>> SPEAKER: Um, thank you all for coming to this presentation, the I in EHDI, a journey, not a destination and, um, let's see. There we go. Okay. All right, so, we are the early intervention team for the Wisconsin Sound Beginnings Program, and we call ourselves the CARES team and, um, I am the early intervention coordinator, um, and my background is as a teacher for the deaf and hard of hearing, and I'm going to let my team members introduce themselves.

>> SPEAKER: Hi there, everyone. My name is Andy Altmann. I am the ASL specialist providing support as, providing support to primary service providers and to families. So, we go and visit families who want to get immersed in ASL and Deaf Culture, so that they can have communication access with their children. I also coach primary service providers, to make sure that they are caring for those families in proper ways. Thanks very much for joining us this morning.

>> SPEAKER: Hi everyone. My name is Lauren Burke. My background is as a speech-language pathologist and, on the team, I am a counterpart to Andy's role, so, I'm a communications specialist with an emphasis in listening and spoken language.

>> SPEAKER: We are, actually, part of our Wisconsin state EHDI program and, um, as such, we receive federal funding, and this is our goal from our, um, 2020 four-year, um, grant cycle, that outlines our early intervention goals and, in Wisconsin, probably like many other states, um, a lot of the state is rural, and the specific deaf and hard of hearing services for children and families around the state is very, has been very inconsistent. There are a couple of agencies and a couple more metropolitan areas that supported families in those regions, otherwise, it was just, um, general, um, part C early intervention services, and another consideration we had in designing services to support families around the state is that, in Wisconsin, it's a local control state, meaning the services, such as part C services, are designated to the counties themselves. There's 72 counties in Wisconsin, so there's different birth to 3 programs, and Wisconsin also uses the, we call it the PC AT approach, which is primary coach approach to teaming, also known as the primary service provider approach and, so, we wanted to take all of these things into consideration as we were designing our services to support families around the state, and we decided the best, most efficient approach would be to partner with the part C program. We actually have a state memorandum of understanding that designates us legally as a participating partner of the birth to 3 program. So, technically, we can be considered a part of every birth to 3 program team around the state. So, we put together, as you can see, a multidisciplinary deaf and hard of hearing-specific team and, um, we partner with, in Wisconsin, the part C program is called the birth to 3 program, so, when we talk about that, that's what that is. Um, another part of the Wisconsin Sound Beginnings Program, as I said, we're the EHDI program, so, um, our program director oversees everything from newborn screening through early intervention, but we also have, um, lived experience connections, so, we have a family-to-family program called Parents Reaching Out, and part of this four-year cycle was to develop our deaf and hard of hearing adult-to-family services, which is just about to get, we're developing, just about to start the training for those and, um, be able to implement that as well. As you see, one of our team members is a role model as well, so, that's very helpful to families. That is not part of our presentation, but we're going to focus on the early intervention part. We started rolling out our early intervention support services two years ago, almost to the month at least, and we started regionally, so, we started with one region and gradually rolled out to the five regions in the state and, just this quarter, we are meeting with the county programs in the final regions, so, in the next month or so, we will officially be, um, supporting the entire state and, as you can see, we, um, we start the supports right from the referral, because we have access to our, um, the notifications and referrals through our EHDI tracking system, and we can send that information to the county, and I connect with the county right from the start, and we can, um, as you see in the bottom, we can be a part of every part of that birth to 3 process, from intake, some counties ask me to join that initial phone call to families, to help encourage the families to understand the value of early intervention, even if you're not seeing a delay, um, for your child at 2 months old, but we can be a part of everything, intake, evaluation, IFSP development, ongoing joint visits, and so on. Um, we wanted to, we'd been working on developing tools and procedures that are helpful in making this partnership work and, so, we wanted to share that. This is a little bit different model than a lot of states have, so, we thought, um, this might be helpful to some people, and we thought it would be really helpful to hear from our birth to 3 partners, but it was not practical to ask them to come along to this conference for a 25-minute presentation, so, we recorded, um, interviews with them, where they shared their experience and, so, we're going to let you hear from them about the things that have been helpful to them.

>> SPEAKER: Um, so, one of the first strategies we want to share is this primary coach approach model. Again, the primary model works by having one therapist in the early intervention team that is the primary coach for that family and, then, they are supported by a multidisciplinary team of other individuals who can support that one primary person. We are one of those support members of that team, but we are a distanced member, because we are providing servicess throughout the entire state. So, let's hear a little bit about what this support looks like for CARES and how it benefits them and the families. The first provider you will hear from is a speech-language pathologist, and the second is a physical therapist.

(Video off mic.)

>> SPEAKER: As we mentioned, rural areas are areas that are tough to access, so, we're going to have some, um, testimonials from people who live in rural areas.

(Video off mic.)

>> SPEAKER: As I mentioned, we, um, are part of the evaluation team for some counties. Um, I wanted to also mention that different counties have different, some counties have resources and, so, each county, it's up to them as to how much they utilize our supports, but, for some counties, we do participate on the evaluation team and, um, there's reference to the kinds of notes and, um, follow-up support that we offer when we work with the team.

(Video off mic.)

>> SPEAKER: Another one of our strategies we found to be successful, the first, one of the providers mentions a CARES beginnings, um, that is a framework of visits where we front-load quite a few visits right away with the family, soon after they join their birth to 3 program. This allows us an opportunity to support, information, answer questions and, really, go through some of those early decisions that families are asked to make soon after identification. You'll see online, um, matched with our presentation, we've also uploaded a few handouts. One of those is called the parent priorities checklist. Um, we use this tool to guide our CARES beginnings visits. It's a checklist that families can look through to let us know of topics that are going through their mind after identification, where are their priorities. The second item that's mentioned in this clip talks about joint visits, when we actually join a visit, and I just want to note that those joint visits really have three parts to them. Pre-planning ahead of time, the visit itself, and joint intervention. We've found really focusing on those, making sure that's part of this, um, has been successful.

(Video off mic.)

>> SPEAKER: Thanks for that, Lauren. You know, in the EHDI world, there's such a diversity of needs and, therefore, there needs to be a diversity of services, um, which provides a unique opportunity for us. So, the ways in which we work to make sure that we can accommodate those diverse needs and provide diverse services is one that we really have to think quite a lot about, so, that's what the next set of videos is going to talk about.

(Video off mic.)

>> SPEAKER: So, I think this illustrates how unique some of these situations can be, and this is a continual challenge for us, to try to identify families, where they are, provide services in the ways that they need, so that their children can get the supports that they need, ultimately, right? That's our goal.

>> SPEAKER: As you can, probably, tell from what some of the providers have said, part of our mission, also, is to increase the capacity of those general birth to 3 providers, not so much that they can just go and do this on their own, but they can talk to families with more awareness of the needs and, um, knowledge of where, ideas of where to go and when it's important to bring the CARES team in and what some of the resources are around the state. So, we ask them, again, how this has increased their awareness and professional development.

(Video off mic.)

>> SPEAKER: So, just to, kind of, pull together some of the tools that the, tools or processes or procedures that the providers have said were helpful to them, just pulling it together on one slide, um, obviously, this is not the same as, you know, direct, in-person, being the primary provider type services. However, um, we are covering the entire state and, um, all our services are virtual, and we are reaching families that, prior to this, have not had any deaf and hard of hearing-specific services and supports, and we feel like, um, the feedback that we get from the providers and the families is, um, incredibly positive and saying that they, we've had some families who only had service coordination prior to this, and they said, oh, we're doing fine on our own and, then, when we start meeting with them, they want more services, so, they're getting more support in that way. So, we also send out, um, evaluations to the providers and the families, but those have just started coming in, so, next time, we might have some more, um, specific data from that, but we have, so, we've been doing this for two years and, as our title said, it's a journey, not a destination. We continue to fine-tune all of the, the way we interact with the teams, as well as some of the tools and, um, procedures, and we expect to continue doing that going forward and, um, hope that some of these have been helpful to some of you as ideas. There's our contact information. Does anyone have any questions? Great. Oh, yes?

(Off mic.)

>> SPEAKER: I'll repeat it. What would be one first step --

(Off mic.)

>> SPEAKER: Okay, so, a first step, if there's a state that, um, doesn't have services, what would be the first thing to do? We actually did a needs assessment. We contacted, um, counties in every region, we contacted families who have had services and who had not yet had deafness-specific services and did a needs assessment to find out, you know, what, actually, to prove that there's need. We needed to prove that to, um, those that hold the purse strings, um, and, then, our EHDI coordinator wrote it into our HRSA grant and, so, that's where we, um, were able to get the funding to get started. There was also a pilot project a few years ago where there was one <CARES provider in one region who did this, kind of, support in-person and, from that, we learned that it was an effective model. However, it was nota stainable to do it in-person, to cover the whole state. So, I guess, those are a couple different steps that happened simultaneously. Yes?

(Off mic.)

>> SPEAKER: Two years. We, um, opened up to the southern region, I'm sorry, thank you. How long have we been doing this model? Um, for two years. We started with the first region in March of 2021, and we meet with each county team, we do a meet-and-greet virtually and, um, meet their team, and they get to meet us and, um, kind of, outline the kinds of supports we can provide. That's why we did region by region. Yes?

(Off mic.)

>> SPEAKER: Yes. So, the question was there may or may not be families with children who are deaf and hard of hearing in each county --

(Off mic.)

>> SPEAKER: Oh, EI support. Right. So, there may or may not be deafness-specific early intervention support in each county. Um, that's correct. There are some counties, we have, our educational system has regional cooperative education service agencies that often have DHH teachers and, so, some counties do contract with those providers, um, but, and this is not a, they could have both services, we can support those providers as well. Um, so, each county contacts us individually about the kinds of supports that they want. Yes? Are we at time? We can come up and talk to you individually. Thank you very much.

(Applause.)