>> So, thank you for joining us today. I am Linda hazard and IMD Vermont Early Hearing Detection and Intervention Program Director as well as the Director for our early intervention program and also some of our school-based services in Vermont. So I have dual hats which I will say, which I do love. Stacy Jordan, who was supposed to be with me today is not here, so I apologize about that. So what is my background, to start out with, I am an audiologist and also have an educational leadership in social policy background as well, so kind of a combo.

Let's just hope -- do you know how to move the slides ? Page down, no neither of them are working. Okay, sorry about that. Oh, not at all. Please do. I got it, thank you so much. Interactive, right? So I know most of you are aware of Vermont Early Hearing Detection and Intervention Program, so I did just want to give a brief overview of Vermont's program. We work with hospitals and community partners that include early head start, homebirth midwives, primary care professionals, audiologists, newborn and early periodic screening. So our midwives also, and some of our primary care providers also have screening equipment in their offices and our homebirth midwives do their screening at the home for families who choose to have their babies born there. We provide outreach and support to families and their infants. We engaged families, audiologists and early intervention providers and also deaf hard of hearing. We work at the national and federal level in partnerships, and of course we want to achieve the 13 we also want to go further than that. It really is all about the babies, and I do have to say, this is a cute little story. This is a Coast Guard unit in Astoria Oregon. When everyone arrived, they were all going to have new babies, so there were six babies born within three months of each other, so there is a whole series of pictures. So something fun. And also it is all about the children and their families. This was a care project retreat that was held a few years ago for helping families understand the emotional journey. And it was wonderful. So Vermont EHDI and part C, so Vermont EHDI is housed and part C are both housed in the agency of human services. Vermont EHDI is actually under the Department of Health. And there's also a partnership that has been going on for more than 20 years now between the University of Vermont Medical Center and the Department of Health. What half of the employees for the Vermont EHDI program are employed by the medical center, and there is a grant agreement between the two agencies, so the Vermont -- University of Vermont Medical Center has always been our fiscal pass-through, which is fun sometimes because I have two e-mails to keep up with. In Vermont, part C is under the agency of human services, however, our early intervention program is separate from that, so it is an entity now under the University of Vermont Medical Center linked to Vermont EHDI. In Vermont, all infants qualify if they are deaf or hard of hearing and also any infant that has a conductive hearing loss for six months or longer also qualifies to have services. In Vermont, our funding is through Medicaid so we have a single point of entry and our early intervention providers are teachers of the deaf, and hard of hearing, they are educational audiologists, speech and language pathologists.

We also have what we call communication facilitators and assign instructors for families whose opportunity might be to use American sign language. And I just mentioned that our parent and from program supervisors are all specialized, and I know that's not true in all states. So I want to give you a little history about Vermont, and how things have transpired over the years. So the Vermont center for deaf and hard of hearing services always house our early intervention program, school-based services and the school for the deaf until 2014 when our school for the deaf actually went bankrupt, and we had seven children at that point enrolled, of which three were from Vermont. A few children from other states. So [ INDISCERNIBLE ] network which was a private agency, picked up the services, both early intervention and all school-based services. A year and half ago things fell apart for us. The network owner retired, there was another program that wrote the grand for the agency of education because they had funded school-based services without a million dollars -- with about a million dollars a year and the only took the technical assistance program so our early intervention services didn't have a home, our school-based services for children needing direct instruction for children of the deaf, ASL by lingo program, speech linkage pathologists work with listening and spoken language and our educational audiologists did not have homes. That was 29 service providers at that point. So the University of Vermont Medical Center, which is the fiscal funder for Vermont EHDI gracefully said let's take the programs and they did so we boarded 29 people in three weeks, that included our early intervention services, so we now have a permanent home which is really exciting but it was a very tough year last year. To say the least. So Vermont EHDI and that program became known as the deaf and hard of hearing and deafblind educational services program. As I mentioned, it houses our early intervention program. We have parent infant advisors as I mentioned a few minutes ago, and our school-age services you can see are listed below. So what is the Vermont model? It is a little bit different in the sense that throughout the history of Vermont, from the 1980s on, we have always collaborated closely, so when EHDI came into being in 2003 in the state of Vermont, we set up memorandums of agreements with our part C programs, and that has continued through today, so we've always had a way of gathering information between the two of them. One interesting story is that I sat down with the Director of the early intervention program probably around 2010. And she said zero great, I have five children on my list that are referrals for early intervention and I said zero perfect, I have five referrals that are for EHDI and out of the five, only two of them matched so we both sat there and said this can't continue to happen, we have to figure this out so we started to me on a quarterly basis to make sure that any child that was identified by us or by our parent infant program that we would share that information immediately so that families would not go without services obviously if someone was identified early on, that would be built ahead of time in our quarterly meeting or by comparison. With our early intervention program coming under the Vermont Medical Center it is also now linked to Vermont to EHDI and there so many advantages. First and foremost is the continuum of services and care for children and families. With Vermont EHDI we are able to share that information with our parent infant providers. We have linked with them which has been extremely helpful in ensuring that we know where families are, where children are being identified. We are also very lucky in the sense that the Vermont Department of health has -- I'm sorry, I stepped away for the microphone, can you hear me okay? It is homegrown because it links birth and death records, it links lead, communications, newborn hearing screening and development of screenings. So the nice part of what I always say to people is you cannot escape us. We will find you one way or another if you had any of this and typically we find families through immunizations. We also have great access to all of the demographic information for our families so we can really look at it and identify where some of those opportunities lie. Something else that has been huge is the direct access too electronic medical records. So the University of Vermont Medical Center network is the largest network in our state and upstate New York as well so we have access to those records. We can quickly look at infants audiological reports faster than anything being sent over to us, so we just track the dates and we know it's going on, so we've been very successful in our screenings and and our abilities to do diagnostic evaluations. We also now have access to another EMR system which is the second-largest at Dartmouth medical center so we are able to figure out where babies are. Those are big diagnostic audiology centers. We are also partnering with Odyssey which is a CDC partnered project for developmental centers for EHDI program so we are beginning to make that move of looking at okay we've identified children, screened them by one month, identified them, in three months they are going into early intervention by six months, but what does that mean? How are these children actually doing? Our database by next year will house outcome measurability. It was part of the HRSA end CDC grants we submitted three years ago, so we are super excited to collect that data. So what are the advantages? As I mentioned earlier, our parent infant program early intervention program are provided by the Medical Center, however, part C, the first referral has to go to part C and then the referral comes to us. We are the only agency that provides early intervention services. There is no part C programs. There is one in Vermont and that's it. The data sharing between EHDI and early intervention and now Vermont's hand invoices which is new in the past couple of months that we can finally share data. It means improved communication. It also means improved family to family support that we can start to do. One of our challenges since COVID 19 has been that families are a little more reluctant to say yes too early intervention, and Vermont typically identifies anywhere between seven and 17 babies annually. From newborn hearing screening. So when we have seven babies identified in one or two families -- and one or two families decide they do not want to participate in early intervention, that just throws the data way off, so what we're doing right now is really looking at what can we do differently? How can we meet families where we need to meet families from Karen Hopkins talk yesterday. So, I will talk a little bit more about that in a few minutes, but having the program -- as the program Director for Vermont EHDI I sit on a governor reported advisory Council for deaf and deafblind, and I was invited by part C to join their government and pointed counsel as well. That is a very driven council so I'm thrilled to be on its own others even more information being shared between the part C and between Vermont EHDI. We also provide a number of collaborative projects that support families and professionals, so I mentioned early on in this talk, the care project retreat, and that was really helpful for families to come together for a weekend and share their emotional journeys, have time with other parents and children to have time. We have daycare there so we had childcare and children got to meet other children who were deaf and hard of hearing. Some of the other collaboration that we do include we are going to do a self-care trauma informed workshop for professionals and families in May. The group is coming in from Wisconsin. It includes a psychologist, a EHDI coordinator from Wisconsin and a parents. And it is a nature -based workshop so we will be outside if the weather holds which will be exciting. And another project which isn't really early intervention but it is school-based services is something that has been done in Vermont called adventure day and this year's theme is Harry Potter, so we bring together any child who is deaf hard of hearing or deaf blind between fourth grade and 12th grade and we go to a place called wellness Lake and they have activities and this year they will have a puppet show and make it to do all kinds of outside activities. So what are the opportunities? Education and training for professionals. Education for families around why early intervention is important, and this is really right now our challenge, to up here because we are not sure why our families are refusing early intervention, and I know we do need to and family professional support so that they know the importance of early intervention which includes language and literacy and the social emotional sides. And it's time with other families. And mentors. Deaf and hard of hearing mentors so whether it is listening and spoken language, ASL, cued speech or any combination of those opportunities we want to make sure that those families have a chance to meet. I do want to mention we also have a family committee that meets with EHDI that reviews all of our resources, including all of our website and any resources that we send out for early intervention services, parent infant services and it has been really helpful to have that parent input as we are putting things together. And COVID kind of made some difficulties and our website review and now we are going to a new platform so now we have to go back and redo many of the website resources that we have up there. So this is just the many faces of our children at the care project retreat.

And this is my favorite one. It is almost time -- while it is kind of time for maple syrup. The weather has been going up and down. This is a set of twins sitting inside maple syrup bucket, our favorite time of year in Vermont. I'm happy to take questions or comments or thoughts about the partnership that we have been able to form with early intervention and the true collaboration that we do have in Vermont. We have been really lucky.

>> I'm Judy, the part C coordinator in Wyoming. I think we have very similar part C programs. Out of 1000 active kids we serve -- I don't know, I might be getting except with another state, but how do you find so many qualified professionals to work with this population?

>> First, to answer your question, we arrange on an average of 26 children in our birth through three.

>> Wow! I'm talking statewide.

>> Statewide. We have one program, six points of entry and we have 26 children and Eileen, I think we've been up as high as 35 children depending on the year. So we are really itty-bitty.

>> Yeah, and I was actually referring to the whole part C program when I said 1000 kids. I think we have 20 ish, so very similar. I'm sorry, I will let you answer the question now, I just wanted to clarify.

>> I would predict we might be in that range somewhere as far as our whole part C program but as far as our deaf hard of hearing and deafblind. So I'm going to tell you that we have long-term providers who have stuck through the changes from the Vermont center to '90s network to now the Vermont Medical Center. We have new staff coming in and which has been really exciting to see. One of the initiatives that [ INDISCERNIBLE ] did before the owner retired is that she offered to teachers and a communication facilitator the opportunity to do a graduate school and go back and become a teacher of the deaf, so we did have three that did that, which was such a good incentive, and then because [ INDISCERNIBLE ] closed, UMC picked up that reimbursement because we were committed to making sure that we had the staffing. We've had a couple of young speech and language pathologists come and join us. We have ads up right now. Where we are struggling, and I should back up for a second. Listening and spoken language we have 1 SLP in the entire state that is certified. However, we have some interest among others, and we do also have support for hear me now which is in Maine to do some virtual visits for both our early intervention and school-based services. Where we are struggling is we have a nine open positions for educational interpreters of students who use ASL or maybe a combination of listening and spoken language and ASL. That is our biggest challenge right now but we do have ads out on school spring and I will tell you a funny story. Hands and voices leadership in September of last year, they had one half 45 interpreters so while I was there I said -- they have 145 interpreters so I said we are interested in hiring and left cards everywhere and we are actually starting to see some that are graduating not just from there but other places. The provider piece is horrible and difficult, and I think anyone will say also special education in general is another area where we are really struggling to find providers.

>> Thank you.

>> You're welcome. Other questions?

>> Mine is more of a complement I think. I got confused as you are talking a couple of times about which program your talking about and I view that as a very positive thing because I think that speaks to how embedded in close to the program works.

>> I do understand what you are saying. You're welcome, and we are very closely linked. So would you be willing to share a little bit about your experience with part C and does anyone have anything they would like to share? Just before you share, I think we have to get better with working together. I think that what sometimes happens is the federal agency will require something from EHDI or part C that is different and we are not working together so that's a different that has to happen over the next two years. Expect an carrel from Montana and we are similar in numbers to Wyoming, that 24 number sticks to me, and I think we are seeing some challenges at this time because we have many professionals in a rural state who stay for a long period of time in retirement happens after 35 or 42 years and then COVID hit and we are in this rebuilding stage now, and we've had in some agencies 96 percent turnover. So we are really in a place for coming to this conference and hearing other people we know we are not alone but that interpreters need for us is huge. We do not have programs where people can become certified in the state of Montana so we are doing cohorts with other states and trying to figure things out. I feel very similar to what you said in our programs.

>> I think it is challenging for all of us and I think the more that we can communicate is so helpful in ensuring that we can find providers. Like you, we also have retirements happening because 3540 years and then currently we have one provider retiring at the end of June and one who is retiring a year from now, and then we have a teacher of the deaf who specializes in deafblind services, so we are going to need to look at getting our staff trained in that area as well. We have a lot of hurdles I think to come across. As you have probably heard throughout this, EHDI, better together, and that is really our motto, that we are better together. Any additional questions? And I will say one other piece, I think that part C and EHDI need to come together, but I also think the American Academy, pediatricians primary care we need to be working closely with them also to achieve some of these goals. Just a quick story before I add. During COVID we had placed 12 OAE, and they had been there before so we had a good working relationship but what I saw in a rural community almost made me cry when the primary care providers were saying what babies haven't been screened, we will bring them into our offices and screen them an hour while because they had well-baby times, but they shared, so if they had a practice near them they were willing to have these families or babies come in, and sometimes we even did the screenings at that point in time, we would go and help. And if you haven't read it the Jedi about some of the COVID challenges, I think it is very very helpful any last thoughts? Thank you so much, I appreciate you coming.

[ APPLAUSE ]

>> Thank you all for coming, if you guys wouldn't mind filling out the survey that would be really appreciated and have a good rest of your day.

[END OF SESSION]