>> SPEAKER: Good afternoon, everyone. Thank you for coming back after lunch on the last day of the conference. We have Christina and Kelly, who are intrepid interpreters. Be kind to them, because they've been working a lot, and they're tired, and we thank our captioner, who is remote as well. I'm Michelle nehouse, and I work with the Kentucky department of behavioral health, developmental and intellectual disabilities, which is usually just signed like that after awhile, because it's a really long title, but what I get to do is work with families, and I'm so glad to be here at EHDI. My very favorite thing is getting to work with Kentucky Hands & Voices. So, Sara, do you want to introduce yourself?

>> SPEAKER: My name is Sara Roof, and I, most importantly, am a parent. I have three children. My youngest, who is deaf, is 10 and, so, that led me to get involved with Kentucky Hands & Voices, and I've been the Executive Director there now for six years and, so, um, worked with Michelle on our EHDI advisory board is how we initially met, and we've had the opportunity to partner on a number of projects, this being our most recent.

>> SPEAKER: So, we feel a little bit guilty, having an hour, because we know a lot of presenters have had to squeeze in so much information into 30 minutes and, so, we hope that our conversation today will be just that, a conversation and will be interactive, because we're going to share a lot of what we think we did right, but, also, a lot of things we're still figuring out and, so, we really want this to be more of a workshop format and more interactive, because we hope that this is a model that can happen across the country and, so, some of the lessons learned from us do not have to repeat, be repeated by you, because it's been a little bit of a rough first year. We're going to talk about our LACES project, and you'll learn what that acronym means in a few minutes. We have a pilot project in Kentucky that's to serve a vulnerable population of children who are deaf or hard of hearing in out-of-home care and, for that, that means they're under DCBS, or child protective services and, in our first year, that meant that those were children who are in foster homes, therapeutic foster homes, or state facilities. We like to have our good data and evidence-based decision-making and, also, funding to address unmet needs in your state or territory. I just left a Kentucky School for the Deaf outreach event, where I actually got to interact with real children, and that's my favorite thing, but part of this infrastructure we're going to talk about is really necessary, too, to get to work with the children that we were trying to reach. Then, we're also going to talk about ways to engage deaf or hard of hearing adults to positively impact children who are deaf or hard of hearing. So, what is our why? My why is that, this morning, I sat down at a table with two parents and a child who was 7, this morning, after we've been talking about early language acquisition and early identification, she's 7, and she has no language, and this was the first time that this family had been to an event, the first time this child had seen other deaf children or had done anything outside of their pediatrician's office and, on a whim, that pediatrician said, hey, there's this event going on, and they came this morning, and we sat at the table. Um, I'm a social worker by training and, over and over again, I hear these stories of kids who are caught too late and, then, over and over again, I'm hearing the stories of kids who are caught in the system, and I work in the system, and I don't want to continue to be part of the negative things that happen, but to figure out how we can change it from within. So, the specific child I was thinking about, say about 2014, 2015, I was on a phone call with our child protective services, and the child was placed out of state, and I was called in as the state coordinator for mental health services, because he was considered difficult to place, and he had been ready for discharge in another state for two years, but none of our state programs would take him. He just got rejection after rejection after rejection and, when we finally got somebody was going to accept him, they said, oh, he's deaf, we'll give him an iPad. We're like, oh, no, you won't. So, we really were trying to figure out what we can do in the system to prevent that from happening and to make sure that the system didn't fail that child and they didn't fail all the other kids we didn't know about. So, my why is that, even though I have to sit in the office in Frankfurt a lot, that I'm always thinking about who are those individual kids behind the numbers and what are the things that we need to do to prevent them from getting stuck and preventing language deprivation, because I'm really afraid of the kids who are in foster care, who are getting bounced around, and they don't have attachment, and they don't have language acquisition. So, that's my why. Sara?

>> SPEAKER: Well, as I mentioned before, I am a parent and, um, it was very obvious to me early on how passionate I was about connecting to other parents, making sure that they had the resources that they needed, um, and, also, giving children the opportunity to connect, so that they had the resources that they needed to also, um, thrive, right? So, um, but I always, kind of, felt a little bit guilty or privileged, if you would say, because, where we live in Kentucky is about 30 minutes south of Lexington, we're about a little more than an hour from Louisville, and we actually receive our services here in Cincinnati, which is about an hour and a half and, so, just based on where we are geographically, um, I had the capability and the resources available for my son to easily access, um, many of the services that he needed, and part of my passion that grew out of that is how can we make services accessible to other families and other children, um, in more rural parts of the state or where they didn't have access to those. Um, so, I think it, then, it just, kind of, evolves and, so, you look at particularly kids who are in foster care and might not have easy access to services and, then, you look at the foster parents, those who are taking care of them, whether it's short-term or long-term, and this is a whole new world for them, in many cases, where they are lacking resources and, so, just, again, that passion of how can we get them, um, the resources and the tools they need to feel like, hey, I've got this, like, I can do this, um, and I can help this child reach his or her highest potential.

>> SPEAKER: By show of hands, how many of you have experienced challenges in your foster care system in serving kids who are deaf or hard of hearing? A handful. So, probably, at least one person at each table. I want to talk a little bit about what led us to this project so you can see some of the behind the scenes things we were able to do to get us to this point. I mentioned the child or the young person who was in a different state. We were, eventually, able, in 2014, because it was a civil rights complaint and because the parents filed a complaint, to finally get people to do something about it. So, I started off meeting with our compliance branch to talk about the formal complaint and systems issues and, then, we partnered with the Children's Home of Northern Kentucky, which is, really, just across the river from where we're meeting today, and we were able to setup a system where he had language access, he had learning devices, he had staff and other youth ready to accept him, we offered sign language classes before he came, we provided a deaf mentor while he was in that program, and we also had a deaf adult meet with the clinical team, so that they weren't always asking the deaf child or the interpreters about Deaf Culture. We also started working with our community-based services workers and trying to get them in on developing a recruitment video, because we wanted to have foster families where they already knew about sign language, about Deaf Culture, or they already knew about serving kids who are hard of hearing and were using amplification. We wanted there to be a network of services across the state, where kids could go without having to face the additional barriers. We also created additional videos, um, that were the stories of people in foster care, and we put those on our Kentucky Commission on the Deaf and Hard of Hearing website, and that was a way to start promoting within the deaf and hard of hearing community what community-based services were really about and how they could access those services, if necessary, or what to do, if they were in the system and felt stuck. So, this is an example. This is Gabe. He was a graduate of the foster care system in another state, and he told his story about what it was like to be in a foster home where they signed versus a foster home where they didn't sign, and he was able to tell that very eloquently. He was also from a different state, so, our state was willing to partner, because it wasn't, here, all the negative things happening, it was another state's story, so, sometimes, bringing in those experiences can help build the partnerships. Um, so, we had the introduction, we interviewed the foster child and, then, we also interviewed a foster parent who used sign language and staff from DCBS about the process of becoming a foster parent, so that, through our commission on the deaf and hard of hearing, a trusted source in the community, people could click on there, see the video and see options for what they wanted to do moving forward. One of the things that we struggle with is that our kids are always considered low incidence, and they're also considered difficult to place. I hate that phrase. It's not the kid that's difficult, it's the system that's difficult or not setup for them, but that's often the label they got. When we started this work, they also always labeled a child who had any kind of hearing loss as medically fragile. What that would do is prevent people from being willing to serve them. Kids also who had unilateral hearing loss often had nothing in their records at all. So, people were overlooking something that could be a major barrier for their own communication. They didn't look good on paper and would stay in a facility significantly longer than what they needed to. When people were early on in the system, we would find that interpreters would be requested for initial investigations, but not for follow-up. So, families weren't getting the support to keep the child in the home, or they weren't getting the support for meeting their goals, if the child was removed and, so, we saw that gap as well and, luckily, we were working with our Commission that also worked with kids who are deaf or hard of hearing and worked with the interpreters and setup those systems for them. So, we knew that we had a lot of gaps. Um, we also had some folks who wanted to be resource parents, but they only wanted to serve folks who are deaf or hard of hearing, and that's not really an option in the way our system worked at the time. So, we were trying to figure out, how can we build this system and trying to do several things all at once. So, we have, in our state, a system of care. We call it the SOC, and that is a philosophy where we look at family-focused services, we look at youth-guided services, and the concept of no wrong door. So, we approached it from the perspective of what does a good system of care look like for children who are deaf, hard of hearing, or deaf-blind in the foster care system. So, we started off just, kind of, infiltrating conferences and having parents and having kids who had experienced foster care do presentations at conferences. We kept meeting with the civil rights compliance branch, and we talked about the disparity between how they approach language access for kids with limited English proficiency versus kids who are deaf or hard of hearing. They weren't getting the language difference, they weren't getting that, so, we talked about that as a healthcare disparity and an access disparity as one way of having that conversation. Really exciting, we started drafting standards of practice. So boring, but when we started, guess how much they said that our state workers could pay an interpreter per hour? Do you think they said $50 to $60 an hour? Forty dollars to $50? Thirty dollars to $40? Eight dollars an hour was actually in the standards of practice, and they had written down that they could use family members or friends. So, everything we looked at in policy was absolutely atrocious, and it took us awhile, and it also took us taking turns, because Sara knows me well, my facial expressions, kind of, say everything, because I had to, like, skip meetings sometimes, because I was like, I can't do this, and we would send Rachel Rogers, who's way more diplomatic than I am, and she would go and say, I think we want to consider different rates. So, we would, like, feed each other information, trying to make sure that we were having the right people on the team at the time. So, we started looking at potential solutions with central office for DCBS. We revised the standards of practice, we provided some training, we worked on the recruitment, and we recognized a massive list of things we had to do, but we also knew we were going to have to do it step by step, and we got our central office for community-based services to appoint a point person. So, somebody in that, in central office, who was responsible for knowing what was happening with kids who are deaf or hard of hearing. So, we imagined, together, a coordinated system of care for families. We wanted that to be community-based, family-driven, youth-guided, we wanted it to be individualized, comprehensive and the least restrictive and most appropriate setting. Well, least restrictive environment means a lot different things for a child who's deaf or hard of hearing than it does for a child who's hearing, so we also had to talk about what does that vocabulary word mean in your world versus what that means in our world. So, we had a lot of conversations across systems, and we wanted to involve family members and youth as full partners and emphasize early identification and early intervention. So, all of our system of care philosophy things, in theory, mapped on to what we were trying to do for this project. Early on, our partners took on different roles. We know that for DCBS, their job was to investigate and protect children who are deaf and hard of hearing. When we started, there were over 10,000 children in the state who were in out-of-home care, and they had no idea how many of those kids were deaf or hard of hearing. Our commission was the interpreter coordinator for that agency, and they would spend a lot of time educating about Deaf Culture and working with interpreters. My department would do a lot of trouble-shooting. We would usually get the calls when things had gone really far south, when it was awful and, then, we would try to figure out how to backup and provide additional support. We also looked at determining points for collaboration and educating partners. At that time, the families of the children with hearing loss and members of the Deaf Community were not involved at all, and that was a significant problem. So, between 2015 and 2019, we constantly worked on those bigger systems issues behind the scenes, the not really interesting things as far as a presentation, right, because it's rewriting the policy, it's having these conversations, building partnerships, finding your champions inside systems. Finally, after starting in 2014/2015, we were able to get those new standards of practice approved in 2019. So, that took five years. That systems change is slow. We now can pay interpreters market rate, and we do not allow family members or friends to interpret. Um, we also developed a series of tips sheets that are on their intranet, so that a DCBS worker who gets a child who's deaf or hard of hearing can pull up all this information and have it at their fingertips rather than just not knowing what to do. We partnered, again, with

the department for community-based services, and we created a coffee chat series, so that if a family was involved in DCBS, they could get that information in sign language, with voicing, and open captioning. So, there was what is DCBS, what happens in an investigation, what are the rights of parents, and we also had a deaf interpreter explain the videos in short, and all of these are still available. It's had about 236 views since we posted it in 2019, so, it's getting some exposure, not as much as we would hope, but, also, we're hoping that not that many families have to be involved in DCBS. So, we want the information out there, but we also want to make sure that families are getting the support they need to not get into the system. Our DCBS system has over a thousand employees of child protection and, so, reaching them is an ongoing struggle. So, one strategy we've used is having our regional coordinators send out information sheets called did you know, and they go out to all of them in their e-mail and, then, it's also on their intranet. So, if we have new information, we send out the did you know, and it just, kind of, alerts them. It just reminds them that there's services and support available, if they serve a child who's deaf or hard of hearing. This is the draft of the one we sent out when we updated the, um, standards of practice, and it also has the contact information for our liaison. So, our point person is Angela Winkfield, it's somebody who works within the DCBS system and, so, they can call her, if they want a direct line to somebody to reach out to a child. So, by 2020, we started also training our interpreters to work in the DCBS system. We were noticing some value conflicts. Sometimes, an interpreter would see something, and they would think that it was an abuse situation, and it was, probably, more poverty and, so, they also had conflicts, because they'd see the worker not necessarily doing what they should or thought they should, so we needed to deal with some of that, and we used the demand control schema to help train interpreters around handling conflicts in those situations. We developed a tip sheet for families and, then, we also were working on the data system and, then, the pandemic hit and, then, we were super concerned about how these kids were doing, especially the ones who had been at the School for the Deaf and, then, they went to a foster family, and the foster family had no idea how to communicate with them. So, we created a tip sheet. They told us we could have one page. It was nine, and we still --

(Laughing.)

>> SPEAKER: It's till too short, but we gave them a way to have lists of contacts. Like, do you know your child's audiologist? Do you know if they have a speech pathologist? Do they have a contact person, if they have a sign language mentor? Who are the people in that child's world? It also had brief information about communication, ADA, attachments, um, we connected them to other resources, like Texas School for the Deaf has amazing videos that are already created around attachment and foster children or adoptive children. So, we didn't re-create the wheel. Sometimes, we just put in links to things that were already there and, then, we made sure that all the kids that we could identify received these tip sheets or received these packets for their families. Then, everything changed for deaf services in foster care in 2021 for us. In Kentucky, we have five managed care organizations. They determined that only one would serve children who were in out-of-home care and, so, this gave us a point of contact where we could reach a pool of kids and, so, Etna Better Health became that managed care organization, and their program is called Kentucky Sky. So, they became the MCO for all children in out-of-home care, and I was on another call for another child considered difficult to place, six years later, they didn't take any of the lessons from 2015, so, we were starting all over again and, after the call, she said, what's going on? And we spent, like, half an hour, just talking about all the barriers for kids in foster care and, instead of saying that's too bad, she said what can we do about it? And, so, we started having conversations and pulling people together. They started by collecting data, and we had to figure out how are we going to collect the information, because my training is in the cultural model of deafness, right, not in the medical model, but, at this point, I'm working with a managed care organization, and they're our best partner, so, we had to look at how the diagnostics were working, and we used the different claims, the medicated claims around audiology and SLP services to determine which codes in the medical record we were going to use to find those kids who were deaf or hard of hearing and, then, we compared that to the number of kids that the DCBS had on their list. Okay, another time to take some guesses. How many kids do you think DCBS thought they had in the foster care system? Raise your hand, and I'll call on you. Deaf and hard of hearing kids. In the back?

(Off mic.)

>> SPEAKER: Ten. Okay, any other guesses?

(Off mic.)

>> SPEAKER: A hundred? Okay.

(Off mic.)

>> SPEAKER: You were close. Yeah. How many kids do you think that Etna Better Health thought we had at the time?

(Off mic.)

>> SPEAKER: Four hundred? Not quite. It was about 100 to 150, depending oen how they ran the reports. So, we started this entire process of figuring out how to get those numbers to match each other and, now, we're within about ten, usually. Now, we're within about ten kids. So, we started developing, um, a team of people to look at this and educating people in their system of care team, they call it the care advocate team, and we submitted a value-added benefits proposal. So, if your state has a managed care system with Medicaid, they are required to do pilot projects, and they're encouraged to do pilot projects that have to do with equity. So, we tied our pilot project and health equity in to write this value-added benefit proposal. At the same time, because we never thought we'd actually get funded, the DCBS program implemented the updated SOP to include communication skills assessments, because up until that time, if they could identify a child as having a hearing loss, they didn't have anything documented as far as what they needed to do to support them. We included information about, um, deaf and hard of hearing kids in the foster care newsletter that went out across the state, and we did a survey for deaf family members about their experiences in foster care, and we continued doing our recruitment efforts and started a virtual support group for people who were fostering or had adopted children who were deaf or hard of hearing. We got the funding for one year. So, they told us we could have the value-added benefit and, then, I had to call Sara. I was like, so, Sara, don't you want to help us with this project? And, stupidly, she said yes.

(Laughing.)

>> SPEAKER: So, we trained our first deaf or hard of hearing guides, and we also started developing a stakeholder group. So, I'll tell you about the stakeholder group as well. We had to start figuring out, kind of, the nuts and bolts of the partnership, because we found out we had funding, but we had very little implementation time. So, we wanted to make sure there was a communication skills portion of the benefit and that there was some kind of in-home guide portion of the benefit as well, and that's what we call our LACES program. It's language, access, communication, empowerment, and support, and this was designed, if you know Brook Montgomery, the powerhouse with Hands & Voices, she designed the logo for us, and we're pretty sure it was supposed to say community instead of communication, but it's communication, because we all had lots of e-mails flying back and forth. So, our primary stakeholders are my department, our cabinet for health and family services, the office of children with special healthcare needs, and the EHDI program, the department of community-based services, Kentucky Hands & Voices. So, it's a lot of people coming together who, often, are serving the same kids, but don't always talk about it. We really wanted people to come to the table and think about this together. So, the skills and talents we needed from those stakeholders was a willingness to say yes or yes, and, kind of taking that improv approach. We were very clear from the beginning, we did not know what we were doing. We had never created a value-added benefit before, and we had people who said, we want to do it, but we need to know what happens next. We're like, sorry, this is not the project for you. So, they needed flexibility, grace, knowledge of their own systems, so, we needed the people who were in DCBS to really know what we could do within that system, and we needed the folks in the insurance world to know what they could do within their system, so that we could bring in the strengths of each. It also really helped for people to have connections, both within and outside, whoever they represented, humor, trust, and a deep desire to make a difference in the lives of the kids and the families. So, our goals of our Sky value-added benefit are to accurately identify children with hearing loss, to review their records for gaps in language access or language development, also, to look for assessment and potential misdiagnosis of behavioral health issues, and consider any trends and placement disruptions, lengths of stays, or out-of-home placement. One data point I thought was interesting, who would you think would be more at risk for disruptions and placement, kids who are deaf and communicated with ASL, or kids who used listening and spoken language and were hard of hearing? Any guesses? I'm seeing an ASL in the back. Any other guesses? Spoken language? It was actually spoken language. It was kids who were hard of hearing and, often, kids who had a unilateral loss, but kids who, maybe, had been hard to identify as having a hearing loss and, maybe, nobody really thought about the impact of that hearing loss on their behavior. So, we wanted to provide additional communication skills, assessments with recommendations, and offer deaf or hard of hearing guides, as role models and language models for kids and youth, so that the foster and biological families could benefit from the lived experience of deaf or hard of hearing adults. We thought that part was absolutely critical, and we wanted to strengthen and expand the network of both formal and informal support for kids and families at risk or involved with DCBS, and give hope and specialized support to deaf or hard of hearing young people in out-of-home care. So, I really liked the plenary yesterday, where they talked about, instead of special healthcare needs, specific healthcare needs, because these kids have specific needs, but they were being, often, treated in the system as if they were any other child in the system. So, the process could, kind of, go different ways, depending on the needs of the child. The review of case files to see if or how hearing loss was factored into placement or to needed treatment, communication skills assessments and reports to help guide their language access and development, and our DHH guides to support foster families and kids, as well as their biological families or the facilities where they were placed. So, that was the vision of how we wanted this to happen. In terms of the accurate identification, we had to find multiple ways of identifying the kids. Like I said, there were about seven identified in that original system, the internal database was called Twist, and they were not required to mark down anything about hearing loss, and they weren't required to mark down anything about communication needs. So, then, we also used the claims data. Later on, we looked at health screenings. We also checked with individual caseworkers, we checked with foster families, any place in the medical record where there could potentially be information, we would look to try to figure out where they were and, then, to try to match that data. So, this is our January sample, and we had about 72 kids identified, and we stay pretty stable, usually between, like, 68 and 74 is pretty stable. That doesn't mean 72 new kids each time, that's the number that we think are in the system, and our ages have gradually shifted. Um, I thought we were going to have more kids who were in transition age youth, but we, actually, at the beginning, had more really young kids. Now, we're shifting a little bit older. So, that has a difference in terms of what resources are available to families and what we need to do with and for them and, then, you can see the map of our regions. The yellow Jefferson, that's where Louisville is, like, a bigger city and, then, down, southern bluegrass, that's where our School for the Deaf is, where Lexington is, so, that would be another population center, but we did not get the consistency in the regions that you would have thought. The kids are still scattered all over, so, it's difficult to figure out how to best support them. So, a brief note on the communication skills assessments. I am so grateful, because we have really struggled to figure out how to best do those assessments, and we're excited about partnering with their outreach to do more of the visual screenings and to figure out how to best serve that age group. We've not had a consistent approach with communication skills, because, honestly, I was way more excited about the DHH guide portion as far as getting people into the homes. So, in year one, we focused more on that and, in year two, we're focusing more on communication skills assessments. So, what you're really here for is learning about building the DHH guide program. So, Sara?

>> SPEAKER: So, this is where I, kind of, came in, because, um, with Hands & Voices, we had started partnering, um, with our deaf adults, deaf and hard of hearing adults and just the importance of exposing our families to them and, of course, it's written into the HRSA grant as well, but we had started a program, and I'll tell you a little more about that, um, and I see some of the Real folks back there. Actually, I took a program at Gallaudet University and I worked about the importance of, um, of deaf and hard of hearing adults, um, in our systems and, so, this, you're probably familiar with, but the JCIH, um, has repeatedly said, in their position statements, that you really need to, um, involve deaf and hard of hearing adults and, so, specifically, it says families should be provided with information specific to language development and access to peer and language models. They should be offered access to children and adults who are deaf or hard of hearing as role models, mentors, and as appropriate and competent language models. Access to deaf or hard of hearing adults can support caregivers in fostering the child's emerging self-esteem and identity formation and information on spoken language, sign language, or use of both should be provided. Then, of course, here is just a few other examples of what do deaf and hard of hearing adults bring, um, to the families that we serve. I'll let you, um, take a peek at that for a little bit, but, of course, just exposing families who might not have it, improving language acquisition, um, and reaching milestones, um, they report less stress and, then, of course, the positive identity development and, so, those were things that we wanted to bring into our program. So, I'll mention this, but I was telling Michelle, like, Michelle, you might have to cover this, because it feels a little bit self-promoting, but, um, I can cover it too, either way, but, you know, I mentioned before that we had partnered with Michelle on a number of projects, um, because of our relationship through the, um, family advisory, the advisory board with EHDI and, so, um, we do parent cafes and just a number of other things. I think she knows that I'm just, um, I say yes easily, I don't know what it was, but, um, anyway and, of course, you know some of these things about Hands & Voices. An unbiased approach, um, we had collaborated before on a number of things, the parent cafes that I mentioned, um, we did do a lot of online stuff during COVID and, then, the DHH Hero Program, which you all will learn about here in a second and, then, I referenced our HRSA grant goals, right? So, we were already looking at ways to increase families' access to deaf and hard of hearing adults and, of course, we're amazing, right? Everybody knows, Hands & Voices is amazing. So, um, anyway, Michelle put that in, I didn't put that into the slide. So, that's how we ended up partnering on this project, and we were already looking at ways, like, how can we do, like, a deaf mentor program or a deaf role model program? We were already looking at ways to do that. All right, so, this is another reason why, because we had already introduced what we call a DHH Hero Program. Is anybody familiar with our Hero Program? So, um, we had already introduced that. We actually introduced, um, this in 2019. It is a volunteer-based program, so, we currently have about 30 heroes across the state, um, they come to our outreach events, they interact with our families. Do I just push play? This is a short video that lets you know a little bit about our program that we have. I don't know what this ad's going to say, so, warning.

(Writer standing by.)

>> SPEAKER: So, that's a little bit about our Hero Program. So, we, kind of, already had, um, a basis for, um, recruiting our guides. As Michelle mentioned, we didn't have a lot of time once this was approved, and it was, like, how do we get this up and going? But the role that we wanted our guide to do is, like, they could take the responsibility of teaching some of those things off of the child, right? So, the child did not have to be responsible for communicating that to the foster parents or the caregivers and, then, of course, to offer the family support in-person, remotely, by phone, whatever that needed and, so, anytime they had questions, um, and, again, what the guide was doing was providing their lived experience to, um, to the family and, so, it was learning from that. They weren't coming in and doing ASL instruction or anything like that, they were just helping provide their lived experience and answer questions that might exist. So, we did do training in May of last year. At that time, we trained six guides. Our goal was, really, to have one for every region that she noted, but we just had a hard time recruiting them in that short timeframe and getting them to sign on. The deaf infusion coordinator for Hands & Voices at the time came in to do our training of our guides and, so, these are just, kind of, the components of what's part of the Hands & Voices training that you can see and, then, of course, we had to add in, um, some paperwork. So, you see that and you're like, wait, there's more than six people there. So, part of that, initially, too, was inviting in stakeholders, so that they understood about the program. So, they were there for the first part of the training, just to, kind of, learn a little bit more about the program and the roles that they could have. So, these are, kind of, the nuts and bolts about it. So, we do do a monthly meeting, Zoom meeting with our stakeholders that, um, Michelle referenced earlier. We also have a separate Zoom meeting with our deaf and hard of hearing guides. Um, keep in mind, even though, on the video, you saw, like, our heroes, most of them, I think, were signing, um, many of them were, but our heroes are, um, very diverse backgrounds and, so, um, we do always have interpreters on these meetings with our DHH guides as well. They do time sheets through Google Sheets and, so, they report their time monthly and, then, also, for any resources that they might find useful, um, they do, like, a shared Google Document Drive, so, anything that we can add to that that might benefit their role, particularly as it's serving, um, these kids who might have trauma in their past or just different experiences, things that, maybe, they didn't experience, um, but they can learn from that and, of course, again, documentation and reports. This is a grant funding, you got to show reasons why you want it to continue and, so, there's always those reports and the data that we collect and that we report back to, um, Etna and the grant folks, so that they know and, of course, you might have heard Michelle say, this is in our second year, so, we are continuing it. This is just a form that we came up with for our guides to use on that initial interview. You're going to notice, it might look like some of our champ stuff, we stole it, but it's just, kind of, giving them an overview, things they can go through. What kinds of goals, maybe, does the family want to work on? Then, you probably can't see this and, of course, it's on the power point that you can download, but some of the topics, like, what do the families want to learn about, what do they have questions about. A lot of times, it is communication, because the child might be an ASL user, and the family has no background in ASL or no background in Deaf Culture, advocacy, so, if it's school-related, it might be, like, how can we, you know, help them advocate and things like that. So, um, language and communication, so, just a lot and, then, we have potential language barriers on there as well. So, like I mentioned, maybe, they don't speak the same language or, um, they have a lack of knowledge of their rights, you know, for the student. So, just different things and, then, if the guides need, um, those additional resources, we can bring it up in our monthly meeting or make sure that they have that, but, again, a lot of times, they have that experience from growing up and, so, they can provide some first-hand knowledge. All right, and I'll, we have a lot of thoughts on our first year. This is where Michelle kind of mentioned, like, we've been learning as we're going, and we adjust as we go, so, we'll give you a little feedback.

>> SPEAKER: So, in our first year, a lot of what we learned was that the easier things to do, we know the how to connect with families and trying to connect with families, but getting families to connect with us can be a huge challenge. We also know that it was great to have an unbiased approach as far as partnering with Hands & Voices, but it also didn't give us the language mentor piece that we were trying to get to. So, by having our communication skills assessment folks, um, be able to tell Etna what they needed, the families need an unbiased family to talk to, they need deaf or hard of hearing guides who can share lived experience, and they need in-home support. So, in year two, our communication skills assessments are actually going to be briefer, so that we can, then, spend up to 20 hours with each child in the home, providing language support. So, we learned that we need, both, the unbiased part and specific support, if a child picks a language, if they pick sign language. So, that was one thing we learned that I'm excited about taking into year two, so we can give the both/and, so that parents don't feel like they have to choose or foster parents have something thrown on them, and they don't know what to do next. We spent a lot of time doing vendor contracts and paperwork and determining documentation and reporting processes. Um, we spent a lot of time figuring out how to share across secure networks and systems and data sharing agreements and, um, protected health information. Um, we had to develop teams that, on Outlook that would let you share across different agencies and had to get field staff to sign releases, and those things would take significantly longer. Like, we'd identify a child with no language, and we would want to serve them that day, and it would be weeks before we would get the right documentation from people. It's also a passion project for everybody involved. We have no full-time staff on this project, all of us are doing it as an other duties as assigned and, so, guide retention and engagement has also been an issue. When the referral, we did the training in May, but not all of our guides have had families to work with yet. So, trying to figure out magic, like, eight ball, like, where is the family going to be, where is the guide going to be, how do we match that, it's been an ongoing challenge. So, sometimes, it feels like we're moving at the speed of slow, and we always want to do more.

>> SPEAKER: One thing I want to add to that, too, one instance we had, because, sometimes, these are not permanent placements and, so, we've had children who they start out in one region and, then, they get placed into a different region, so, how, you know, they'd had so much transition in their lives, we don't want to, then, switch guides, you know, we want, and, so, we've had, either the guide, then, travels, or they meet with them on Zoom and, so, that's been one component to work through as well.

>> SPEAKER: At the time we started, it was still strong COVID time and, so, a lot was online and, so, transitioning into in-person is also a challenge that we're trying to figure out. We've tried things, like having a parent cafe specifically for foster parents. We ended up canceling, because nobody registered. Um, we also have the ask support group that's by an adoptive parent of deaf or hard of hearing, um, children, and she actually usually has between four and five families who attend, so, that has been successful. We're also trying to engage families through giving them a DHH guide and a parent guide, that's another strategy we're looking at, because, sometimes, families are going to be much more open to talking to another parent, they may be, still, a little afraid of the deaf or hard of hearing guide, unfortunately, so, if they can work together, we can help overcome that barrier. It's a constant problem-solving, um, and constant, kind of, plan, do, study, act cycle of, okay, let's try this and, if it doesn't work. These are some of our guides. I thought an hour was going to be too much time, but it's not, we have 5 minutes left. So, you can contact us, we would love to talk more about this, and we would love to take your questions for 5 minutes. Did you have final thoughts? So, it's a great project in its inception. We're still working on the implementation, and we hope that you, this will inspire you to also work with your foster care systems and to see what you can do to reach this population. Any questions? Thoughts?

>> SPEAKER: While you all are coming up with your questions, I want to note as well, um, we were supposed to have someone here from Etna to present with us, but because of state government stuff, she couldn't get approval to come and, then, we also wanted one of our, um, DHH guides to be here, but, as Michelle mentioned, the one closest, she's actually working on that student engagement project today, so, she wasn't able to attend either, but those, of course, are important parts of our team.

>> SPEAKER: I'm from Illinois, and I run a, um, deaf mentor program there, and we also do IEP advocacy type work, and I was connected with a student in, um, a high school student in foster care, she's actually in, um, a group home that had no experience working with deaf children. So, we did trainings with their staff, we did, we set her up with a deaf mentor, um, and, you know, I've been going to her IEP meetings and making sure she's getting those services and her, you know, she had behavioral issues, challenges and, now, it's, like, significantly improved, and she's on a really good track, but now that she's not in crisis, we can't get her group home to communicate with us. They don't respond to us anymore, they aren't, you know, and the only reason they talked to us in the first place is that we pulled in somebody from the state, and whatever, um, consequence the state was threatening is no longer threatening to them, so, we can't, that communication has just totally broken down. I'm just wondering if anyone has any advice.

>> SPEAKER: Unfortunately, that's what we see more often than not, is that they want the support reactively or to avoid a crisis or deal with a crisis and not to be proactive about it. So, I would check-in with those state folks that you had any kind of contact with and see if you can find anyone who's willing to be a champion within the system, um, to see if you can start developing those relationships for proactive. I think it's a good time, a lot of state systems are looking at equity, and if you can talk about this as an equity issue and how can you provide language access as a health equity issue, that might be another way to try, but, unfortunately, we see more of the horrible stories and, then, we can do a little bit than trying to be proactive. Any other questions? Everyone's lunch is settling, and they're tired. Yes?

>> SPEAKER: I just have a general question as far as, um, when she was bringing up about IE Ps or 504s, with the foster kids, who helps them? Who represents them? Do people go to the meetings?

>> SPEAKER: It depends on who has custody and what the goals are. So, often, the answer is nobody and, so, that's another piece we're trying to work at. We also partner to do these just-in-time trainings that are on video. If you look at Just In Time Kentucky, there are a few videos that we've done, and we're doing more, but they're online trainings about ARC meetings, um, the IEP meeting version for Kentucky, um, but that's a huge gap, is who can go to those meetings.

>> SPEAKER: I'll just add to that, that's one of the goals that we hope for the DHH guides too, especially for some of these older kids, is, like, they can give examples of what worked for them when they were in situations that this child might be in, what worked for them and give them advice on ways that they can also just do some advocacy, not necessarily in IEP or 504 meetings, but different advocacy skills that they can use. So, I think we're, probably, out of time and, so, um, I just want to encourage you, of course, we saw this as an underserved population in our community, and I know that's another big emphasis, so, just look for ways that you can serve some of those underserved populations in your state or territory. Thank you all for coming.

(Applause.)

>> SPEAKER: Under this session, please do your evaluation. If you haven't had a chance to do evaluations for other sessions, I invite you to do that between breaks or, you know, when you can. That would be really helpful. Thank you.