>> We are going to go ahead and get started so thanks for coming today. It's hard to believe it's already 11:00 and we're just starting our breakout sessions. I'm Ashley Rens low, early Education Coordinator for the School for the Deaf and the blind. For kids who are d/Deaf/Hard-of-Hearing as well as support in some capacities are kiddos who are blind and low vision.

>> Hi, I'm Robin gift and I'm one of the co here coordinators of the Colorado resource coordinator at the Colorado School for the Deaf and the blind. Padlet we utilize with that for our early intervention providers. We want you to be able to identify potential roadblocks within your state systems that might impact consistent information being shared with families and then be able to consider is this a tool that you could use in uryour state to have documents and scope and sequence or guides or curriculums easily available for your providers.

I'm going to go back before we get going. Just shout out. I'm curious, your role, what roles do we have in the room today?

Good!

Throw 'em out. Program assistant from EHDI. Early intervention coordinator. Family coordinator, EHDI coordinator, oh, great, early intervention program director, cool. Awesome. Well, thanks for coming. I'm excited. I hope you guys get something out. We are going to take our time and really spend a good chunk of our time today showing you the resources we have and guiding you through how we interact and what that looks like. We base this off of really four key goals from The Joint Commission on infant hearing. And one of that is the expertise of the provider that is working with the child that they are skilled, that they are in the backgrounds they come from, that they have what they need to work with the providers.

The approach is always family-centered and that's how we've set this up, so this is not a curriculum, per se, it's a guide so that we want the families to guide how this is used, the topics that come up, but it's just a way to provide, hopefully, some consistency. Informed disadvantage decisionmaking, the scope we put, the resources, everything we have in there is so families could hopefully have more information as they think about decisions for their child. Then we want to ensure fidelity as much as possible, relationship building with the family but also in the consistency of what each family has.

>> Hi, so I'm going to be talking about what the system looks like in Colorado. So the family has a lot of different service providers available to them. So they are referred to a co hear coordinator upon diagnosis. They are connected to several other organizations, like family-to-family support. They may have a Deaf adult to family support provider working with them. They work with their local early intervention program in the region that they live in, so they have a multitude of providers through that organization and through our program, they have an early intervention provider who we call a CHIP facilitator. They may have other providers, like the pediatrician, home health providers through home health agencies for other therapies and so forth.

So a lot of these agencies don't always have the connections with one another. Some of those agencies don't have the access to a statewide database. And so there's not a consistency with collaborating with all of these other agencies.

>> If you don't have your phone out, grab your phone because we are going to do some interaction. If you're not familiar with SLIDO, if you take a picture of that QR code, click on the link, it will pull up. I'm going to transition us into our engagement.

If the QR code is not working you can also go to SLIDO.com and enter a 7 digit number and that will pull you up as well.

I'm going to give a few minutes.

Is it allowing people to join?

Some. You had to go to the website. So it wasn't doing it by the QR code. So you may have to go to SLIDO.com and enter 338-1656.

I'm getting a few head nods, thumbs up. Oh, yeah, it's not reading the QR code. I wonder if it's got to do with the upload into PDF and download into PowerPoint, technology things. Now that you have that code in, do you want me to go back? No problem.

All right. So now you should be able to see the question and type in the question: What challenges does your program face as it relates to families receiving consistent but individualized information?

Yeah, I'm going to mess with stuff here so it pops up. They're probably not going to like that I'm doing this.

Maybe.

Go back and get my code.

Oh, I probably have to log in actually, to see these results.

There's pros and cons to having everything set up for you.

All right.

Let's see.

Yep. Thank you.

You're good.

Okay. Yeah, I see it's typing. This is why we have an hour. Turn over qualified providers, variability in training and knowledge. Not enough trained providers. Yeah, turnover. Intermediate school district wants to reduce services offered to students and families. Lack of timely responses from parents. Regionalized organization versus state coordinated. Variability in staff and resources. Uh-huh.

Not enough qualified providers. Bias, uh-huh. Consistent collaboration, parent engagement, bias, resources, yeah. All of it. We agree. So we in Colorado have some of those same challenges. As Robin mentioned a little bit, in Colorado we have our local early intervention programs, which is where our providers contract with their families, and then we have the COHEAR who works for the School for the Deaf and the Blind. Control for the local early intervention programs is local control. They all do things a little bit different, contracts are different, rates are different. There's one in our state, intervention program that hires staff. The rest of them contract. So turnover's big as well. Providers have biases, they have preferences, they have priorities. Priorities change. Part C in Colorado is going through changes, which also impacts what we're doing and how we're doing it. And providers work from multiple agencies so there's a collaboration piece. At the same time those same providers are working for families and we go back to what are these providers using, their knowledge, their skill, their background and experience, it's all different. These are all of the challenges that led us to go we want something that can be used as a guide for providers to go into the homes of families, have the same information that they're sharing at the family's pace, so that's what we are going to look at today. Anything to add to challenges?

So we have a scope and sequence, which is a clickable PDF document. It aligns with our CHIP parent manual, which I will show you. The we have a Padlet. If you're not familiar with Padlet it's an amazing tool. It's we just uploaded trainings into a section in there as well, so those are for our providers. So this is our parent manual. This is what our scope and sequence follows. This was updated in 2018 and probably needs to be updated again, not gonna lie. Should be reviewing things every year and probably updating every three to five years with all the new information we get. This is a manual that parents get in the first few weeks of meeting a COHEAR, sometimes before the COHEAR goes in. The COHEAR walks them through these first few parts, and then the facilitator, when they come in the home, walks them through this manual.

So it's set up to be the introduction, who are your team members, who's coming in, and what are we even doing here. And then the COHEAR's most likely going to review bits and pieces from those major sections, so they are going to review an audiology report with you, what the audiologist said, where you're at with amplification, what's that looking like. They are going to review child development in general, talk about milestones and norms. We are going to talk about communication and language.

And then they are going to talk about auditory and speech development as well, if you're using spoken language. And then we have references at the end. So the COHEAR is going to touch on each of these, but this manual is going to guide our scope and sequence. It will make sense when you see this scope and sequence document.

>> I just wanted to add that the parent manual is also available for our Spanish speaking families in Spanish as well.

>> And parents get a hard copy, but we have it digitally if they want to use it digitally. We created then the scope and sequence, which is PDF. It has all the topics aligned that are in the manual. So hearing and hearing loss, and these are the different sections within that. I'm going to go back and forth. So then we have -- I'm sorry, if you get sick scrolling, close your eyes. Hearing and hearing loss, and these are your different sections.

So as you scroll through the manual, you're going to see information. You're also going to see resources to go with that information in our scope and sequence as well as in our Padlet. What's nice about this is that if the facilitator knows where they are going to go and what section they want, you can click on it and it's going to take you down to that section.

Each of those sections has links that connect to the Padlet. I'll show you that. With notes for follow-up, when it was initiated and when that was last discussed. Sometimes you initiate a conversation on one date but then you'll have a follow-up conversation or revisit it again. We put dates in there because sometimes families switch facilitators or facilitators don't remember if we talked about it, families don't remember. So we tried to put dates in there. The idea was they could put notes in here, the facilitators, and use that as notes for the early intervention notes they share. We'll talk about some of the challenges with this document as we get going.

I'm going to show you the Padlet.

Did I pull it up? No.

That's okay. I can pull it up with my ... a lot of clicking. This is our Padlet. I'm going to show you how it all integrates and works. An online resource and these general resources are a downloadable scope and sequence, the parent manuals if they wanted to have those pulled up in PDF, rubric for home visit, daily routines. Some of these are resources from other providers and we do have permission to utilize those with our facilitators.

And then the Colorado resource guide which is given to families from Hands & Voices. These are your general resources that we want the providers to have. Each of these sections are going to, again, correlate with the sections in the manual and the sections on the scope and sequence. You'll see the child development section.

I can scroll all the way through and go back to my scope and sequence. We have a child development section. Any of the resources in these sections are clickable PDFs that are either resources or worksheets that the families use. We have sky high information in here for families. We have expectations. We also have activities. These documents can then be downloaded and printed, they can be emailed, they can be texted, you can pull this up on an app. We'll talk about some of the challenges with technology and being tech savvy or not and how that impacts this.

And there's no limit in this one in how many columns we can add for resources. So while our manual doesn't have necessarily a specific listening section or literacy section yet, it will, but these are some literacy supports that our facilitators can pull up when that comes up.

Transition to preschool. Spanish resources. This is ongoing, continuing to develop. And then we have trainings for our facilitators and we've just recently uploaded all of the trainings in here so our facilitators can go back and look at trainings.

So you've seen our manual, you've seen our scope and sequence PDF that's clickable, and our Padlet.

So this is how it's intended to work.

You meet with the family and you're looking at reviewing, listening around the clock and what that looks like. This is not going to work for me. Watch this.

If you click on that document, it's going to take you to the Padlet and pull up your listening around the clock document. This can be shared with the family. You can print out what you want. You can save it, whatever that looks like. But if you don't have the document and you know you want to talk about something in the scope and sequence, you can also pull that up here. I know it's in hearing and hearing loss section, so I want to look for the talking around the clock. It's going to be labeled in here as it's in order on the scope and sequence.

So I'm going to have to go back. So then this side over here, let's go into child development, the second year. You can always pull up the full CHIP manual from any of these. You can pull up the chip manual and go from page 42 to 31 and talk about child development. If you want to look at then the sky high activity sheets, we are going to pull that up. It's been scanned in. Here's the importance of play. Let's talk about the importance of play. Let's explore, let's talk about different kinds of play.

And then family follow-up activities, again, can leave that with the family and they can post that on the fridge or use it that week playing.

It's a pretty long document but we've tried to make it really navigatable. Is that a word or did I make that up? Easy for providers to use as they navigate through the table of contents and get to the areas that they are talking about that day. They are not going to go in order, because that's not how families work. Families want to talk about different things at different times so we were hoping this would have the flexibility for the provider to go in, click on what was important to them, click on what's important to the family, click on that and be able to talk about that that day.

And then at the same time, come back to that document and add in the notes.

We have additional resources in any one of these sections, so it may be something that's not clearly identified in our manual with the section, but it's important to have in here as a resource. So a lot of those resources are in an additional resource section.

Again, this is probably, and we'll talk about this in the challenges of this document, is they may not always be updated, the links may not work, and so having someone go in and constantly updating the links to make sure everything is working. This one is not calling out Claire center or Gallaudet, you know they change their links all the time so we have to constantly go in and update to make sure the links are good and ready.

When you get more into the strategies, the auditory and speech development, there's a lot of strategies and awareness things that come in. So you'll see a lot of links in this area for documents again that you can share for speech development strategies. And again, clicking on the links are going to take you to the Padlet.

So in theory, let me go back and talk about the process of how we created this.

We went through the manual as a team and each of our COHEARs split up and tackled the different areas and pulled out following that manual was important to talk about. We made a document and it went round and round. This has been a four-year process probably and it's still a working document. It's not finished, obviously, by any means. We created the document, aligned it, made clickable links and then we went back and forth with the team for feedback and usability just with our team. Was it usable, could you click the links, did it work. That was a long process but we wanted it to be usable and we wanted the feedback to be good. We created a pilot group which piloted this about a year. We met monthly.Y we had an initial training, we asked them to go out and choose just one family, to start with one family, try it and see how it goes. We met monthly with that team with the pilot group and they came back with feedback, this didn't work, this is not user friendly. That's when we started adding in notes boxes so they are not having this document and the notes for Part C and whatever they're doing for their own business. Hopefully it's a copy paste situation for what they talked about. They came back every month with feedback, we made revisions, changed things, changed structure, modified, and that went on for about a year. We did two trainings recorded as well as live for more providers so that they could start soft rolling this out. Again, we said please don't start using this with all 20 of your families if that's what you have. Do one or two families.

One of the things that I think we didn't expect in transparency, and you'll hear more about a lot of the things we didn't expect is some of the providers don't have kids that come in as babies so they're starting in the middle but where do they start. Great question. Where do you want to start? If you have a two and a half year old come in, the difference in information in a baby to a two and a half year old is different, but some of it's the same. The benefit of the document is it's clickable and they can go where they want to go, where they need to go.

But soft roll out, pick one or two families, roll it out. We provided additional follow-up, Q&A, training, what's this look like next. So over the course of four years, a lot of changes, a lot of pilot groups, a lot of Q&A opportunities, and we found multiple benefits and multiple challenges.

I'm going to let Robin talk about those.

>> So just like with everything else, there's always benefits and challenges. So we've come up with some of the benefits that we have discovered along the way. One of the benefits is that everything, all of our resources, almost all of our resources are all in one place, accessible in one location. So we are not like dragging, lugging things all over the place. So that's been a very big positive.

Another benefit is that this document is very portable and it doesn't matter what device you have, whether it's a cell phone, whether it's an iPad or an Android tablet or a laptop. It is accessible at any time when you're on a home visit. The one challenge that may come with that would be connectivity. If you don't have access to a hotspot or you cannot access the internet in the family's home, every now and then it can be glitchy or something like that, but that doesn't happen all the time. So that's a good thing.

And a lot of the providers who have tested it out said it was pretty easy to use in a session. I mean, it works to their advantage if they plan ahead of time and they are able to like pre-select what they are going to be focusing on during that session. However, as you know, sometimes when you walk into that home, the family has a whole other agenda than what you have planned. It goes out the window and gets put on hold. But whatever the family is needing to address at that time, if there are supporting documents or information on this Padlet, we can easily access it right then and there. That's a big bonus of our scope and sequence.

And then if, for some reason, the provider leaves the program or the family needs a change of providers, the scope and sequence is transferable. So we can take what that provider had already input into the document and it can be shared and transferred over to the new provider. So that's been a very nice bonus for us, because we are not having to reinvent the wheel and the provider knows or the new provider knows what's already been covered.

And they can just move on from that point.

Some of the challenges that we have come across is, as you saw, when Ashley was going through the scope and sequence and the Padlet, it is a lot of information. Sometimes it's not easy to sort through it all on the spot. And that can be a challenge for us.

Some providers feel that it's just one more thing on their plate, especially if they are not tech savvy, but tend to be more with the older providers than with the younger providers.

Then again, technology struggles, sometimes the computer or device, for some reason, is very glitchy or just won't work the way we need it to. Or the cell tower down the road is not doing its job.

Then like Ashley referred to in a couple slides ago, sometimes the link that we're working were working a week ago are not working anymore. You get the 404 messages, the page not working or whatever, the organization or site may have moved that page or eliminated it all together. So we're continually having to re-evaluate what's working, what's not working, and update things as we need to, when we can.

And then it can take some additional preparation, planning, especially if you're not familiar with the layout. If you're challenged with technology, that can be a barrier too.

And then transfer of providers, some providers -- we don't have all of our providers on board yet. When those providers leave or something, they have nothing to transfer on to the new provider. So that can be a bit of a challenge, although we do ask the old provider to try to give us as much information as they can on what's been covered and where the family's at and all of that. Obviously, it's a lot easier if all of this has been filled out by the previous provider so that the new provider can just go in there and take a look at and see what things have been covered so they are not replicating what's already been covered, what the family's maybe good with. We don't want to lose -- our time with our families is very valuable. So we don't want to -- we want to keep the momentum going is what we want.

>> Yeah, so from a organization benefits and challenges for us for organization, one of the benefits is that we would have a way to see the information that's shared with families. Felt providers could share that with us. We have a guide to say we're doing what we can to help families get consistent information, a support to put a bias aside and share this with families and just this information.

Challenge is that, as we alluded to earlier, there's no oversight for the facilitators in Colorado. They are contractors and they are not contractors with CSCD, with other organizations. A challenge to create something, put a lot of time in it, a lot of heart work into it, a lot of intentionality and have providers who aren't using it or don't want to use it, and for understandably good reason, we are still in this mix of it's beneficial but there's a challenge in that. So I hope you didn't come to this session wanting answers in how we fixed the problems with consistency but more so a guide that we are trying to utilize.

Here's where we are now. We're updating links. We're troubleshooting and supporting as providers are using it. We're providing Q&A and training sessions to get them familiar with it, encouraging one more, one more family, come with your questions, let us support, let us know what's working or what's not, and then promoting and encouraging. Again, we can't require it, we can't require its use but we can promote it, put it out there, take the feedback and change it so it's easier to use, so it's more user friendly, so it's working with what they're already doing and not an additional thing. So we're still having those conversations to figure out what that looks like. How can we create something you can use so it's not an additional thing but supports what you're already doing. Those are still some of the conversations we're having.

It's important that we have the multiple stakeholders at the table for those conversations. The providers that are using it, the administrative supports that want it to be used, the families that are the getters of the information to say what's working, what do you like approximate this, whatnot, how can we change this? We have a long ways to go with what this looks like and it will probably forever be a changing document. We feel like and we know that providers feel like it's a really solid start. How do we do a little bit better with it.

So we really wanted to leave time to either go back and show you more if you want to see more, or answer questions or just brainstorm with what you guys are doing, what ideas do you have as we move forward with this and what that looks like. The floor is a little bit open for discussion and questions and conversation.

Or if you wanted to see anything again, let me know.

>> I love this. First of all. Second of all, I just had a question around where did the it is notes go? Are they in the provider's personal PDF or are they stored in the system that everybody can access?

>> Yeah, that's a great question. They are stored in the provider's specific document. So that's a good question. We didn't talk about that. The PDF Padlet is a template and the provider has to save that for every child that they have. And then they download that for that child and that's where those notes are kept. So they are not in a comprehensive system, but ideally those notes would either correlate or copy paste into their early intervention system notes. And then if we ever needed to see something, they would be easily sent over or we've had cases where there's an attorney who needs provider notes so it's shared that way pretty easily. Great question.

What else?

>> It's a money question. Maybe I don't understand. So you all are part of what agency?

>> We're part of the Colorado School for the Deaf and the Blind in the outreach department and the Colorado resource coordinator. I guess we could have done more to talk about our state. The COHEAR gets the referral from the audiologist. And they are one of the first points of contacts after the child has been identified. They spend a week or two in the home, a couple of visits, talking with families. Then it's referred to Part C where the providers come in.

>> So your tracking system in Colorado is the audiologist?

>> The referral?

>> The referral, so when they fail the newborn hearing screen, it goes to ...

>> It goes to the audiology.

>> Any audiologist or just curious?

>> Well, that's a loaded question.

>> I know.

>> Ideally pediatric audiologists, but Colorado is so rural that we don't have pediatric audiologists in some parts of the state.

>> I'm in Virginia. We have a tracking system. Yes, it goes to audiologists. They have to enter it into that tracking system and then it comes to EI. But I love this. I just didn't know where it would fit in in Virginia. I was trying to figure out where the money is coming from.

>> The School for the Deaf and the Blind. This is more just a guide for the providers. So regardless of where the providers work, this is more here's a PDF and here's a scope and sequence you can have access to to guide your conversations.

>> We all love that. I'm trying to think in our state who would pay for that, because this is a lot of work. This is a wonderful -- I couldn't even follow it all, but I'm sure if I went to that website I would see it's wonderful for a provider.

>> I just wanted to add that when we were doing this pilot project, the providers that were recruited to do this with us, they volunteered their time for this.

>> And we created this with one of those here's an additional hat that we're putting on within the role we have, like we all do that as providers. Yeah, for urshould. Yeah, for sure.

>> Two quick questions. Can providers add to your Padlet or only the administrator? That's one question. Any plans to make any of these things directly accessible to families?

>> Great questions. Yeah, thanks Sandy. As of now, just the administrators can add to the Padlet, but we are open to what that looks like and the resources that come. So I think on the right side in my mind, we can add columns and resources as they come. I will say this. There's a whole other Padlet that providers have they can post anything on that's a whole resources and it's a whole jumbled mess and my OCD personality cannot look at it. Sometime when I have nothing else to do I can add that in. The second question is can we make this accessible for families. We have talked about that, if there was a way to work with other organizations to have something similar that all families can access for the resources they need. Conversation and I was in a session yesterday thinking about collaboration and pulling organizations together to create something like that. The answer is I'd love to, let's talk and see how to get some of that work started because I think it's super beneficial for sure. Did you have another question, Amy? Did I see your hand? That's okay.

>> I was also thinking about we have sort of a main process document, which is sort of like your scope and sequence, similar idea. And I think it's so beneficial when you're training people, because you're training them on all of the things in the scope and sequence and it gives the person that's actually training people like the guide to do that, because if not, I feel like training sometimes can -- and even with training sometimes can be like oh, they're now being kids but they don't have a lot of training around this area because those boxes aren't checked yet. Knowing where you need to follow up with your staff is two-fold. It's good for staff but also good for administration for training purposes.

>> Right. Which brings to the point of the conversations we've had recently when we have these CHIP trainings. A lot of these are pretty specific. They're one hour typically, they're very focused trainings and how those tie into the things on the scope and sequence that have been identified mostly. We've started uploading those here so we can direct providers there. So that's a good point. We have way too many that are unrecorded that we could add in. In addition to the six hour workshops that we provide a couple times a year, yeah, it does help provide with the training needs, but we go back to the challenge of we can't require them to come, they are not getting paid to come, they don't work for us, and because of that, oh, we are going to have an ASL training. Well, I'm already skilled in ASL, I don't need to go to that. So we face that challenge, which is unfortunate sometimes too.

Well, you're welcome, if there's no other questions, we're about 10 minutes early. Cool. You're welcome to come up and play around some more and ask some questions if you want. Or you can leave a good review on your survey because I'm letting you go early to lunch, which means you're going to beat the crowds. Robin and I are available to chat or show you whatever you need for the next 10 minutes. Thank you so much for coming. I hope you have a lovely rest of your conference.