families will be ensured of fidelity in the implementation of the intervention they receive

Average Ranking: 2.35A/B



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Ranking Number: (1-Nothing in place; 2-Just beginning; 3-Making good progress; 4-Established practice)
Priority Letter: (A-Very important; B-Important, C-Less important)

12.1 – Develop and advance mechanisms and systems to assess and monitor the fidelity of the EI services received by families who have infants/children who are D/HH.

12.2 – Identify a critical core group of experts. Trainer-of-trainer and peer mentoring models can provide a system for EI providers to receive support from professionals with the greatest experience, knowledge, and skills.

12.3 – Monitor the fidelity of intervention through direct observation by a highly qualified, experienced EI provider/supervisor.

12.4 – Provide mentorship through input on lesson goals and planning.

12.5 – Encourage and support professional development of EI providers.

12.6 – Conduct self-assessments of EI providers to identify their perceptions of strengths and weaknesses related to the guidelines established in GOAL 3. The goal of these self-evaluation instruments of EI providers is to identify perceived programmatic strengths and weaknesses and provide professional development in the areas of perceived weakness.

12.7 – Measure the progress of EI providers on their knowledge and skills at regular intervals.

12.8 – Obtain families' input about the skills that they have learned through EI services and their perceptions about the effectiveness of these skills in promoting successful outcomes for their children. Questions should not be about families' satisfaction but about information they have learned through EI services

Appendix F. Goal Prioritization Summary

WY EHDI Goal Prioritization Worksheet

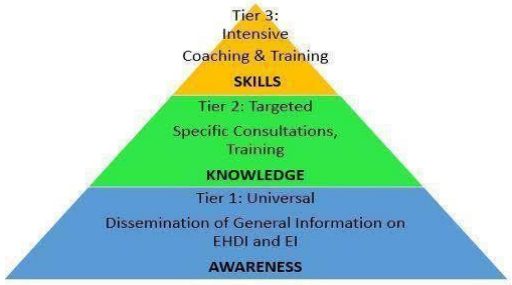
	Project/Goal/Objective (highest total points = highest priority)	**Importance** What is the urgency or impact? Rate 1 to 5 High = 5 Low = 1	**Ease** What is the relative ease of achieving it? Rate 1 to 5 High = 5 Low = 1	**Time Required** Can it be achieved in reasonable amt of time? Rate 1 to 5 High = 5 Low = 1	**Supports & Resources** Availability of support & resources? Rate 1 to 5 High = 5 Low = 1	**Control** To what extent do you have control? Rate 1 to 5 High = 5 Low = 1	**Return on Investment** What is expected payoff? Rate 1 to 5 High = 5 Low = 1	TOTAL POINTS	Priority
1	Communication with Stakeholders	1 2 3 - 1 vote 4 - 2 votes 5 - 11 votes **66**	1 2 3 - 4 votes 4 - 6 votes 5 - 4 votes **56**	1 2 3 - 2 votes 4 - 2 votes 5 - 10 votes **59**	1 2 3 - 2 votes 4 - 6 votes 5 - 6 votes **57**	1 2 3 - 4 votes 4 - 5 votes 5 - 5 votes **50**	1 2 3 - 1 vote 4 - 4 votes 5 - 9 votes **64**	352	**1**
2	Progress monitoring for individual children	1 2 - 1 vote 3 - 4 votes 4 - 3 votes 5 - 6 votes **56**	1 2 - 2 votes 3 - 8 votes 4 - 4 votes 5 **44**	1 2 - 3 votes 3 - 5 votes 4 - 5 votes 5 - 1 vote **57**	1 2 - 3 votes 3 - 3 votes 4 - 7 votes 5 - 1 vote **57**	1 2 - 5 votes 3 - 5 votes 4 - 4 votes 5 **58**	1 2 3 - 3 votes 4 - 4 votes 5 - 7 votes **59**	331	**4**
3	Training - D/HH Services	1 2 - 1 vote 3 - 2 votes 4 - 4 votes 5 - 7 votes **59**	1 2 - 4 votes 3 - 6 votes 4 - 2 votes 5 - 2 votes **44**	1 2 - 5 votes 3 - 7 votes 4 - 1 vote 5 - 1 vote **40**	1 2 - 4 votes 3 - 7 votes 4 - 1 vote 5 - 2 votes **43**	1 - 1 vote 2 - 5 votes 3 - 5 votes 4 - 2 votes 5 - 1 vote **39**	1 2 - 1 vote 3 - 1 vote 4 - 5 votes 5 - 7 votes **60**	285	**6**
4	Access to communciation modality specialists (ASL, Cued Speech, Listening and Spoken Language)	1 2 3 - 4 votes 4 - 3 votes 5 - 7 votes **59**	1 - 2 votes 2 - 7 votes 3 - 4 votes 4 - 1 vote 5 **32**	1 - 2 votes 2 - 5 votes 3 - 6 votes 4 - 1 vote 5 **34**	1 - 1 vote 2 - 6 votes 3 - 6 votes 4 5 - 1 vote **36**	1 - 5 votes 2 - 4 votes 3 - 3 votes 4 - 2 votes 5 **30**	1 2 3 - 2 votes 4 - 6 votes 5 - 6 votes **60**	251	**8**
5	Family to Family Support	1 2 3 4 - 7 votes 5 - 7 votes **63**	1 2 3 - 4 votes 4 - 7 votes 5 - 3 votes **55**	1 2 3 - 5 votes 4 - 5 votes 5 - 4 votes **55**	1 2 3 - 1 vote 4 - 8 votes 5 - 5 votes **60**	1 2 - 5 votes 3 - 5 votes 4 - 2 votes 5 - 2 votes **43**	1 2 3 - 1 vote 4 - 5 votes 5 - 8 votes **63**	339	**2**
6	Training - Assessment/ Writing Goals	1 - 1 vote 2 - 1 vote 3 - 3 votes 4 - 2 votes 5 - 7 votes **55**	1 - 1 vote 2 - 1 vote 3 - 7 votes 4 - 4 votes 5 - 1 vote **45**	1 - 1 vote 2 - 4 votes 3 - 4 votes 4 - 5 votes 5 **41**	1 - 1 vote 2 - 2 votes 3 - 4 votes 4 - 5 votes 5 - 2 votes **47**	1 - 2 votes 2 - 3 votes 3 - 5 votes 4 - 4 votes 5 **39**	1 - 1 vote 2 3 - 3 votes 4 - 3 votes 5 - 7 votes **57**	284	**7**
7	Training - ASL/Sign Language	1 2 3 - 5 votes 4 - 5 votes 5 - 4 votes **55**	1 - 4 votes 2 - 3 votes 3 - 5 votes 4 - 1 vote 5 - 1 vote **34**	1 - 2 votes 2 - 4 votes 3 - 5 votes 4 - 2 votes 5 - 1 vote **38**	1 - 3 votes 2 - 5 votes 3 - 4 votes 4 - 1 vote 5 - 1 vote **34**	1 - 5 votes 2 - 3 votes 3 - 4 votes 4 - 1 vote 5 - 1 vote **32**	1 2 3 - 5 votes 4 - 3 votes 5 - 6 votes **57**	250	**9**
8	Training- Hearing Technology	1 2 3 - 2 votes 4 - 4 votes 5 - 8 votes **62**	1 2 - 2 votes 3 - 4 votes 4 - 4 votes 5 - 4 votes **52**	1 - 1 vote 2 3 - 5 votes 4 - 5 votes 5 - 3 votes **51**	1 2 3 - 5 votes 4 - 5 votes 5 - 4 votes **55**	1 - 2 votes 2 - 3 votes 3 - 5 votes 4 - 1 vote 5 - 3 votes **42**	1 2 3 - 2 votes 4 - 3 votes 5 - 9 votes **63**	325	**5**
9	Training - Family Support	1 2 3 - 3 votes 4 5 - 11 votes **64**	1 2 - 1 vote 3 - 5 votes 4 - 5 votes 5 - 3 votes **52**	1 2 - 1 vote 3 - 5 votes 4 - 5 votes 5 - 3 votes **52**	1 2 3 - 3 votes 4 - 6 votes 5 - 5 votes **58**	1 - 1 vote 2 - 2 votes 3 - 6 votes 4 - 2 votes 5 - 3 votes **46**	1 - 1 vote 2 3 4 - 3 votes 5 - 10 votes **63**	335	**3**

Prioritization Worksheet, CD Johnson 2013.

Wyoming Early Intervention Work Plan – Deaf/Hard of Hearing Children and their Families

Goal Priority Areas with Lead:

- **Communication – Sarah Fitzgerald**
- **Family to Family Support – Kim Reimann**
- **Progress Monitoring for Individual Children – Susan Fischer**
- **Professional and Parent Training - Susan Fischer, Christie Fritz and Kim Reimann**
- **Training for Hearing Technology – Kalley Ellis**



WY Early Intervention Implementation

PRE-YEAR 1: before or by 9/1/20

Goal & Tier Level	Objective(s)	Activity(ies) (Responsible group/person(s) in parentheses)	Timeline	Progress/Completion Date PROGRESS COMPLETE-Green, MAKING PROGRESS-Yellow NO PROGRESS YET-Red
Progress Monitoring for Individual Children **TIER 3: Skills**	1b. Develop a letter of support for CDCs to agree to a 3-year ODDACE pilot (Regions 2, 9 and 12), which will be renewed annually.	Create a Letter of Support for CDCs to sign. (Susan/Progress Monitoring Team)	Pre-Year 1; by 6/30/20	6/20: Letter completed and sent to the 3 CDC regions.
Family to Family Support **TIER 1 & 2: Awareness & Knowledge**	1c. Written and electronic templates of resources will be created and provided to the EHDI Program to share with parents/guardians.	Templates are completed and provided to the EHDI Program. (H&V/EHDI/Outreach)	Year 1: Templates ready by 8/1/20	8/20: Letter to families created and brochures/resources to be included with the letter have been identified.
Professional and Parent Training **TIER 1 & 2: Awareness & Knowledge**	1a. Identify existing trainings: Annual H&V's Parent Training, H&V's Family Gatherings, READ+ Program, PIC Trainings, WAVE Trainings. *More trainings to be identified*	- Identify and keep track of the number of trainings available. (Kim/Susan/Christie/Nancy/Mina) - Identify and keep track of the number of parents notified of trainings. (H&V/Outreach)	Pre-Year 1; beginning in July/Aug 2020 before 9/1/20 start date and continues Pre-Year 1; July/Aug 2020 before 9/1/20 start date (w/ Quarterly update shared with Kim and then sent out from Kim to the rest of the Stakeholder group)	8/20 - present: Various trainings across Wyoming have been identified and kept track of. 8/20 - present: The number of participants attending these various trainings is tracked when possible.
Professional and Parent Training **TIER 1 & 2: Awareness & Knowledge**	1b. Collect baseline data regarding the number of families who have attended the previously identified trainings (from sub-objective 1a)	Identify and keep track of the number of families who attended the identified trainings in the past (baseline data) and continue to keep track of families who attend the trainings moving forward. (Christie/Susan/Kim)	Pre-Year 1; beginning in July/Aug 2020 before 9/1/20 start date and continues	8/20 - present: Baseline data regarding number of participants who attended previous trainings continues to be collected.

Professional and Parent Training **TIER 1 & 2: Awareness & Knowledge**	2a. Identify core of existing online family supports and how often they are accessed by parents.	- Identify the number of core sites available. (Kim/Susan/Christie/Nancy/Mina) - Identify the number of parents notified about these core sites. (H&V/ Outreach) - Identify the number of website hits, when possible. (Professional and Parent Training Team)	Pre-Year 1; by 9/1/20 start date Pre-Year 1; July/Aug 2020 before 9/1/20 start date (w/ Quarterly update given to email out to the rest of the Stakeholder group) Pre-Year 1; beginning in July/Aug 2020 before 9/1/20 start date and continues	10/20 - 11/20: A core list of resources has been created, revised and finalized. The list has also been adapted for Spanish speakers. The list has been made available on websites. 8/21: On hold until year 2. 8/21: On hold until year 2.
Progress Monitoring for Individual Children **TIER 3: Skills**	1a. Identify and invite 3 CDC Regions (Region 9: Casper, Region 12: Cheyenne, Region 2: Sheridan/Buffalo) to participate in the ODDACE pilot project. *Additional CDCs will be invited in years 2 and 3*	Have 3 of 3 CDCs agree to participate. (Nancy/Susan/Progress Monitoring Team)	Pre-Year 1; by 9/1/20 start date	9/20: 3 of 3 regions have agreed to participate and have signed the Letter of Support.

YEAR 1 (9/1/20 - 8/31/21):

Goal & Tier Level	Objective(s)	Activity(ies)	Timeline	Progress/Completion Date PROGRESS COMPLETE-Green, MAKING PROGRESS-Yellow NO PROGRESS YET-Red
Family to Family Support **TIER 1 & 2: Awareness & Knowledge**	1a. EHDI will continue to share information about these resources (H&V, GBYS and Outreach) verbally to parents/guardians.	Report number and percentage of phone calls made to families to Stakeholder group on a quarterly basis (TBD?). (EHDI NHS Coordinator/EHDI Program Assistant/CDC+)	Year 1: starting 9/1/20	9/20 - present: Stakeholders inform families about various resources available to them. Data about how/what information is shared is not being collected at this time.
Family to Family Support **TIER 1 & 2: Awareness & Knowledge**	1b. EHDI will ask parents their preferred form of follow-up to receive written information about these resources (via email, mail, text, etc).	Report number and percentage of follow-up communication provided to families to the stakeholder group on a quarterly basis (TBD?). (EHDI NHS Coordinator/EHDI Program Assistant/CDC+)	Year 1: starting 9/1/20	8/21: On hold until year 2.
Communication **TIER 1: Awareness**	1a. Query each stakeholder about what information and resources for serving young children who are D/HH are shared and through what channels.	List of identified resources, available resources, how to access resources obtained through email communication/survey of Stakeholders. (EHDI/H&V/Core Team w/ Stakeholders' input)	Year 1: 9/1/20 - 11/31/20	10/20: Email to query Stakeholders about resources drafted and sent out.
Communication **TIER 1: Awareness**	1b. Identify available channels to disseminate information and resources.	Create a list of channels identified through communication with Stakeholders. (EHDI/H&V/UW/EIEP)	Year 1: 9/1/20 - 11/31/20	11/20: List of channels for information dissemination compiled.

Communication **TIER 1: Awareness**	2a. Develop infographics (content and design) w/ pertinent information to targeted channels regarding family to family support and the Core Team. ***Decided to postpone creation of infographics until all information is gathered and finalized. Will also gather feedback from families on infographic drafts as a PDSA prior to a final product being distributed. In the meantime, resources will still be shared with newly identified children and their families**	Infographics available. (EHDI/H&V/Core Team w/ Stakeholders' input)	Year 1: 9/1/20 - 11/31/20	10/21: Already existing infographics/resources selected for distribution to families when their child is identified with hearing loss.
Progress Monitoring for Individual Children **TIER 3: Skills**	1c. Providers will complete a required in-person or online training by Allison Sedey for appropriate completion of protocols and interpretation of results -online trainings may be offered on the EHDI website, Wyoming Instructional Network, etc.	- Training module is complete and available electronically for providers. (Allison Sedey) - All participating providers will complete required training as documented on the Talent learning platform. (Allison Sedey(Training)/EHDI/Erin Moore(providing online access to training via Talent)	Year 1: (TBD based on meeting with Allison, no later than Sept 1st, 2020)	7/14/20 - ODDACE training (In-person and virtual) held at STRIDE Learning Center. Allison Sedey did the training and all participating region's providers attended in-person or online. 8/21: Online training module is not available at this time.
Progress Monitoring for Individual Children **TIER 3: Skills**	1e. Increase awareness of the benefit and availability of progress monitoring (ODDACE) for children who are D/HH birth to kindergarten in written, verbal or electronic form.	Parent friendly pamphlet or information exists and is available. (Betsy/Christie w/ support of the Progress Monitoring Group)	Year 1: starting 9/1/20 pamphlet shared with the participating CDCs & year 2 pamphlets will be shared with all WY CDCs	9/20 - present: Pamphlets/information regarding the ODDACE continues to be shared with CDCs and other state organizations and Stakeholders. Allison and Susan have made themselves available to help CDCs as needed with the ODDACE.
Progress Monitoring for Individual Children **TIER 3: Skills**	1f. Increase the awareness and use of appropriate assessments for Wyoming children birth - 5 years of age who have hearing loss.	The WDE D/HH Outreach Assessment Wheel will be updated to include the ODDACE information. The Assessment Wheel will be linked to the following websites: WY EHDI, Wyoming Instructional Network D/HH Outreach, WY Families for Hands and Voices (Christie/Susan)	Year 1: 9/1/20 - 12/31/20	9/20: WDE Assessment Wheel updated and is currently available on WINWEB (D/HH WDE Outreach).
Progress Monitoring for Individual Children **TIER 3: Skills**	1g. Providers implementing the ODDACE will be surveyed to inform the taskforce regarding experiences, challenges, and areas of noted improvement or need.	Create an online survey and distribute it to each pilot sites (Susan/Betsy/Christie w/ support of the Progress Monitoring Group)	Year 1: 9/20 - 3/21 (Survey development); 5/3/21 (Survey distribution); 5/24/21 (Survey due date)	11/20: Survey draft completed and sent to Allison Sedey and team for review. 8/21: There has been a delay in feedback from the CU ODDACE team regarding the survey and therefore, its distribution has been delayed.

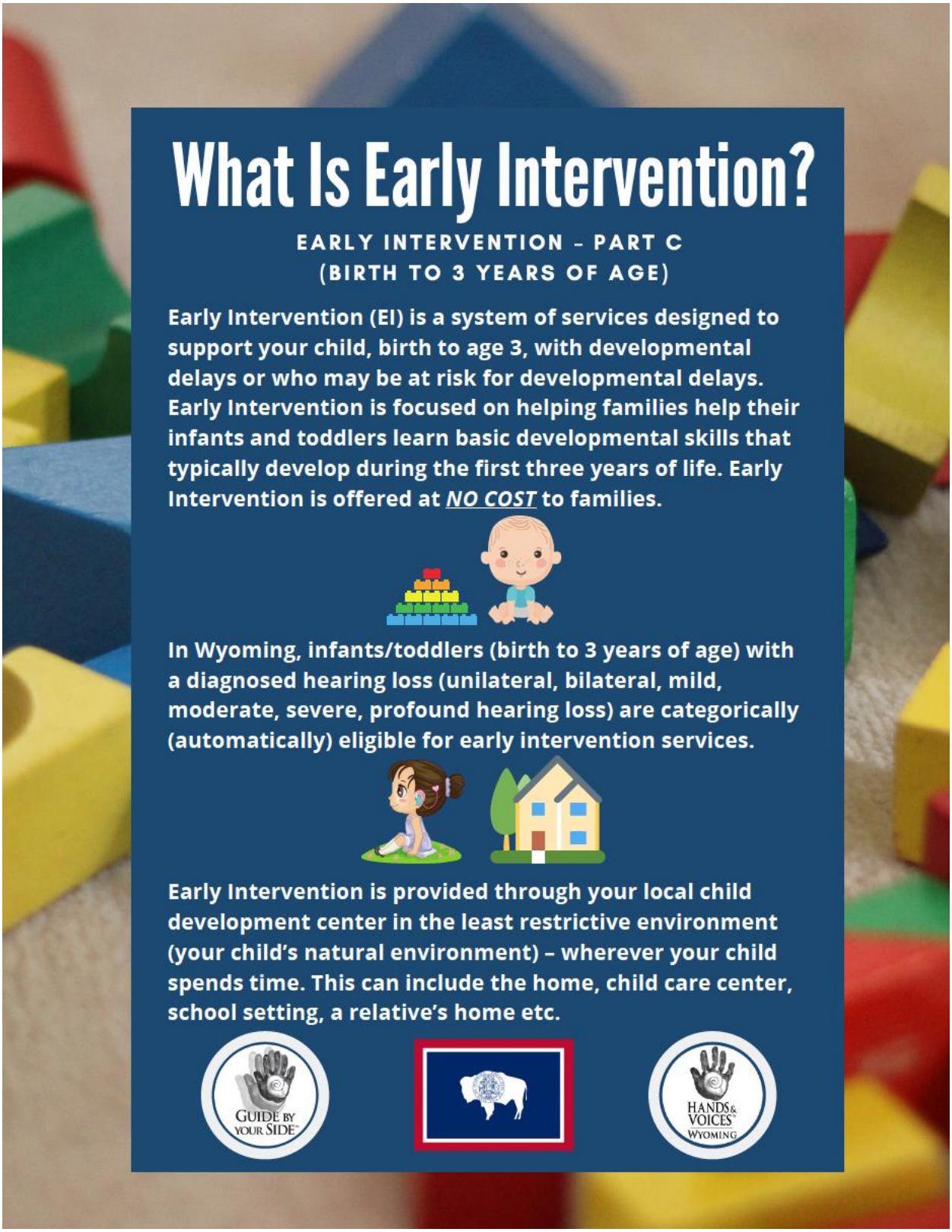
Progress Monitoring for Individual Children **TIER 3: Skills**	2a. Participants of the READ+ Program and the Casper program will continue to implement LENAs	Measure the percent of families using LENA. (EHDI/Erin Moore/Susan w/ support of Progress Monitoring Group)	Year 1: starting 9/1/20 continued participation of READ+ and Region 9 families and others on a case by case basis; expected frequency: first analysis at 9 Mo and every 6 mo thereafter	12/20: As of Dec. 2020, 56 LENA tests have been conducted with READ+ Program children. 4/21: In order to better establish the ODDACE, LENA implementation in CDCs has been put on hold.
Training for Hearing Technology **TIER 1 & 2: Awareness & Knowledge**	1a. Introductory videos developed through Talent Academy and made available through Wyoming EHDI website. Videos will include: how to insert and remove devices, how to clean, listening check, importance of daily use, troubleshooting, how to read audiogram, quick tips and tricks, parts of the hearing technology (microphone, battery door, etc.), how to change tubing. Optional pre and post tests will be provided for each video.	- Review existing videos and develop additional ones as needed - Compare pre and post test scores. - Track the number of website views. (EHDI/H&V w/ help from Core Team)	Year 1: 9/1/20 - 11/31/20 (Planning); 11/1/20 - 3/31/21 (Development of Videos); 3/1/21 - 6/30/21 (Pilot videos w/ CDC+ Audiology Families; by 6/30/21 (Finalize and launch videos)	9/20 - 11/20: Created a list of existing MDC videos and new video topics to develop in the coming months. 12/20: Video consent form created. 1/21 - 3/21: Video filming and editing. 5/21 - 6/21: Produced videos being reviewed and shared. 8/21: Completed videos have been launched through the EHDI website.
Training for Hearing Technology **TIER 1 & 2: Awareness & Knowledge**	1b. Create a "luggage tag" with hearing technology basics for families.	- Track the number of luggage tags distributed (i.e. Guide By Your Side, conferences, etc). - Track how people knew to access the videos (luggage tag, word of mouth, internet search, Wyoming Hands and Voices Page, etc.). This will be a question answered on either the pre/post quiz. (EHDI/H&V w/ help from Core Team)	Year 1: 9/1/20 - 11/31/20 (Planning); 11/1/20 - 3/31/21 (Development of Luggage Tags); 3/1/21 - 6/30/21 (Pilot Luggage Tags w/ CDC+ Audiology Families; by 6/30/21 (Finalize and disseminate Tags)	3/21: Luggage tag plans discussed. 5/21: The luggage tag verbiage decided on and rough draft produced. 8/21: Luggage tag finalizations in progress.
Training for Hearing Technology **TIER 1 & 2: Awareness & Knowledge**	3. Develop and disseminate a "How To" guide on how to access the videos and next steps.	- Develop and complete the "How To" Guide. It would describe both the introductory and intermediate trainings available, the process for accessing the material, and what to do if questions arise. - Disseminate guide to CDCs with referral for EI intervention, EHDI website and H&V. - Track the entities we disseminate to (CDCs, H&V, etc) as well as the number of guides disseminated. (EHDI/H&V w/ help from Core Team)	Year 1: 9/1/20 - 11/31/20 (Planning); 11/1/20 - 3/31/21 (Development of Guide); 3/1/21 - 6/30/21 (Pilot Guide along with videos with small sample of EI providers); by 6/30/21 (Finalize and disseminate the Guide)	8/21: On hold until year 2. 8/21: On hold until year 2. 8/21: On hold until year 2. 8/21: On hold until year 2.
Communication **TIER 1: Awareness**	2b. Family to Family Support - Disseminate H&V/GBYS/READ+	- Keep track of the number of infographics distributed.	Year 1: 11/1/20 - 8/31/22	10/20 - present: As other groups are developing resources/infographics,

	information to early intervention providers, physicians (pediatricians, family practice), audiologists, and ENTs	- Keep track of the number of website hits. - Baseline vs. increase in numbers involved/ participation H&V, GBYS, READ+ including referral sources. (H&V)	Year 1: 11/1/20 - 8/31/22 Year 1: 11/1/20 - 8/31/22	the Communication group will help facilitate product creation, finalization and distribution.
Communication **TIER 1: Awareness**	2c. Part C/B Early Intervention providers - Core Team, in collaboration with EIEP, disseminate an infographic of services/ information available (hearing aids, sign language, etc.) ***Instead of a third infographic being developed, we are planning to use and distribute a new tip sheet from the AAP to communicate with PCPs with an additional sheet on Wyoming resources included.**	- Keep track of the number of presentations completed through identified/ targeted channels. - Keep track of the number of regions/providers who access infographic items. (Core Team/EIEP)	Year 1: 11/1/20 - 8/31/22 Year 1: 11/1/20 - 8/31/22	10/20 - present: As other groups are developing resources/infographics, the Communication group will help facilitate product creation, finalization and distribution. 6/25/21: WEII presentation given during the ASTra Parent Training. 7/13/21: WEII presentation given during a Wyoming Early Intervention Council (EIC) quarterly meeting.
Communication **TIER 1: Awareness**	2d. Medical practitioners/ audiologists - Disseminate infographic (AAP Tip Sheet).	- Keep track of the number of infographics distributed. - Keep track of the number of medical practitioners and audiologists who access infographic items. (EHDI/H&V/Core Team)	Year 1: 11/1/20 - 8/31/22	10/20 - present: As other groups are developing resources/infographics, the Communication group will help facilitate product creation, finalization and distribution.
Training for Hearing Technology **TIER 1 & 2: Awareness & Knowledge**	4a. Pilot project to assess the link between data logging hours (hearing aid, BAHA, cochlear implant, ASL training) and ODDACE progress on children who attend CDC+ Audiology and receive services through the CDC in Casper.	- Obtain data logging information from hearing device(s) (hearing aid, BAHA, cochlear implant) for 5-10 children. Data logging will be obtained at each appointment, typically every 3-4 months. - Obtain ODDACE data from the same 5-10 children every 6 months. - Compare data logging to NECAP/ODDACE progress for each child - if applicable. (Kalley/Core Team/CDC in Casper)	Year 1 AND 2: 9/1/20 - 9/1/21, gather both data logging and ODDACE/NECAP data and compare data; Year 2 AND 3: 9/1/21 - 9/1/22, gather both data logging and ODDACE/NECAP data and compare the data from this year and past years.	8/21: On hold until year 2. 8/21: On hold until year 2.

YEAR 2 (9/1/21 - 8/31/22):

Goal & Tier Level	Objective(s)	Activity(ies)	Timeline	Progress/Completion Date PROGRESS COMPLETE-Green, MAKING PROGRESS-Yellow NO PROGRESS YET-Red
Progress Monitoring for Individual Children **TIER 3: Skills**	1d. Investigate and discuss how ODDACE result data will be transferred from CU in a manner that is HIPPA compliant and accessible to WY program participants.	System has been identified and results are available electronically. (Stakeholder Group)	Year 2: by 9/1/21	8/21: Discussions with CU are in progress.
Family to Family Support **TIER 1 & 2: Awareness & Knowledge**	2a. A survey will be created and provided to families annually.	Create, distribute and analyze data from family surveys. (Creation - Mina/Kim/Nancy/Susan/Christie) (Distribution - H&V organizes distribution of surveys to other collaborative organizations to send out to families) (Analysis - H&V requests and analyses surveys collected from WY Organizations)	Year 2: by 9/1/21 survey is completed and distributed and later analyzed; continues annually by Sept. 1st each year.	12/20: Survey has been created. 8/21: Survey has not yet been distributed.
Family to Family Support **TIER 1 & 2: Awareness & Knowledge**	2b. Monitor the use of websites families are using or not using.	Gather data on website hits. (H&V will collect and analyze data from other WY organizations)	Year 2: by 9/1/21 begin quarterly collection and analysis of website hits.	8/21: Website hits collected quarterly. Collected on 9/30/20; 12/31/20; 3/31/21; and 6/30/21.
Training for Hearing Technology **TIER 1 & 2: Awareness & Knowledge**	2a. Intermediate courses to maximize benefits of hearing technology will be developed through Talent Academy and provided through the Wyoming EHDI website. Course would include pre/post quizzes, tutorial/video directed primarily to early interventionists. STARS credit would be provided and Completion Certificates.	- Compare pre and post test scores. (EHDI/Core Team w/ feedback from H&V) - Track the number of views. (EHDI/Core Team w/ feedback from H&V)	Year 2: 9/1/21 - 11/31/21 (Planning); 11/1/21 - 3/31/22 (Development of Videos); 3/1/22 - 6/30/22 (Pilot videos with small sample of early intervention providers). Year 2: by 6/30/22 Finalize and launch course; Track number of views quarterly thereafter.	8/21: On hold until year 2. 8/21: On hold until year 2. 8/21: On hold until year 2. 8/21: On hold until year 2.
Progress Monitoring for Individual Children **TIER 3: Skills**	2b. Discuss process and funding with Stakeholder group for wider use of LENA technology.	Start looking at possible regions to expand the use of LENAs in, discuss possibility of expanding LENA use in the same regions with ODDACE protocols in place. (EHDI/Erin Moore/Susan/Nancy)	Year 2: starting 9/1/21	4/21: In order to better establish the ODDACE, expanded LENA implementation in CDCs has been put on hold for the time being.

Appendix H. Infographic – *What is Early Intervention?*



What Does Early Intervention Look Like?

For infants (who may be sleeping during an Early Intervention session), the service provider will work directly with you to help you feel prepared to support your baby!

0-3

Early Intervention services for children ages birth – three with a hearing loss focuses on helping you learn to communicate with your child and support your child's overall development.

Sessions can take place in your home or daycare.

Early Intervention sessions look like play, but a lot of learning is happening!

The service providers will provide you with written information, activities and recommend toys to help stimulate your child's learning.

Why is Early Intervention So Important?

Language Development

Early Intervention for infants and young children who are deaf of hard of hearing should begin as close to birth or identification as possible – ideally before 6 months of age. For children, language development (spoken or signed) begins the day a child is born.

The Early Intervention program takes advantage of the earliest months of life for optimal language development to make sure the child who has a hearing loss is developing language along with their peers.

Brain Development

Decades of research shows that children's earliest experiences play a critical role in brain development. The Center on the Developing Child at Harvard University has summarized this research.1

- Neural circuits, which create the foundation for learning, behavior and health, are more flexible or "plastic" during the first three years of life. Over time, they become increasingly difficult to change.
- High quality Early Intervention services can help a child's development and improve outcomes for children, families, and communities.
- Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later.

1National Center on Substance Abuse and Child Welfare. (2009) Substance-Exposed Infants: State Response to the Problem. http://www.ncsacw.samhsa/gov/glles/substance -exposed-infants.pdf

Long Term Success

Hearing loss is invisible. Early Intervention helps to give a child the best tools for their success (these may be only realized/seen as your child ages). You may see the benefits of all the hard work when your child is older.

Minimize Developmental Delays

Early Intervention is critical to your child's learning speech and/or language (communication). It is instrumental in helping to minimize the impact of any delays to help your child reach his/her full potential.

Early Intervention services can change a child's developmental path and improve outcomes for children, families, and communities. Families benefit from Early Intervention by being able to better meet their children's needs from an early age and throughout their lives. The first 3 years are vital to your child's lifelong learning ability.

Appendix I. Quick Start Guide – *Practical Strategies for Families of Deaf or Hard of Hearing (D/HH) Infants*

A QUICK START GUIDE - PRACTICAL STRATEGIES FOR FAMILIES OF INFANTS WHO ARE DEAF/HARD OF HEARING (D/HH)

CREATED BY THE WYOMING EARLY INTERVENTION INITIATIVE (WEII)*

Support Daily Full-Time Use of Hearing Devices

- If your child's eyes are open then hearing devices (hearing aids, cochlear implants, BAHAs etc.) need on your child's ears and turned on.
- Retention devices may help keep hearing devices on your child's ears and reduce frustration: headbands, caps, critter clips, toupee tape, pilot caps etc.

Draw Attention to Environmental Sounds Throughout the Day

- When a sound occurs, point to your ear, draw attention to the sound source, name the sound and imitate the sound.

Be Aware of and Reduce Background Noise

- TV/radio, electronic noise, fans, noise sources from outside and inside the room, etc. should be reduced or eliminated as much as possible.

Complete Daily Hearing Device Check

- Use items in the child's hearing device check kit (provided by your audiologist) such as hearing aid stethoscope to complete the hearing device check.
- Family members should be trained by their child's audiologist to learn how to check the child's hearing device to be certain the device is on, working properly, and the child has access to sound.
- Ask your audiologist or child's early interventionists about the Six Ling Sounds that are used during the device check (Ling Sounds: ah, oo, ee, sh, s, m).
- Change or charge device batteries as needed.
- Be certain the earmold/tubing is not clogged with wax, cracked, is free from moisture and has not become brittle.
- If your child's hearing aids are squealing, check to be certain the ear molds are properly inserted. If they are properly inserted and the squealing continues, your child may need new ear molds.
- For soft band BAHAs, make sure the device is fit properly and worn at the recommended position on your child's head.

Make/Gain Eye Contact When Speaking to Your Child

- Prior to speaking, get your child's visual attention.
- Don't look away while talking.
- Keep your lips visible while talking.
- Beards and mustaches can interfere with lip reading.
- To the extent possible, please do not block the view of your face with hands and objects.
- When masks are used, be aware that visual cues will be reduced.

Be Aware of the Impact of Distance Between the Person Who is Talking and the Child Who is Deaf/Hard of Hearing.

- The greater the distance between the person speaking and your child, the harder it is for your child to understand what is being said.

Keep High Expectations for Your Child who is Deaf/Hard of Hearing

- Expect your child who is D/HH to follow the same rules as a hearing child. Be prepared to clarify rules.
- Be certain your child understands your expectations. Prior to new experiences, it may help to talk about or role play social rules.
- Offer your child who is D/HH the same experiences as other children of the same age.

Remember you are not alone....

- Explore supports and resources available to your family and child.
- Reach out to other parents, Parent Guides™, D/HH Role Models, Facebook/Parent Groups.

Provide a Language Rich Environment for Your Child

- Use a "Radio Commentator" strategy: narrate your child's day. Tell your child what you are doing, why, and how.
- Talk about your and your child's emotions using a variety of words throughout the day (ex. I feel excited).
- Encourage all family members to sing songs, recite nursery rhymes and read books with your child daily.
- Use your voice to make the story exciting and interesting.

Support the Use of Sign Language

- Sign language may help support language development and decrease communication frustration.
- If you are using sign language with your child, encourage all family members, your child's friends and key people in your family's life to learn and use sign language.
- Seek training for family sign language development.
- Provide opportunities for your child and family to interact with other people who use sign language.
- Consistently use sign language in your daily routines.
- Remember, you don't need to be fluent in sign language to communicate with your child. Start where you're at and grow together.

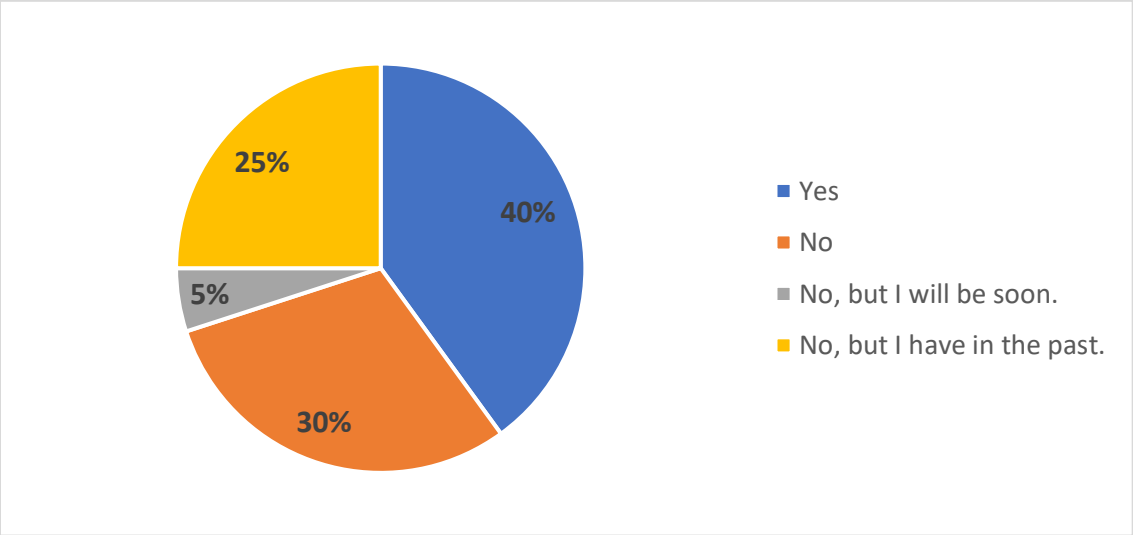
*Members of the WEII include representatives from the following: Wyoming Early Hearing Detection and Intervention (EHDI) Program; Wyoming Families for Hands & Voices, Guide By Your Side (GBYS); Wyoming Department of Education, Outreach Services for the Deaf/Hard of Hearing (D/HH); Wyoming Department of Health, Early Intervention and Education Program (EIEP); University of Wyoming, Communication Disorders Division; Child Development Services of Wyoming; and The Marion Downs Center.

If you are interested in additional information, support, or training, please contact the Wyoming EHDI Program at (307) 721-6212, info@wyomingehdi.org or Wyoming Families for Hands & Voices at kimr@wyhandsandvoices.org.

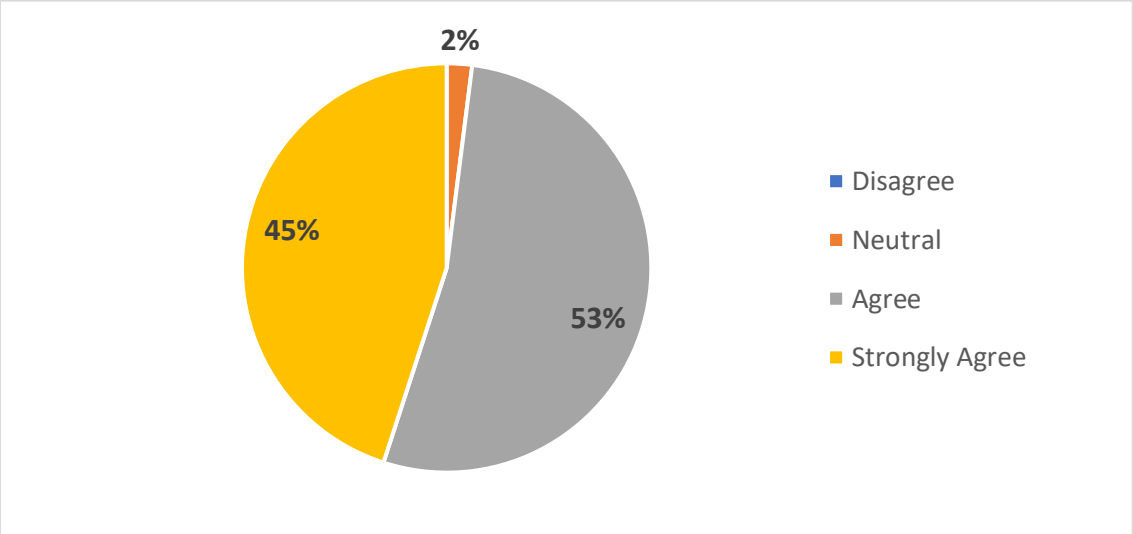
Appendix J. Summary of Family Service Coordinator (FSC) Post-Webinar Surveys

Following each of the three FSC-webinars, the same 6-question post-webinar survey was sent out to participants. The first post-webinar survey received 12 responses (out of a total of 28 attendees). The second post-webinar survey received 12 responses (out of a total of 19 attendees). The third post-webinar survey received 16 responses (out of a total of 20 attendees). The following summary reflects the 40 combined responses from all three of the post-webinar surveys.

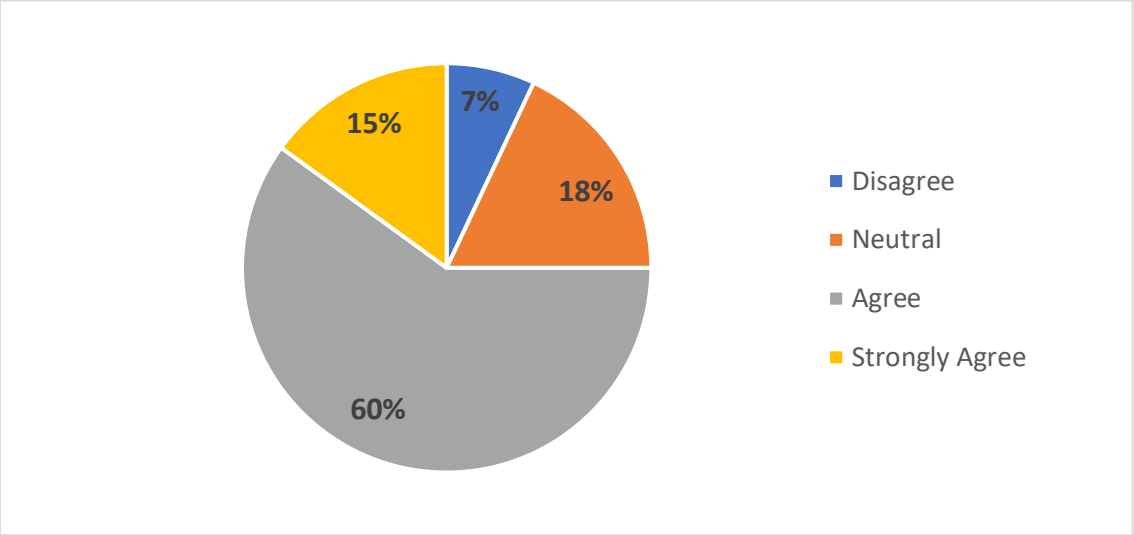
QUESTION 1: Are you currently working with a child/children with hearing loss?



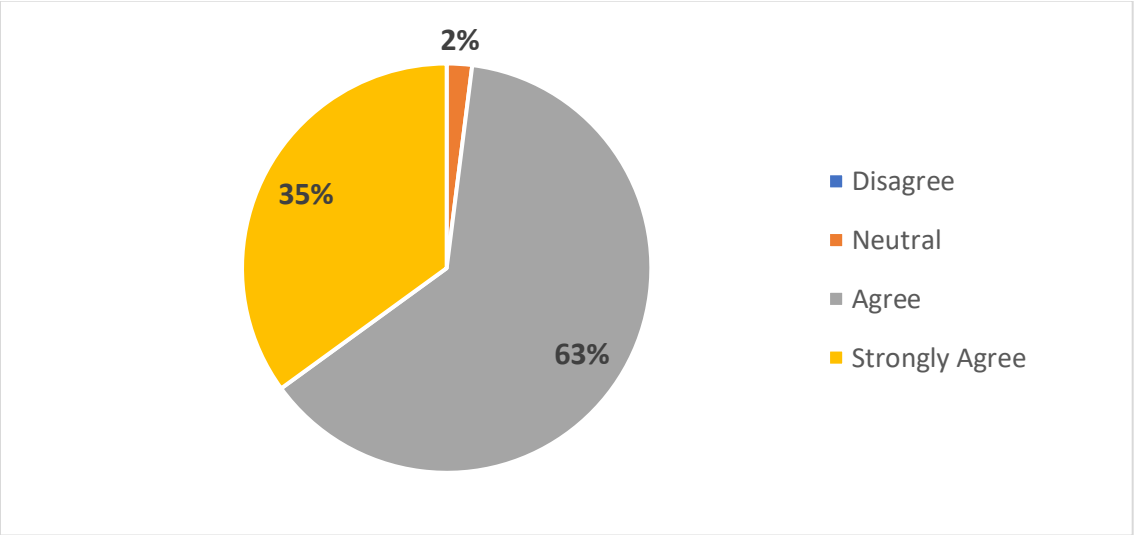
QUESTION 2: I would recommend this training to other FSCs.



QUESTION 3: I heard information in this presentation that was new to me.



QUESTION 4: I feel the information that I heard will be useful in my work.



QUESTION 5: Is there additional information you would like to learn about supporting families and their children who are D/HH?

- "More of the family supports we can use"
- "The difference between encouraging for parents "stuck" in denial as compared to nagging. (i.e. hearing re-screens, getting fit for new hearing aids, etc.) We know it's essential but some parents are not able to take that step (in spite of helping them schedule while we are there, offering to go with them, etc.)"
- "Assessments"

- “Any ASL beginner classes available for families or providers”
- “How to handle the parents’ emotional reactions to learning of their child’s hearing loss and those resources.”
- “Programs other than Medicaid that help with financial assistance for hearing devices.”
- “Community support”
- “Anything and everything!!!”
- “More resources in our area such as TODs that we could contact/work with”
- “Knowing our resources is the best help!”
- “sedated ABR and their availability in Wyoming.”
- “I have a parent who is hearing impaired but her child is not. She was asking me if there is any group of adults with hearing impairment that meet on a regular basis. I haven’t heard of any but wanted to put it out there.”
- “If a child needs a sedated ABR ~ what are the options available to them? We live in NE Wyoming ~ Casper? Billings? Sioux Falls, SD? Denver?”
- “This was perfect. You guys did great.”

- “No,” “N/A,” “Not at this time,” etc (26 responses)

QUESTION 6: Any additional comments you would like to share?

- “I appreciate all available trainings”
- “Nice training”
- “Thank you for putting this together”
- “Thank you for this information”
- “The initial training was mostly background information, I’m betting the next one is chalk full of information to be used to support families.”
- “Although I am not an FSC, I’m just starting work with babies as a PTA, and this is great information”
- “I enjoyed the session. ☺”
- “I really enjoyed today's training. There was so much information about hearing loss and what it looks like in these kids. It is helpful because I am now able to relate to these parent, I can provide encouragement for services with this new information and I am able to provide examples of how their child's speech can be impaired by hearing loss from mild-profound. This was great! Thank you!”
- “I think this would be a great training for therapists (OTs, PTs, ECI's) as well.”
- “Thank you for offering virtual courses.”
- “Very excited about the information that will be shared in the 3rd training.”
- “good presentation”
- “Bravo! These parents are authentic!!! Thank you!’n”
- “Thank you for the vulnerability and useful tips from both Kim and Betsy!”
- “The personal stories were touching and a great addition to the workshop.”
- “Loved the personal stories! I learn better when someone shares their personal experiences. Very good!! Thank you!”
- “I really enjoyed having parents of children with hearing losses speak!”
- “I enjoyed the Webinar. Thank you! ☺”
- “It was a great training”

- “Thank you for offering these training via zoom!”
- “Thanks for the great work you do.”
- “very good!! Thank you”
- “This was fantastic. Thanks for all the resources too.”
- “Thank you”
- “I believe handouts on some of the processes parents go through in the hearing loss diagnosis process would be helpful.”

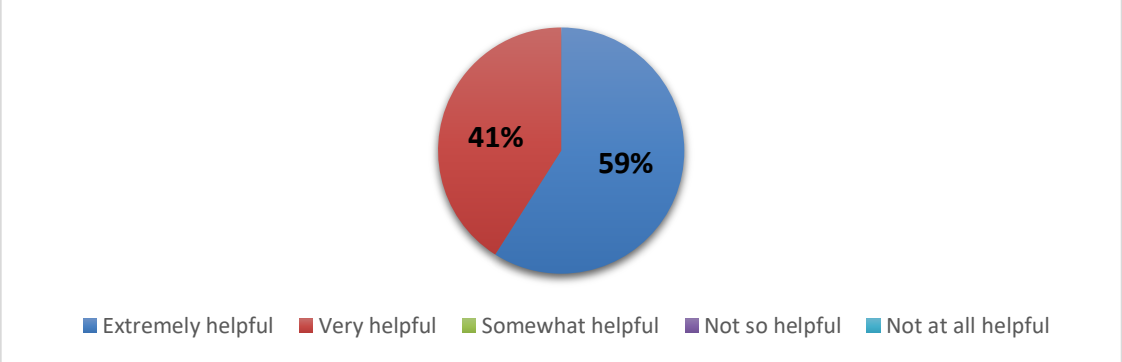
- “No,” “N/A,” “Not at this time,” etc (15 responses)

Appendix K. Post-ASTra Training Survey Summary

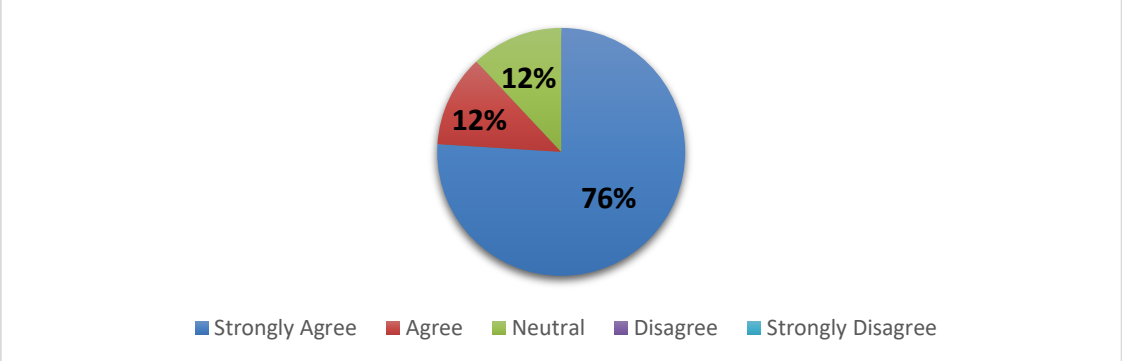
The ASTra parent training was held in Casper, WY on June 25th and 26th 2020. The following survey summary reflects highlights from the post-training feelings of 17 participants.

Was this training worth your time?

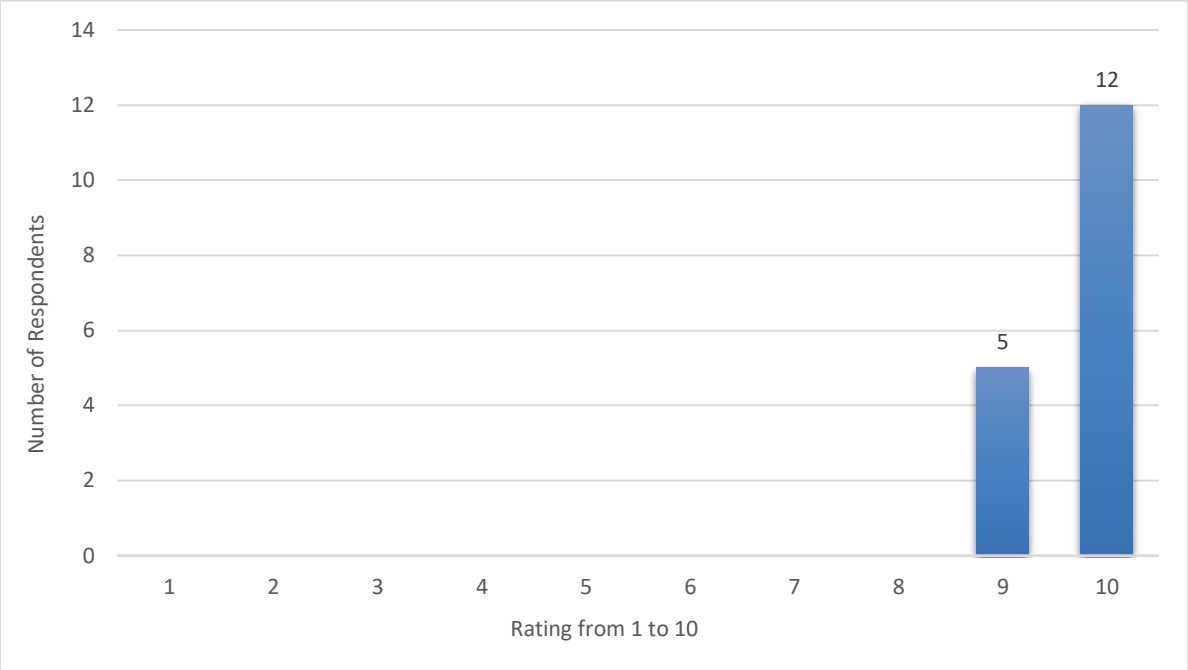
How helpful was the information presented at this training?



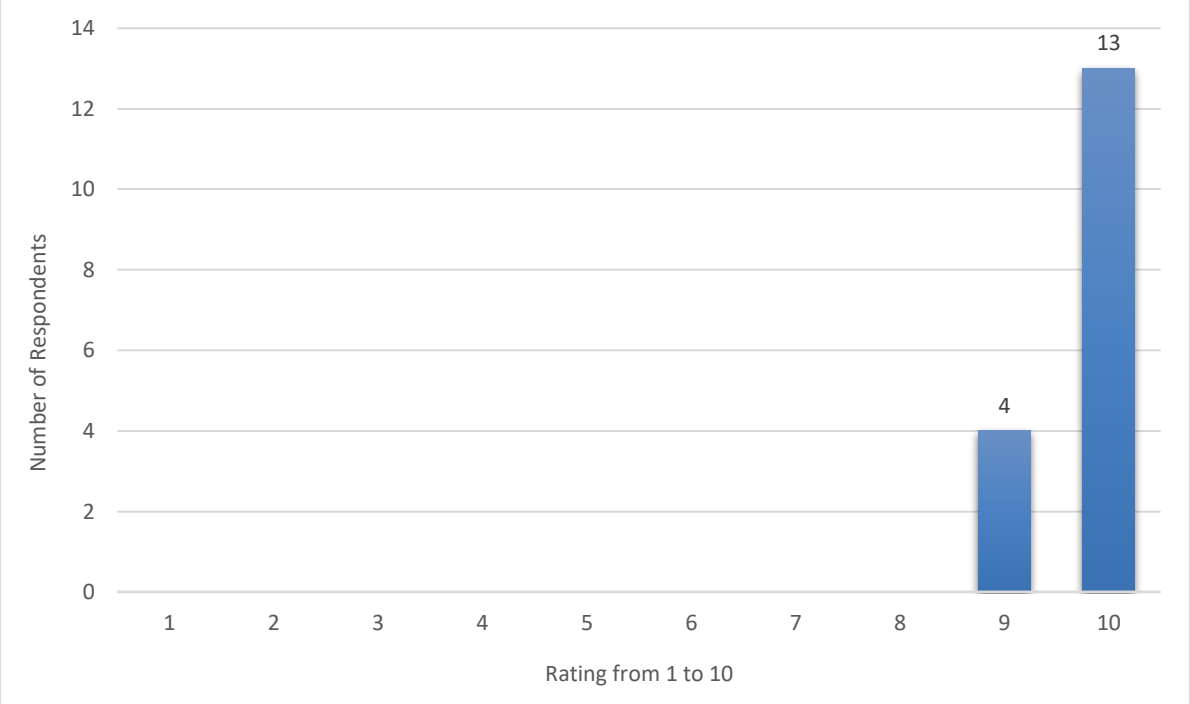
Do you feel the presented information will help you better advocate for your child in the educational setting?



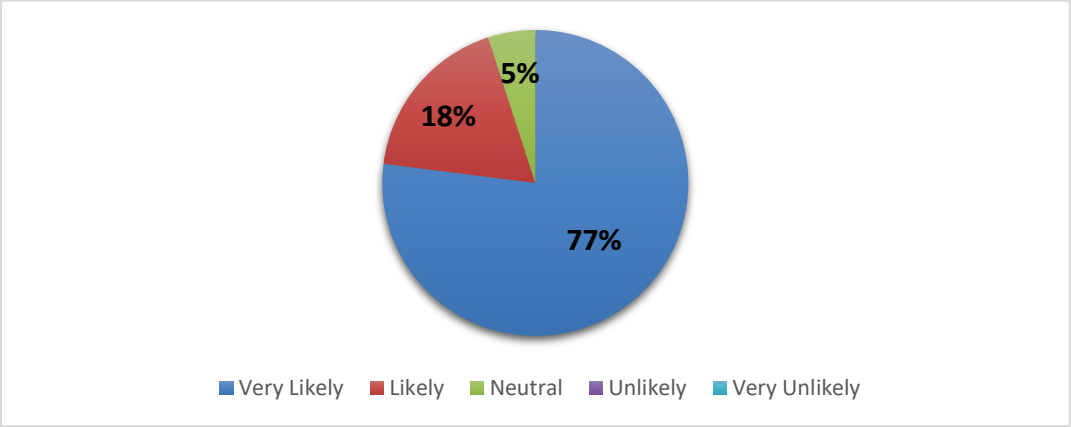
How well did this training meet your expectations?



How likely are you to recommend this training to others?



Would you attend another ASTra training in the future?



What are your thoughts (good or bad) about this training?

- "It was awesome. The presenters were able to make it interesting and it was packed full of information."
- "Everything was great! I feel like I need to do it again to gain new pieces of information they stick out to me each time."
- "It was wonderful and taught me a lot ☺"
- "Thorough information for parents"
- "It was great!"
- "Amazing!!!!"
- "This was great. I wish I would have had this when my daughter started school."
- "It was awesome!"
- "It was a good refresher for me, but I was especially pleased that it was very useful for the families."
- "I learned a lot and loved the power points to follow. It was great"
- "I love how this training gives parents both the tools and confidence to advocate for their kids. It's effective for professionals who work with families as well. I can't say enough things about it. Virtual is kind of rough, but we all get that. Thank you for bringing this to Wyoming!"
- "This training was very useful!"
- "informative!"
- "Good thoughts!!!! ☺"
- "Seemed to cover a lot of good information for parents. Nice book included!"
- "great training"
- "I felt like there was a lot of useful information that helped me to understand what is available in public schools to help kids with hearing disabilities have a great chance of success."

Appendix L. Quick Start Guide – *Practical Strategies for Preschool Classroom Teachers and Early Intervention Providers of Children who are Deaf/Hard of Hearing*

A QUICK START GUIDE - PRACTICAL STRATEGIES FOR PRESCHOOL CLASSROOM TEACHERS AND EARLY INTERVENTION PROVIDERS OF CHILDREN WHO ARE DEAF/HARD OF HEARING

CREATED BY THE WYOMING EARLY INTERVENTION INITIATIVE (WEII)
FOR FAMILIES AND THEIR CHILDREN WHO ARE DEAF OR HARD OF HEARING (D/HH)*

Understand and Support the Critical Impact of Full-time Use of Hearing Devices

- Full time use of hearing devices gives the child critical access to spoken language and learning.
- Collaborate with the child's family to ensure that the child arrives to school with hearing devices on and functioning appropriately.

Ensure Amplification Devices are Working Properly

- Complete a daily check of hearing devices (Hearing Aid, Cochlear Implant [CI], BAHA).
- Complete a daily check of Remote Mic (RM), Personal Frequency Modulation (FM) System, and Classroom Soundfield System.
- Position the microphone (use a clip/lanyard) no more than 8 inches below the mouth of the person speaking.

Make Transitions Overt

- Provide a visual cue with each transition, such as flicking the overhead light on/off.
- The use of a visual classroom schedule is beneficial. Consistently engage children with the visual schedule at each transition throughout each day.

Restate and Rephrase Adult and Peer Comments/Questions

- It is difficult for children who are D/HH to hear peer or adult voices in group settings, large rooms, gyms, outside, and in all noisy environments.
- Children who are D/HH don't have access to incidental learning at the same rate as their hearing peers.
- Restating adult and peer comments/questions gives the child who is D/HH critical access to language that is beyond their listening bubble.
- Start with the name of the person who spoke, ex: "Jenny said....." (This strategy also helps the child who is D/HH learn peer names).

Make/Gain Eye Contact with the Child Who is D/HH

- Prior to speaking/signing to the child
- Prior to giving group directions
- Prior to initiating transitions
- Avoid turning away from child who is D/HH during group activities (i.e. circle time). This provides the child with consistent visual information.

Provide Visual Access to the Face of the Person Speaking

- Avoid covering or putting things in front of the mouth.
- If masks are used for any reason, they should be transparent if possible.
- Avoid turning your back when speaking to the child.
- Make sure your face is well lit, not in front of windows with backlighting.

Check with the Child to Ensure Understanding

- Ask the child who is D/HH open ended questions - avoid yes/no questions.
- Instead of "Do you understand?" ask, "Tell me what will happen next."
- Beware that it may 'appear' the child understands' when he/she may not.

Use Horseshoe Arrangement for Large Group Seating

- Place the child who is D/HH at the top of the curve.
  - -This allows visual access to peers and the teacher.
- When appropriate, allow peers to use the Remote Mic (RM), Personal Frequency Modulation (FM) System mic, and/or Classroom Soundfield System mic when speaking (ex: during sharing time).

Support the Use of Sign Language

- When family is using sign language as a communication approach:
  - -seek training for staff sign language development
  - -incorporate sign language in your classroom

Be Aware of the Negative Impact of Distance on the Child's Access to Sound/Speech

- 3 feet of distance or less between the person speaking and the child who is D/HH optimal for access to sound, speech and learning.
- For every 3 feet the person speaking is away from the child, the volume of the person's voice decreases by 6 decibels of loudness. This means, the further away you are from the child, the more your voice is heard as a whisper.
- The adult is responsible for closing the distance gap in preschool.

Be Aware of and Reduce Background Noise

- For example noise generated by electronics, heating and cooling systems, fans, classroom chatter, hallway traffic, open windows
- When not in use turn off electronics, close doors/windows if possible etc.
- Use carpet and other sound absorbing items in the classroom to absorb excess sound.
- Noise generated by multiple small groups can negatively impact the child's auditory comprehension.
  - Idea: move the group to a quieter location, distance groups/tables further from each other.
- Listening with hearing devices is hard work – hearing fatigue is real. Background noise compounds listening fatigue. A child who is D/HH might exhibit different behaviors due listening fatigue (off task behaviors, temper tantrums, headaches, irritability, sleepiness, moodiness, zoning out, unable to communicate their needs, decreased/increased sensitivity etc.).

Use Strategic Seating

- Point to and say the name of the peer or adult speaking, ex: "Mr. Jones, our custodian, said the toilet is broken."
- Give the child who is D/HH time to locate the person speaking to gain visual cues.
- Children who are D/HH often require extra support to learn people's names and their roles.

Utilize Pre-teaching/Post-teaching

- Pre-teaching of vocabulary and concepts helps children who are D/HH gain prior knowledge for increased success in the preschool classroom.
  - Examples: explicit previewing of books, songs, concepts, vocabulary, games, etc.
- Post-teaching helps children who are D/HH gain extra practice and fill in missed information.
  - Examples: explicit reviewing of books, songs, concepts, vocabulary, games, etc.
- The family and educational team can make decisions as to how and when the pre/post teaching will occur.
  - Families can be involved in pre and post teaching.

Support Theory of Mind Development

- Children who are D/HH often need extra input to understand the thoughts and feelings of others.
- Use language like, "He's thinking that..." and "She feels _____ because...." to help children who are D/HH understand inferential thinking and point of view.

Support the Use of Sign Language When the Family Has Chosen This Communication Mode

- Seek training for staff and family sign language development.
- Encourage all staff members to learn sign language.
- Consistently incorporate sign language in your classroom.
- Encourage peers to learn and use sign language.

Use Verbal Strategies to Support the Child's Understanding

- Develop the habit of rephrasing and repeating spoken information from both peers and adults.
- Use a variety of intonation and pitch patterns to acoustically highlight target vocabulary
  - -Purposeful pausing
  - -Increased repetition
- Provide increased wait time for responses from the child who is D/HH.
- Using a slower rate of speech provides the child who is D/HH easier access to speech and language.
- Note: avoid slowing down so much that it distorts speech.

Point to and Name the Person Speaking

- Point to and say the name of the peer or adult speaking, ex: "Mr. Jones, our custodian, said the toilet is broken."
- Give the child who is D/HH time to locate the person speaking to gain visual cues.
- Children who are D/HH often require extra support to learn people's names and their roles.

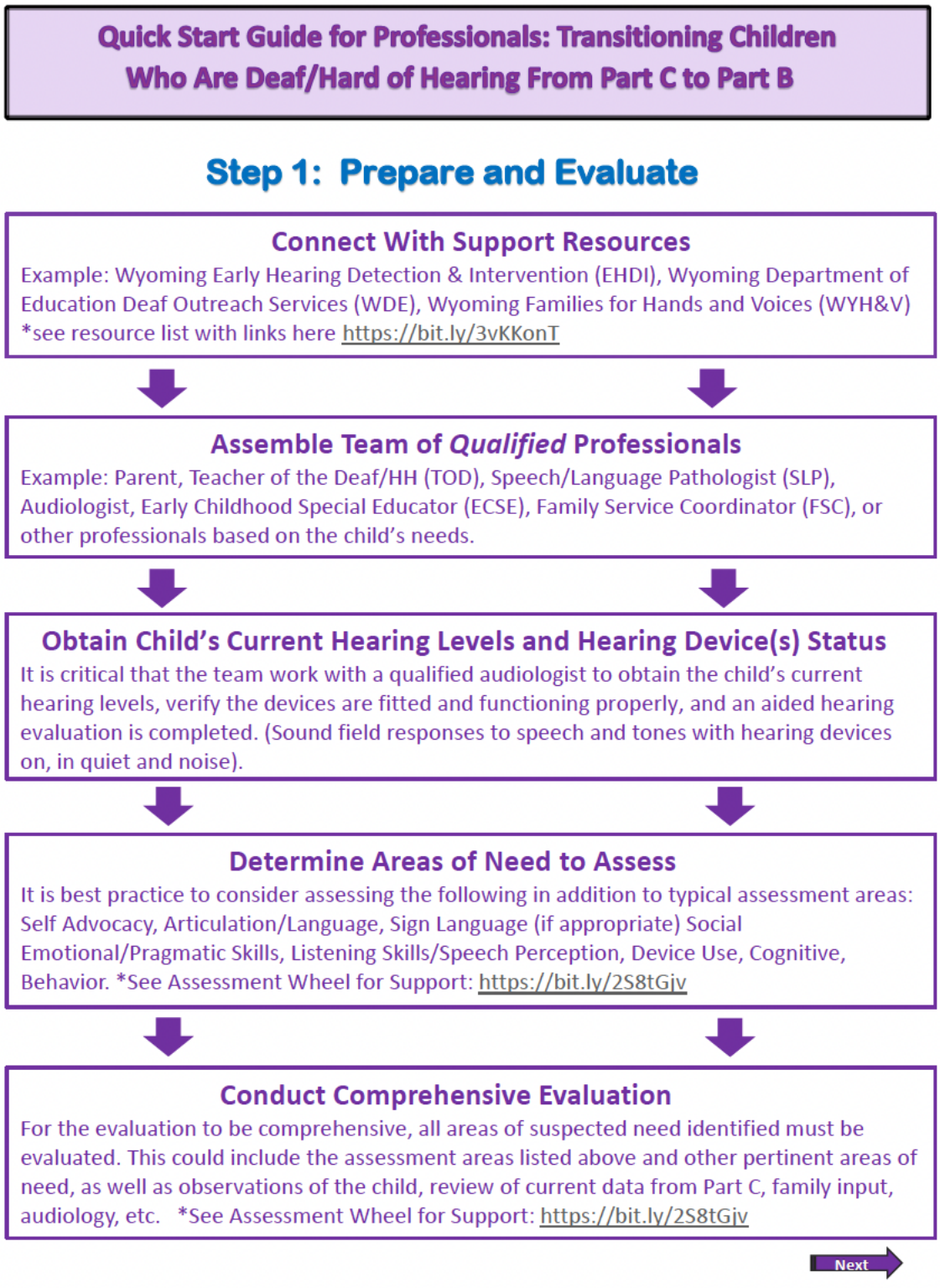
Support the Development of Self-Advocacy Skills

- Foster the child's independence with the use of hearing devices.
- Support the child to alert adults when the batteries are dead or the device is not functioning.
- Support the child to independently put on hearing devices.
- Encourage the child to use the correct term for the hearing device such as hearing aid, cochlear implant, etc.
- Foster the child's independence when there is a communication breakdown (i.e. child uses repair strategies or independently requests clarification of information when needed).

TOGETHER WE'll CAN DO IT
WYOMING EARLY INTERVENTION INITIATIVE
FOR FAMILIES WITH CHILDREN WHO ARE DEAF OR HARD OF HEARING (D/HH)

*Members of the WEII include representatives from the following: Wyoming Early Hearing Detection and Intervention (EHDI) Program; Wyoming Families for Hands & Voices, Guide By Your Side (GBYS); Wyoming Department of Education, Outreach Services for the Deaf/Hard of Hearing (D/HH); Wyoming Department of Health, Early Intervention and Education Program (EIEP); University of Wyoming, Communication Disorders Division; Child Development Services of Wyoming; and The Marion Downs Center. If you are interested in additional information, support, or training provided at no cost regarding this quick start guide, please contact the Wyoming EHDI Program at (307) 721-6212, info@wyomingehdi.org for an appropriate referral.

Appendix M. Quick Start Guide for Professionals – *Transition from Part C to Part B for Children who are Deaf/Hard of Hearing*



Step 2: Determine Eligibility

Were Deficit Areas Identified Through the Comprehensive Evaluation?

YES

Is Specially Designed Instruction Required to Address These Areas of Need?

*Example areas: Cognition, Self- Advocacy, Sign Language, Social Emotional/Pragmatic Skills, Behavior, Listening Skills/Speech Perception or Hearing Device Use, etc.

*A child could qualify in any one of these areas singularly.

Note: Specially designed instruction means, "adapting, as appropriate, to the needs of an eligible child, the content, methodology, or delivery of INSTRUCTION to address the unique needs of the child that result from the child's disability and ensure access to the general curriculum".

Remember a child does not require a delay in typical assessment areas (ex: cognitive or speech-language) to qualify for Part B services! Consider all deficit areas identified through the comprehensive evaluation.

NO

Consider a 504 Plan

Include accommodations specific to children who are D/HH (ex: strategic seating, hearing device checks, repeat peer answers, visual access, etc.). Resource for accommodations: https://www.handsandvoices.org/pdf/IEP_Checklist.pdf

Monitor Student

Consider an evaluation in one year, or sooner if concerns arise regarding the child's development in any area.

YES

Step 3: Develop the IEP

Considerations When Creating IEPs For Children Who Are Deaf/HH (not all apply to every child)

PLAAFP

Include hearing loss & technology information. Explain impacts of the hearing loss.

IEP Goals

Goals address deficit areas identified in the assessment. (ex: Self-Advocacy, Language, Listening, etc.)

Special Education Services

These are based on a child's needs as identified in the comprehensive evaluation. May include: Self- Advocacy, Language, Communication (sign language), Articulation, Social Emotional, Pragmatic Skills, Behavior, Listening Skills/Speech Perception, Device Use, etc.

Related Services

Might include Speech, Audiology, Counseling, Sign Lang. Interpreter, Transportation, PT/OT, etc. (based on data in the comprehensive evaluation)

Note: Progress Monitoring is Critical!

Supplementary Aids & Services: Might include: Hearing Device Checks, AT (Remote Mics, Personal FM, Classroom FM), Sign Support, Visual Aids, Parent Training

Least Restrictive Environment

Consider all placements on the continuum of services based on child's communication, educational, and functional needs.

Special Factors

Ex: AT, Communication, Behavior etc. NOTE: if a box is checked in special factors it must be addressed in the IEP.

Personnel Supports/ Program Modifications

May include: Staff Training, Modified Materials or Language, etc.

Appendix N. Quick Start Guide – *Assistive Listening Devices*

A QUICK START GUIDE - ASSISTIVE LISTENING DEVICES CREATED BY THE WYOMING EARLY INTERVENTION INITIATIVE (WEII) FOR FAMILIES AND THEIR CHILDREN WHO ARE DEAF OR HARD OF HEARING (D/HH)*

What Are Assistive Listening Devices (ALD)

- Remote Microphones (RM) and personal Frequency Modulation (FM) systems are examples of assistive listening devices. They are small devices available to help children who are D/HH.
- These devices allow the voice of the person wearing the microphone to be sent directly to a child's hearing device(s) via Bluetooth.
- These devices help overcome the problem of distance between the person speaking (teacher/parent/day care provider/family members) and the child.

Why Use an ALD

- For every 3 feet away you are from your child, the volume of your voice decreases by 6 decibels. This means, the further away you are from your child, the more your voice becomes a whisper.
- Improved speech clarity.
- Improved quantity and quality of communication.
- RMs help diminish the effect of noise, distance, and reverberation (i.e. room echo) on a child's ability to hear and understand speech.

How to Use ALD

- Daycare Providers/Teachers etc. please note that the parent has been trained, by the audiologist, on how to use and maintain the ALD. Ask the parent to teach you how to use the ALD following the steps below.
  - -Turn on the ALD.
  - -Ensure the ALD is paired to the child's hearing device(s).
  - -Perform a listening check BEFORE and AFTER the ALD is activated.
  - -Position the microphone (use a clip/lanyard) no more than 8 inches below the mouth of the person speaking.
  - -Talk away! Be sure to MUTE the ALD when you don't want the child to hear what is going on (i.e. you going to the bathroom).
  - -At the end of the day, turn off the ALD and plug it in to the charger for a minimum 2-3 hours.
  - -Make sure clothing, jewelry etc. does not cover or touch the microphone while you are speaking. It will cause scraping or muffled sounds.
  - -As you are speaking, when you turn your head also turn your upper body. This supports a consistent mouth to mic distance and ensures the child has consistent access to the voice of the person speaking.

Where to Use ALD

- Noisy, reverberating environments, such as classrooms, restaurants, the car etc.
- Whenever the person (teacher/parent/day care provider/family members) wearing the microphone will be more than 3 feet away from the child (i.e. in another room, outside).
- Anywhere and everywhere there are problems with noise and distance (day care, outside, restaurants, grocery store, stroller rides etc.).

*Members of the WEII include representatives from the following: Wyoming Early Hearing Detection and Intervention (EHDI) Program; Wyoming Families for Hands & Voices, Guide By Your Side (GBYS); Wyoming Department of Education, Outreach Services for the Deaf/Hard of Hearing (D/HH); Wyoming Department of Health, Early Intervention and Education Program (EIEP); University of Wyoming, Communication Disorders Division; Child Development Services of Wyoming; and The Marion Downs Center.

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TOGETHER WEII CAN DO IT

WYOMING EARLY INTERVENTION INTIATIVE

FOR FAMILIES WITH CHILDREN WHO ARE DEAF OR HARD OF HEARING (D/HH)

Appendix O. ODDACE – Explanation of Benefits

ODDACE: Outcomes & Developmental Data Assistance Center for EHDI Programs

Benefits for the Child and Family

- Includes parent input in the assessment process.
- Measures children's skills and abilities across a variety of developmental areas.
- Allows parents and interventionists to monitor a child's progress over time and identify potential delays at their onset. Reports of each child's individual results are sent to the interventionist and family for this purpose.
- Compares language abilities of individual children to hearing peers since assessments are standardized and norm-referenced.
- Provides a data-driven approach to making educational programming decisions.
- Assists in the generation of IFSP/IEP goals.

Benefits for Intervention Programs

- Provides statewide and program-specific accountability data on an annual basis.
- Allows programs to compare the results of their children to national averages.
- Allows programs to examine outcomes across different subgroups of children.
- Informs professional personnel preparation needs.
- Provides opportunities for networking with program directors and EHDI personnel in other states.
- Gives states an opportunity to contribute to a national database which will allow us to characterize the language strengths and challenges of children with hearing loss and identify factors that are predictive of more successful language outcomes.

Benefits for Interventionists

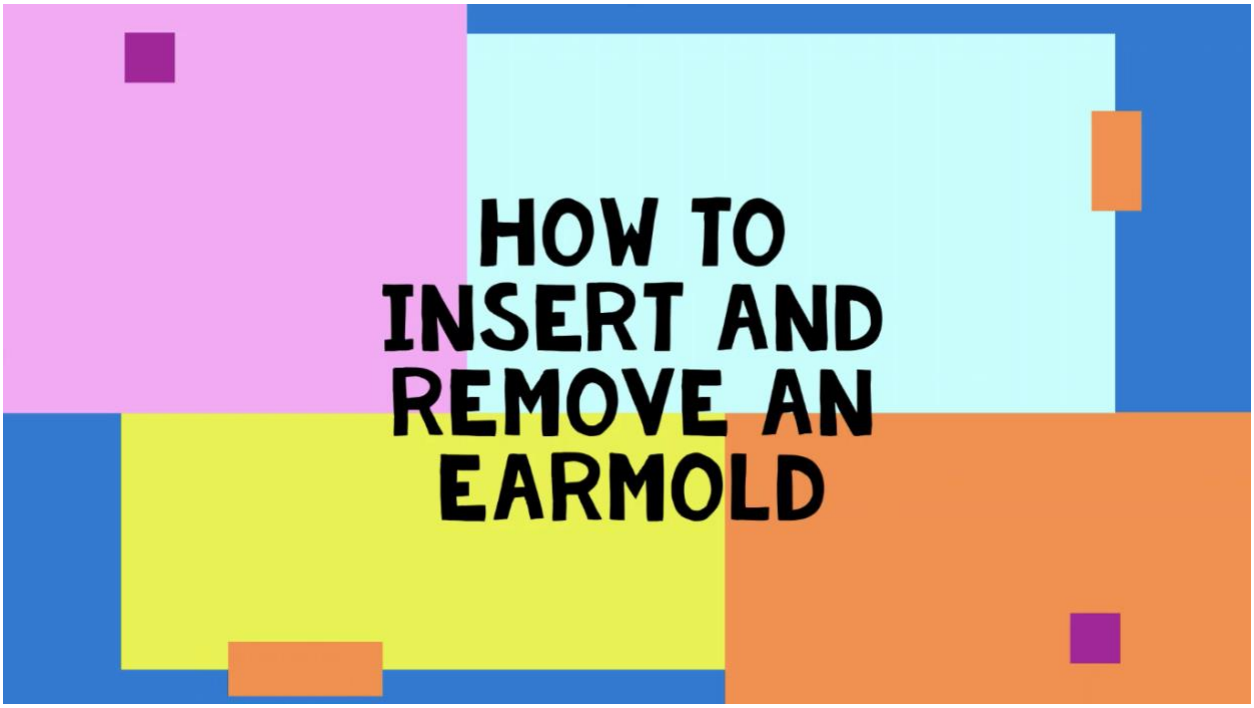
The results for individual children allow parents and interventionists to monitor a child's progress over time and identify potential delays at their onset. Additionally, results from the assessment data can be used to generate IFSP/IEP goals and to provide a data-driven approach to educational programming decisions.

Benefits for the Field of Deafness

The use of a standard, nationwide assessment battery provides significant benefits to the field of deafness in addition to the general benefits of regular assessment described above. By using a common set of assessment tools and joining the CDC-sponsored and endorsed ODDACE project, states can contribute to a national outcomes database that will provide much-needed data on the progress of a large group of young children who are deaf or hard of hearing with varying characteristics. This database will allow us to characterize the language strengths and challenges of children with hearing loss and identify factors that are predictive of more successful language outcomes. The identification of key variables that lead to better (or poorer) outcomes for young deaf and hard-of-hearing children will allow early intervention and preschool programs to identify children that may be at higher risk for significant language delays. In addition, it will assist intervention and educational programs in designing curriculums that will maximize the success of all deaf and hard-of-hearing children.

Source: https://www.colorado.edu/center/oddace/about-oddace

Appendix P. *How to Insert and Remove an Earmold* – Video Stills

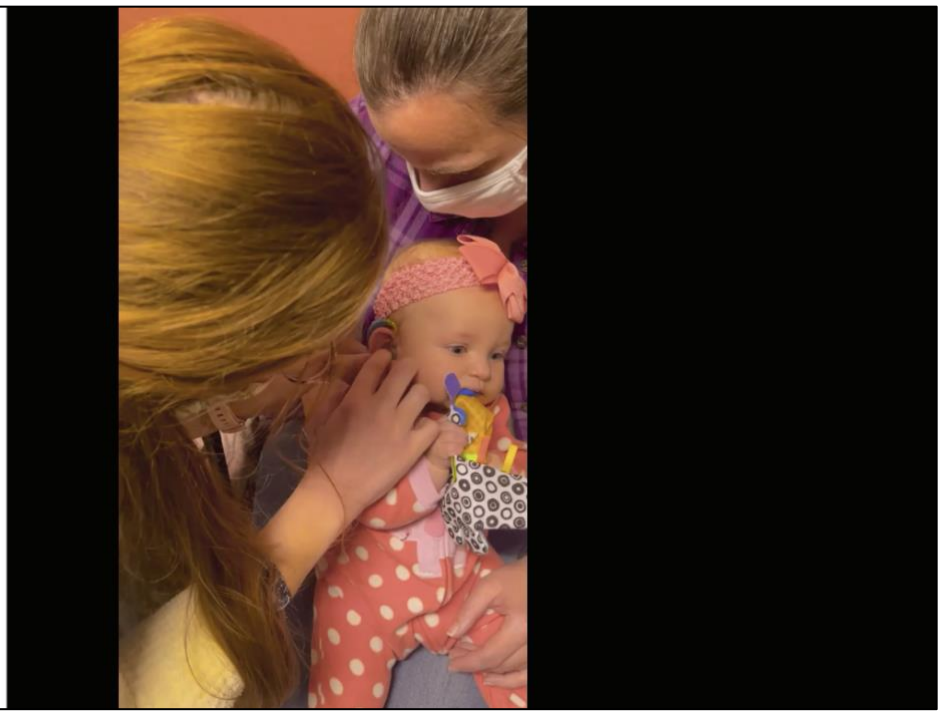


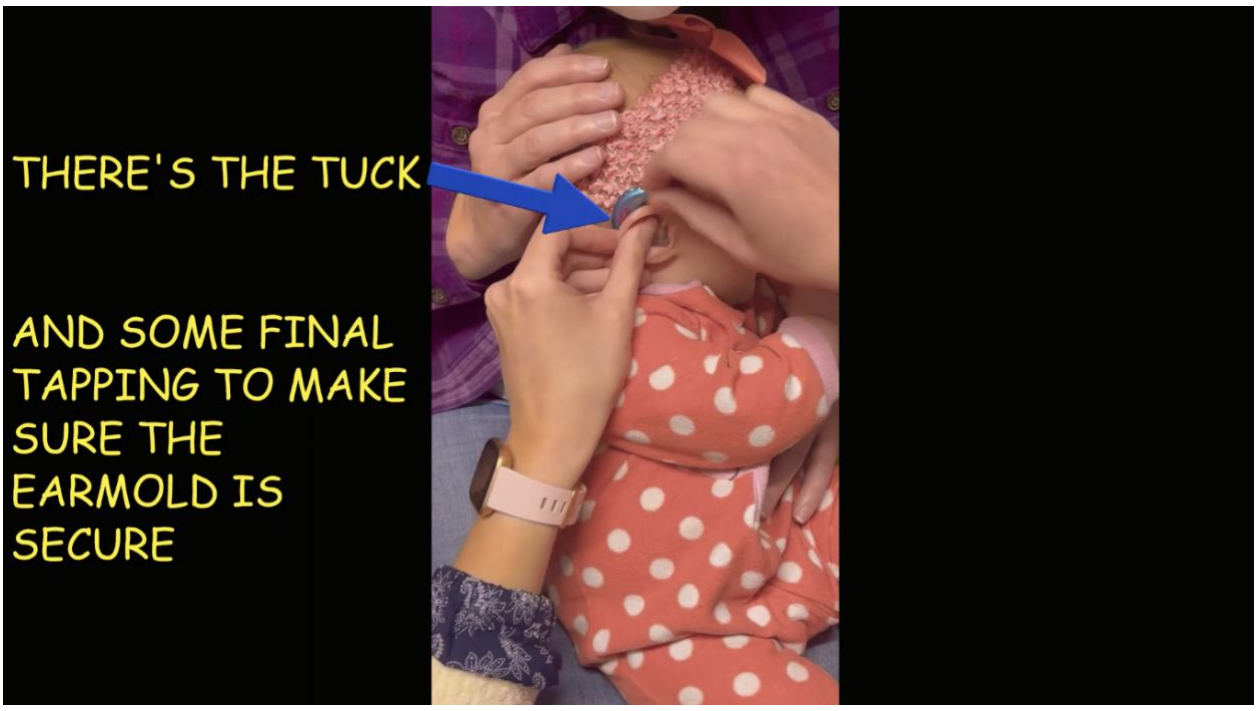
1. PULL UP AND BACK ON THE EAR

2. IN A COUNTER-CLOCKWISE MOTION, PUSH THE EARMOLD INTO THE EAR

3. PUSH IN THE TOP OF THE EARMOLD SO IT IS LOCKED IN PLACE

4. PLACE THE HEARING AID BEHIND THE EAR





NOW...REMOVING THE EARMOLD!

1. BRING THE HEARING AID TO THE FRONT OF THE EAR

2. PULL UP AND BACK ON THE EAR

3. GRAB THE EARMOLD - NOT THE TUBING- AND GENTLY TWIST AND PULL THE EARMOLD OUT


PRACTICE
MAKES PERFECT
YOU'VE GOT
THIS!


REMEMBER:
HEARING PLAYS A VITAL
ROLE IN SPEECH AND
LANGUAGE DEVELOPMENT
IT IS IMPORTANT YOUR
CHILD WEAR THEIR HEARING
TECHNOLOGY CONSISTENTLY
THROUGHOUT THE DAY