>> I just want to make sure CART services are working. All right. We are in business. Hello, everyone, and good afternoon.

 >> I'll keep coming over this way -- does this work? Cool -- good afternoon, morning, I don't even know anymore. It's going fast here at the EHDI Conference. I'm Samantha Taylor. I'm state of Ohio EHDI coordinator. Welcome to the great state of Ohio.

 You got really great weather, so you should all be thrilled about that. I'm here presenting with Julie Stewart, our deaf mentor coordinator. Julie, I'll let you introduce yourself.

 >> Julie: I'm Deaf Mentor Coordinator under the Department of Health.

 >> Samantha: Some disclosures before we get started in the presentation. We selected the Sky High Deaf Mentor Program for the state of Ohio. I want everyone to be aware of that. That was a decision made by our state.

 >> Julie: We have three objectives. Participants will learn strategies for developing a deaf mentor snapshot program and the importance of collaborative initiatives. Participants will learn about challenges faced while implementing the deaf mentor snapshot program to help them avoid potential barriers and participants will learn about the role of deaf mentors and snapshots, providers as adjunct to part C related intervention services.

 You all know that mentors are important. I feel like we're preaching to the choir. You know that 90% of deaf children are born to families who can hear. And typically it's the first deaf person that that family has met. Getting them connected with a deaf mentor is helpful.

 This helps with the child's emotional development, linguistic development and identity. Cognitive development as well. All that impact them as a person and also their future education.

 >> Samantha: When selecting a program for the state of Ohio, we have a lot of decisions to make. First and foremost what relations did we have based on prior experiences and what direction we ultimately wanted to move forward with.

 So, in selecting the Sky High Deaf Mentor Program, we chose Sky High because we had a long-standing partnership for the parent advisors, previously Ohio now, is under two different State Departments. I'm representing the Ohio Department of Health, which has the HRSA grant. We're responsible for the screening and diagnostic components and making that referral to early intervention, which is at the Department of Developmental Disabilities.

 Prior to 2015, when this change occurred, we were responsible for the whole, full, coordinated EHDI system through early intervention in which we always used the parent advisor training through Sky High

 Having this long-standing relationship. We started to ask questions and learn about the deaf mentor and snapshots curriculum.

 Additionally, Ohio doesn't have a formal ASL acquisition program. That was always something that came up during parents, you know, where can we learn sign language? What are our options? Here we are, you could go to a community class or a college class, but that's not really language development for a baby. You're not going to have routine conversations at bath time, play time. It's, "hi, how are you, this is the weather." We wanted parents to have an opportunity and way to connect, not only with that language acquisition aspect, but also deaf role models as well.

 That's what led us to making our decision for the Sky High program.

 >> Julie: We have two, the deaf mentors and then snapshots, which is a new component for me. So, I'll talk about deaf mentors first. They are fluent in American Sign Language, trained using the Sky High curriculum. They have formal ASL lessons that focus on visual communication and also, focus on deaf culture and community.

 It's a one-year program. And the goal is for the deaf mentor to teach the family and child sign. And them feel confident about their use of sign language. The snapshot provider is somebody who grew up oral, learned sign later.

 They're trained, specifically with sharing their lived experience, so, this gives an opportunity for family members to ask what it's like for them in the world so they can have a better idea what their child will experience.

 This program allows up to six visits. Families can pick a deaf mentor and snapshot provider or one or the other.

 >> Samantha: We recommend families start with the snapshots program. It isn't as big of a commitment as the one-year acquisition program. With the snapshots program, it's six sessions, can be the same mentor, six times different, and meeting with an eclectic group of deaf and hard of hearing individuals.

 >> Julie: If a family picks snapshots and want the one-year program, they can. They can initially not decide to have a deaf mentor and decide to make that decision later.

 >> Samantha: We decided on a program, we're going deaf mentor program, Sky High training, how does it all work? It was really fun because we had a global pandemic, so, everything we hoped for and then some didn't get to happen.

 So, with that being said, we selected the training program, we're ready to go, we knew our service population was going to be zero to 3 in accordance with our HRSA deliverables, all the good things, part C early intervention.

 So, we started planning and being flexible. So, ultimately we decided to go the virtual route. We could have probably waited forever and a day at that point. It was time to get going.

 We were interested in measurable outcomes. As we know, we can -- I'm at the Department of Health now. We need data, statistics, outcomes. That was something we wanted to consider and how we were best going to evaluate the program, itself.

 We needed to make sure we had flexibility in training, dates, contacting members of the Deaf Community, our advisory boards, stakeholders, we tried to contact as many people as possible. We also used our state Advisory Committee for the Ohio Department of Health, infant hearing program. Trying to get the word out as much as possible.

 Following resumes, experience, we could only pick a group of people based on experience and their interview process. We didn't have a ton of interest. It was still new. People weren't sure what the commitment was. We didn't quite honestly know.

 We selected a training, but we weren't sure how execution would work. We needed to get everybody on board and have deaf mentors before West Coast get started. We knew what mentors should be and what we were looking for.

 We were looking for mentors that were friendly, non-biassed. We wanted to meet families where they were.

 As I said, the global pandemic training challenges, they were pretty vast. We ultimately went to virtual. In doing so, though, to have the best accessibility for our deaf mentors and snapshot providers, that did make our limit to 8. Obviously, a Zoom screen and a lot of time for three-day trainings. We wanted to make sure the mentors we trained were receiving quality training.

 We had to figure out the different communication modalities that would be used by our snapshot providers. We wanted to make sure everything was accessible and worked out as best as possible. We worked closely with Sky High in executing that to make sure the needs of our participants were met as well.

 Next steps, how are we going to do it? We trained deaf mentors and now what? We have an infant hearing program outreach contract that is our family-based organization, that receives funding through our HRSA grant deliverable.

 So, we added this aspect under the contract which ultimately led to the Ohio Coalition of Education for Children with Disabilities, known as OCECD and they created a subcontracted relationship with the Ohio School for the Deaf to render services.

 >> Julie: Now I'll talk about how information from the Department of Education is given to the Ohio Department of Health. One person goes to the meeting on a weekly basis who brings the data back to me. I also collect data from the deaf mentors.

 And we are just sharing that information with one another to make sure that the families are getting what they need.

 As far as tracking the training needs, once a deaf mentor meets with a family, they actually fill out what they've done so that we can see the services that are being provided. We have regular check-in meetings with OCECD and OSD. They meet weekly and I meet quarterly with the deaf mentors to make sure we are in collaboration and constant communication as much as possible about the data and success of the programs.

 >> Samantha: When we're looking at service eligibility, we wanted to make sure we were trying to encourage part C early intervention enrollment in our state. With a deaf mentor program being new, the goal is to have deaf mentors or snapshots in the IFSP, the Individual Family Service Plan. That's now the new goal, now that word is getting out there more and service providers are being made aware of it.

 We needed to bring them to early intervention services and hoping that this could also complement the part C early intervention services in our state.

 So, we, unfortunately, can only do zero to 3 at this point in time, although we definitely recognize there's a need to move beyond that.

 Obviously, this is geared at children with permanent hearing loss as well.

 So, those were the requirements for program entry. For service eligibility.

 >> Julie: In getting referrals through the hearing provider, there's information about the Deaf Mentor Program, a referral form is filled out, that includes their last name, the age of their child, the hearing devices, the language of the home, and who will be involved with the services. It could be a babysitter, grandparent, any family members and then the deaf mentor who is assigned to the family will know who to expect at the session.

 We really do encourage families to invite whoever they want to be part of those interactions. Most of our deaf mentors have a full-time job because they're contractors.

 We are also making decisions about who is paired with which family based on where they live, based on their availability.

 Most of the services are happening virtually, but there are opportunities for deaf mentors and snapshot providers to work in person with families.

 Time is of the essence, once we get the referral, we give it to the Department of Health within three business days, it's returned back to us within the next three business days so we can connect with families.

 Hopefully within one week and at the most, two weeks, we're able to get services scheduled.

 >> Samantha: The referral comes in to the Ohio Department of Health. There's three business days to get it from the Ohio Department of Health to the Ohio School for the Deaf so outreach can happen with the family.

 We were very interested in data collection. As a pilot program, sustainability purposes as well, lots of HRSA grant deliverable to connect families with deaf and hard of hearing adults. We want to make sure there's sustainability because we recognize the need in the state of Ohio.

 We worked very closely with the Sky High Deaf Mentor Team, looking at pre- and post-assessments they used. They were able to connect us to a plethora of resources in the community as well, other states that were implemented their Sky High Deaf Mentor Program and also, we met with Carrie Davenport from the Ohio State University who looked at parent self-advocacy services as well.

 We developed an intake survey, looking at parent goals for their child's future, along with an exit survey for both the deaf mentor and snapshots program.

 So, really, the snapshots program being either a one-time service or up to six, we're really looking at what the family's priorities might be for their child. Seeing if those priorities change having that conversation with a deaf mentor and understanding that perspective of someone that is deaf and growing up as deaf and seeing what their priorities may be changed to or their understanding of things.

 The resources they're now connected to, as a result of being involved in the program.

 In terms of the deaf mentor program, we wanted to evaluate the language acquisition of children receiving deaf mentor services as it is a language acquisition program.

 So, we asked a lot of questions on communication in the home. How often are you communicating with your child with hearing loss. How many words does your child with hearing loss have? What types of communication tools are you using in the home? What's your level of confidence in communicating with your child? How well are you understanding your child? So we had pre- and post-measurable outcomes to look at the effects of the program for those that we were serving.

 >> Julie: Of course, we don't work alone. We partner and we collaborate. We actually partner with the Tennessee Deaf Mentor Program. We love them. They're so giving to us.

 The survey that we developed was modified for them, so, we're thankful for their resources. The language and communication growth, we use Sky High's language developmental scale. The family has a hearing provider that gives them that scale and we are able to look and see how the child is developing in both spoken and sign language.

 And during the sessions, if a deaf mentor notices signs that are being used, we're able to take both scales, put them together to see how well the child is developing languages in both languages.

 We have measurements at the beginning of the program, six months and one year after services to measure growth. They're trained on a language development scale.

 I have a degree in Deaf Education, but most of the Deaf Educators do not, so, I was audible to come with them and provide support and mentorship so they could understand how to use the scale, themselves and be self efficacious in doing that.

 It's a huge collaboration and that is an important piece of what we do.

 >> Samantha: This is something we partnered with Sky High on as well to provide the LDS training. They were helpful to get the early childhood education background and providing tools to administer language development scale in partnership with our hearing service providers across state.

 Because we do hope that the data does show, not only is this an increase in language acquisition for ASL, but it could also benefit language acquisition for spoken language as well. If that's the family's choice.

 >> Julie: I want to recognize that we have an LDS trainer here, thank you so much. Such a huge support for us.

 The deaf mentors and snapshot providers also help families understand the early intervention program. So, I share the realm of services provided through early intervention so that if the family talks about like an SLP or other services their child is being provided, the deaf mentors are familiar with those services. With the family's permission, we can talk with hearing providers and share information. We can support the family in collaboration with one another.

 The hearing provider and deaf mentor do LDS together, Language Development Scale, together, to make sure we're documenting growth in both signed and spoken language development.

 >> Samantha: The hearing service providers are under the Department of Developmental Disabilities early intervention services. The Deaf Mentor Program is really that bridge between our services and part C early intervention in our state.

 All right so, challenges were abundant. Launching a program, figuring out funding, contracting, subcontracting, sub-sub-contracting because many of our deaf mentors are contracted with our subcontractors that are under a contractor.

 So, after copious amounts of paperwork, so many conversations with the legal department, we have an operating Deaf Mentor Program, which I'm beyond pleased to share.

 And we know -- yes, it is no small fete. Seeing all of those hiccups and all of the support and need to be where we are today has been profound. To say there were hurdles would be an understatement at this point.

 The deaf mentors were patient even between training and executing some of the contracts, it was almost a year time span.

 We were in it for the long game, needless to say, but I'm happy to share some of the successes for the program.

 >> Julie: Right now, we're serving 15 families and that doesn't seem like a lot, but it's 10% of the families in the early intervention program.

 So, we feel those are good numbers and hopefully we'll grow the programs. For both the deaf mentor and snapshot providers, for families who are interested in enrolling.

 >> Samantha: 15 families is 10% of the families that have a child with permanent hearing loss. In our early intervention system.

 So, while we were like, "it's only 15" -- that's a big number at this point. Looking at a population we're serving, this is a good sample size, which has been empowering for us to know like, we'll have a lot of data to use and move forward with in understanding how families are perceiving the program, feelings about the program, how language acquisition is advancing in the program.

 So, we're very excited that we're here after our first year.

 So, with that, we'll turn --

 >> Julie: We have five minutes and that gives an opportunity to open for questions. Do you have a question? Yes, go ahead.

 >> Diana: I'm a mentor from Michigan. I'm impressed with your program. Talking about the structure and your program under the Department of Health, my question is, how did you bring that to the Department of Health's attention?

 We're with a nonprofit organization. We're not affiliated at all with the government. There are difficulties in being part of a non-profit because we can't get in with the EI or EHDI system.

 So, I'm impressed with the collaboration that you have at the government level. The engage for change, which is a National Deaf Center hosted an event in Columbus, Ohio.

 We invited community members to get a feel of what the community needed and I invited the Department of Health. Many deaf people were there saying we need deaf mentors.

 Kids are getting to school without any language and that really opened the gate and started the conversation to get to a place where we are now.

 It did take awhile though. All of our communications didn't really hit the mark until those government entities came to the meeting and saw what the community needed.

 And also with the HRSA goals, one of the goals is to support families of deaf children so the Deaf Mentor Program does that. Yes, you in the green shirt?

 >> I'm from Illinois and also work for the non-profit that runs our own Deaf Mentor Program. Our program runs 0 to 22. Our mentors are also contracted. So, they often have full-time jobs, other jobs they're doing in addition and we're having a big problem right now with getting them to actually follow through with family. We might connect them with a family in the beginning, and they don't follow-up. We don't have that many mentors, so, it's hard to just pull them and put in a new one.

 I know your program is new, do you have advice, about how to deal with that kind of problem when you're working with contractor employees.