>> Let me make sure everything's working. All right, I want to make sure our captions are working. Yes. Hi, everyone, I'm Sarah, I'm the room moderator. If you need anything, I'm in the back. You're here for the Colorado EHDI Ascent Program. I'll give it over to our presenters.

 >> Heather: I'm Heather Abraham and work with Colorado EHDI as family support and engagement manager.

 >> Ashley: I'm early education educator for the School for the Deaf and Blind.

 >> Heather: The purpose of our presentation is to talk to you -- we'll share about how our program works. The majority of our presentation is about the way we created the program. With our stakeholder and collaboration and some feedback from our people around our state. We'll just pause and let you read these outcomes yourself and decide, maybe, which one is the most-relevant to you. But we won't read those to you, we'll let you read them yourselves.

 In developing the Ascent Program, the name of our deaf and hard of hearing and dead blind adult family support, you'll see us use the term DHHDB. Although the federal mandate is only that you have deaf and hard of hearing adults, we also include deaf-blind adults in our program.

 You'll see us reference that throughout our materials. So, in creating our program, we decided to really step back and think about what we needed in the state of Colorado.

 So, what we knew we had is through the School for the Deaf and Blind. We had the shared reading project in place and up and running, so, we knew that provided an opportunity for our families who wanted to learn ASL and have a literacy focus to have a deaf adult in their home focusing on literacy and ASL development.

 We knew we had that resource for families, so, we decided to really take a look at what else we needed in our state. We started with a literature review, we went through every little piece of literature we could find around deaf, hard of hearing, deaf-blind adult to parent involvement.

 And what benefits the literature showed from programs, what components were found to be effective from the family perspective. And so, we did an entire literature review and then we pulled themes from that. We looked at programs around the country, what other states were doing, what's available, what curricula were available. We reviewed that and we'll talk in a little about our structure in the state for our EHDI involvement.

 We brought all of that information to our stakeholders.

 >> Ashley: In thinking about creating Ascent, wanted to make sure we were able to create something that would be sustainable. Getting stakeholder feedback was important and so, we encourage community and professional participation, via task forces, which is part of our EHDI structure.

 They had input on policies and legislation. We had families represented. And then, other stakeholders that are professionals in the community or in other capacities also had opportunity to provide insight.

 We wanted to build upon supports and resources, build upon what was there and provide additional supports and resources and really wanting to support family members and caregivers to, what they were going to do, give them learning opportunities and help them move forward with what they're doing for their child.

 >> Heather: So, in Colorado, our EHDI structure is that we have created five task forces that are really come one come all. Anybody who is interested in being involved in EHDI in the state of Colorado can join one of our, one or more of our task forces.

 We have five task forces, one focuses on screening. One focuses on identification. One focuses on early intervention. What focuses on family support. And one focuses on deaf and hard of hearing and deaf-blind adults involvement.

 As we did this literature review and program review and started thinking about what we wanted to do. We did a survey of families in our state. We brought that information back to our task forces and so, we had that boots on the ground involvement from professionals and families and people in our community that could give us that input and say, "okay, here's what we see as a need in this state."

 These are areas represented between our task forces and alliance, which is sort of an Advisory Board that we have of people representing different organizations throughout the state. The deaf and hard of hearing and deaf-blind adult family communities. We regularly pull this group together. That just shows you the involvement we have of our community members around the state. They helped us look at themes we pulled from the literature and helped us look at programs that were available around the country and what we realized was we didn't want to use something that was already developed.

 We felt like we had a need in our state that was unique. And so, we created our own program. And we call it the Ascent Program.

 >> Ashley: Ascent doesn't stand for anything. We live in Colorado and we ascend up the mountains and it's often a journey with people guiding. I throw that out, because I was asked that.

 >> Heather: It was Ashley's idea to name it that. You get full credit for how that came about. It's an opportunity for families to meet one Deaf/Hard of Hearing or deaf-blind adult. Maybe they want to meet two, three, five different adults as they're making decisions and raising their child, that they might want to say, "okay, now I'd like to meet an adult who has hearing aids" or, "maybe I want to meet an adult that has an implant." I want to talk and get their perspectives.

 The focus of our program became how do we help our families access a variety of adults. This isn't about learning ASL. This is really about benefiting and learning from the lived experiences of adults in our state.

 >> Ashley: So, funding came through the HRSA grant. We run it through the School for the Deaf and Blind. There's an interstate agreement between the two. CSDD gets funding for the program and then, any of the contractors that work with the program are contractors with CSDD and follow Policies and Procedures as well as additional procedures and policies paperwork we put in place for the ascent program.

 Oversight is from Heather, as well as EHDI as well as a deaf adult from CSDD that couldn't be here today and myself as an admin person.

 Our deaf adult with CSDB is the contact person. She runs the program, she connects with the deaf adults. She connects them with families, requested interpreters. There's three of us running the program. I run it from behind the scenes more so.

 >> Heather: We have a flow-through. We work collaboratively and it's been really beneficial that CSDB had some manpower to coordinate the program.

 We had a similar program available through the School for the Deaf and Blind about 20 years ago and that program got disbanded, so, in a way, this has similarities, but ours is really an EHDI program, it's only birth through 3 at this time.

 Our task forces and alliance helped us solidify the values, the philosophy of this program, we're very clear that this program is not about having adults go into the home to convince a family to do something or to really become you know, to make recommendations.

 They're really there to share their lived experiences so families can benefit from learning from other people's experiences so that family can make their own decisions.

 When we train and we'll talk about our training, the three of us, trained together. We really are clear in that philosophy and sometimes we find that adults may decide this program isn't for them.

 They may really just say, "eh, I feel very strongly about my experience and I want to make sure I share that with people." We have a thorough training program that we talk to people about our philosophical beliefs here.

 >> Ashley: The main support is connecting the families and deaf adults share their story. Families would have meaningful interactions, there's opportunities for the deaf adults to serve to share their experiences, to share their lives, to show support to these families, to show success and language experiences they have.

 And then to, for the adults would be able to come alongside that family, if needed, to mentor, help them gain new strength, abilities, confidence in the decisions they're making.

 That's why families decisions change all the time. They may want one adult and a different adult and hope they can foster relationships with those and continue hearing stories.

 >> Heather: The way our program is structured, is that, we don't really put any limits -- we say here, one to three visits per family, if a family said, "I want four, five, six visits," we'd certainly say sure.

 We have adults we've trained with a goal of having a diverse group of adults who work with this program, diverse geographically and live in different parts of the state.

 Diverse from the perspective of experiences growing up, being able to talk about different educational experiences, different work experiences, different home life experiences and also, diversity from gender, from race, from just a whole -- we want a diverse group and also from a background of, we want people who have no amplification, people who wear hearing aids, people who have implants, unilateral hearing difference.

 We want that various and diversity in our adults.

 One of the ways we provide support is through family visits where an adult can go in the home and meet one-on-one with the family.

 We also provide opportunities for adults to participate in group events.

 So, throughout our state, whether Hands & Voices or the School for the Deaf and Blind or, a group we have called the Listen Foundation. All of our different schools and organizations often put on events. And so, we will provide deaf and hard of hearing and deaf-blind adults to those events.

 That's the more popular utilization of this program is through those professionals who will reach out to us and say, "we want three or four adults at this event." So we'll have people join those events.

 You can see, some of the things that parents get asked or that we prepare our adults to talk about, are their own personal experiences. Again, sharing their own personal lived experience. And sharing their, their experiences but also, being trained to share it without feeling the need to impart bias or convince people to do something.

 So, parents often want to know where did you grow up. School questions, work questions, daily living questions.

 So, we try to prepare adults for the ability to answer pretty much any question that is thrown at them. Training -- you want to talk about training? We do training on an as-needed basis, as we grow our bank of adults that live in different areas and what not. We'll convene a training.

 We have an initial training that is about six hours in length that we usually break up into a couple different days of three hours or so.

 That we train people in and then we will bring people back for ongoing training. Not only to refresh the people who are more experienced, but to bring them back so they can share their experiences with our new trainees.

 We'll do a panel or have them share their experiences. That's been really beneficial, too, to have our newer adults working with our more-experienced adults.

 So, we created a video and I think we have time to show that video. We're going quicker than I thought we would and then we'll have some time for questions. Does that sound like a plan? This is a captioned video. I want to show the long version.

 [Captions on video].

 >> Is that okay with everyone, if it's there? Is that big enough? Okay, then we can still see the captions.

 >> Ashley: Newly released Ascent video. We have it open for questions and comments. Questions about how we built the program, how we're running it, whatever you guys have. I have a microphone, I'll give it to the first hand I see.

 >> Elaine: We have another program in Georgia. I noticed differences with your program and this program. It's open to people who don't use sign language because we're following that sky high curriculum and we don't have that particular mentoring program. Colorado doesn't have that particular mentoring program we have in Georgia.

 I wanted to ask a question of you. If the mentor goes into the home, is this something that's paid and is there a particular plan that's set that they follow? Are there specific paths they need to follow during this time? When they have this one to three visits? Is it prescribed? If the three visits are completed, what happens? I'm trying to understand what happens. Thinking about this as a possible part-time job option. Just tell me about how things work.

 >> Ashley: We pay our adults that go in. Contractors on a per-session rate. Depending however they're traveling, we have a case-by-case travel stipend we can give. Yes, one to three visits is ideal. Could there be more potentially, with that family? We always tell our contractors up front, right now is not a full-time job. It's just as needed and it's just going to be dependent.

 Some of our adults do work with other programs, so, a few of them work with our shared reading project. And they have families they see with shared reading projects. They're going in doing ASL, some of them work at the School for the Deaf and Blind. Would we like to see this expand? Definitely. It's a process to continue to build and see what that looks like.

 >> Elaine: When we think about the family and the family has an opportunity to work with a deaf mentor and once those visits are complete, then that's it? And the family doesn't have any additional contact with those deaf adults? Outside of the three visits? That's it?

 >> Ashley: Families can meet more times, if they want. If they want to meet four or five or six times. We're not yet at a place and we haven't had the request for weekly ongoing visits. Should that come up, we'll see what that looks like. If it's ongoing visits for sign language, there might be a better program for CSRP for sign language. If it's ongoing visits because they have a lot of questions, we'll support. We say one to three because we had to start with a limit.

 We haven't had anyone that wants a weekly visit with a mentor all three years. We haven't had that. We don't know what that'd look like. We'd be open to it if that's what a family wanted, for sure.

 >> Where you talked about the program, there were two groups you work with. Deaf mentors. And then you also have a deaf role model, so, do they have different responsibilities? Like, what does a role model do? Is that more of a flexible role but the mentor is focused on specific training aspects of things?

 Again, when you're saying this particular model, what's the difference between the two. In terms of the training, the training that's provided, what does that look like exactly?

 >> Ashley: I'll take the first question and have Heather talk more specifically about the training. I'll say, in talking about what we call our deaf adults, that was a big discussion. They're more than role models, but the term mentor is associated to sky high, really and is designated to that. We tend to float back and forth, but the adults in our Ascent program are really role models. They're definitely adult role models, but they do more than just model. There's conversation and engagement that happens. You might have seen us use that term synonymously today for the adults in our deaf adult Ascent Program.

 The shared reading project are instructors and we refer to them as instructors, but they also are role models and mentors to the family. We end up using those terms simultaneously. To clarify for purposes of this, Ascent Program, they're role models and our shared reading project are instructors. We don't have a mentor program based on the use of the word mentor, as we know it in the Deaf Community.

 >> Heather: We had a conversation about what to call these guys. We decided adults. We're not using the sky high program, so they're not mentors. We had pretty strong feedback from our deaf hard of hearing and deaf-blind adults. They didn't like that term role model either.

 Around training, CSRP, the Colorado Shared Reading Project, those instructors are trained in accordance with the SRP program. We've created our own training program for adults that is specific to our program needs. We have supplemental materials we share, we prepare them for how to answer questions, we provide opportunities to practice, we give them expected and unexpected situations with families.

 So, that's what we spend our time training our adults on. That's something we created in Colorado.

 >> Ashley: We have deaf guides and shared experiences. The thing I find most-powerful. It's encouraging families to come to events, they know some of the deaf guides that they have met in the past might be there and they might be able to reconnect. Making that unknown thing, the ascent adults will be at this event, I feel like could be a helpful way to get more parents to participate in those events.

 >> Heather: That is the first year and a half to two years of our program. I think partially, for the reasons you mentioned, also, it's less-intimidating than inviting somebody into your home and feeling like you have to maintain a conversation for an hour. So, we've given them very bright blue T-shirts that say Ascent Program with our logo on them so people can find them at events.

 That's a really good point, thank you.

 >> ASL language associates go into daycares and provide acquisition for babies using ASL. Do you see a need for that in your state? If you did, is that something you'd create?

 >> Ashley: Huge need for that in Colorado. To go into daycares. We're trying to tackle that on our side, more so than the ascent side. We have one minute, we got it.

 >> Lisa Covax from FL3 center. Exciting to see you have a program at this point. You mentioned that you're seeing great success of deaf and hard of hearing adults at events. What have one-on-one visits shown? Is there a particular age in the family's journey that you're seeing families ready for this service?

 >> Slower to goes. In the last few months, we had a bump. This video helped parents see what we're talking about. Primarily the data is two years old. The majority of our families of 2-year-olds are requesting it. We've had a few families of 1-year-olds. No one younger than that. We know about the 9-month role and goal for HRSA. It's a bit of a hard sell. We attribute that to families when they first find out their child is deaf or hard of hearing or deaf-blind. We're going to continue to try to crack that nut and that's our time. There's people lining up, thank you.