

Proposing Metrics for a Unique Model of Family Involvement

2025 EHDI Annual Conference

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Miranda Nelson, James Fritzler*

Welcome

to the



Objectives

1

Operationally
define
involvement from
a family-centered
perspective

2

Share nuances of
involvement
and metrics that
might be collected

3

Consider
systematic
tracking of
involvement to
link to outcomes

Idaho Sound Beginnings



Follow up is done
for all infants who
refuse, miss, refer,
or have risk
factors.

IDAHO SOUND BEGINNINGS (ISB)
Early Hearing Detection and Intervention
Department of Health and Welfare, Infant Toddler Program

Fax to (208) 332-7331
Within 5 days

Complete Form for All: **Failed** ☐ **Risks** ☐ **Transfers** ☐ **Missed** ☐ **Refused** ☐

Birth Hospital: _____
(*Transfers only) Receiving Hospital: _____

Send to: Idaho Sound Beginnings-EHDI, 450 W State St 5th Fl Boise, ID 83702 or Fax: (208) 332-7331

1. BABY'S INFORMATION:
Baby's Vital Record #: _____
Baby's Name: _____
DOB: ____/____/____ Gender: ☐ M ☐ F
Nursery: ☐ Well Baby _____ Number of days in NICU/PICU: _____
Baby's Primary Physician/Clinic: _____
Mother's name: _____

2. CONTACT INFORMATION:
Parent/Guardian: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Main Phone: _____ Text? Yes / No

3. RISK ASSESSMENT (to
Flag Delays—Over 21 days)
Class A:
☐ In utero Infections (CMV, Z)
☐ Postnatal Infection (Mening)
☐ Syndrome associated with:
☐ Cleft Palate
☐ Anotia / Microtia / Atresia
☐ Agenesis of Corpus Callosum
☐ White forelock
☐ ECMO assisted ventilation
☐ Head trauma involving base
COVID-19 Tracking - Did the mom?

Please call
☐ Your baby **FAILED** the hearing screening. The hearing screening needs to be repeated.
☐ Your baby is **AT RISK** for delayed auditory processing. Audiological monitoring at appropriate intervals is recommended. A Pediatrician should be consulted for your baby.

I have been informed of my baby's
of 3 months (if baby did not pass
present (see above), hearing test
If you have any questions
Idaho's

Idaho Sound Beginnings
Early Hearing Detection and
Intervention (EHDI)

Authorization for Disclosure

I hereby give permission to the _____ (Hospital/Screening site) Staff to release medical information necessary to complete an audiology evaluation for my child to the audiologist/physician of my choice. I also give permission to the Staff and Idaho Sound Beginnings to share the results of the hearing screening, diagnostic audiology evaluations, and early intervention choices (if any) with the above-named physician, the Idaho Infant-Toddler Program, Idaho Educational Services for the Deaf and Blind, Family Support Services, other states' EHDI Coordinators, and care coordination, if needed. I understand that the information will only be used to ensure that appropriate and timely medical, educational, and audiological services are made available to my child.

No health care provider may condition treatment based on whether you sign this form. Hearing screening results are reported to Idaho Sound Beginnings -Idaho's Early Hearing Detection & Intervention Program and will not be shared with the above listed entities or any other outside entities without parent/guardian consent. Any information disclosed per this authorization may be re-disclosed by the recipient and no longer protected by the Health Insurance Portability and Accountability Act (HIPAA). You may revoke this Authorization at any time, except to the extent that above-named entities have already acted based on this Authorization. To revoke this Authorization, you must write to:

Idaho Sound Beginnings
IdahoSoundBeginnings@dhw.idaho.gov
450 W. State St.
Boise, ID 83702

I have had the opportunity to read this clinic's Notice of Privacy Practices. This authorization expires 60 months from the date signed.

PATIENT NAME: _____ DATE OF BIRTH: _____

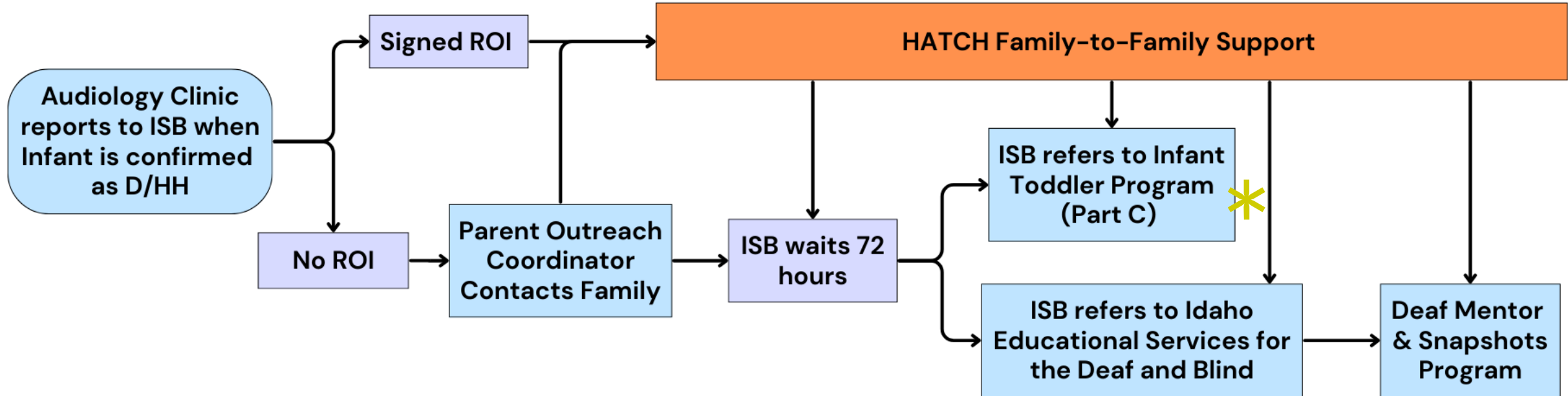
PARENT/GUARDIAN NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____



Enrolling in Early Intervention



* Signed Individualized Family Service Plan (IFSP) must be in place for the infant to be enrolled in early intervention.

Definitions:

Enrolled (minimum)

Involved (subjective)





Family Involvement

Who is here today?

What does involvement mean to you?

Do you track family involvement?





Initial Call: Family Reaction to Identification of a Hearing Difference

HATCH Lab

- Challenge: How do we include all families across the rural state?
- If family involvement is a key aspect to improving outcomes, how do we capture this, *from a family perspective?*

Welcome

to the

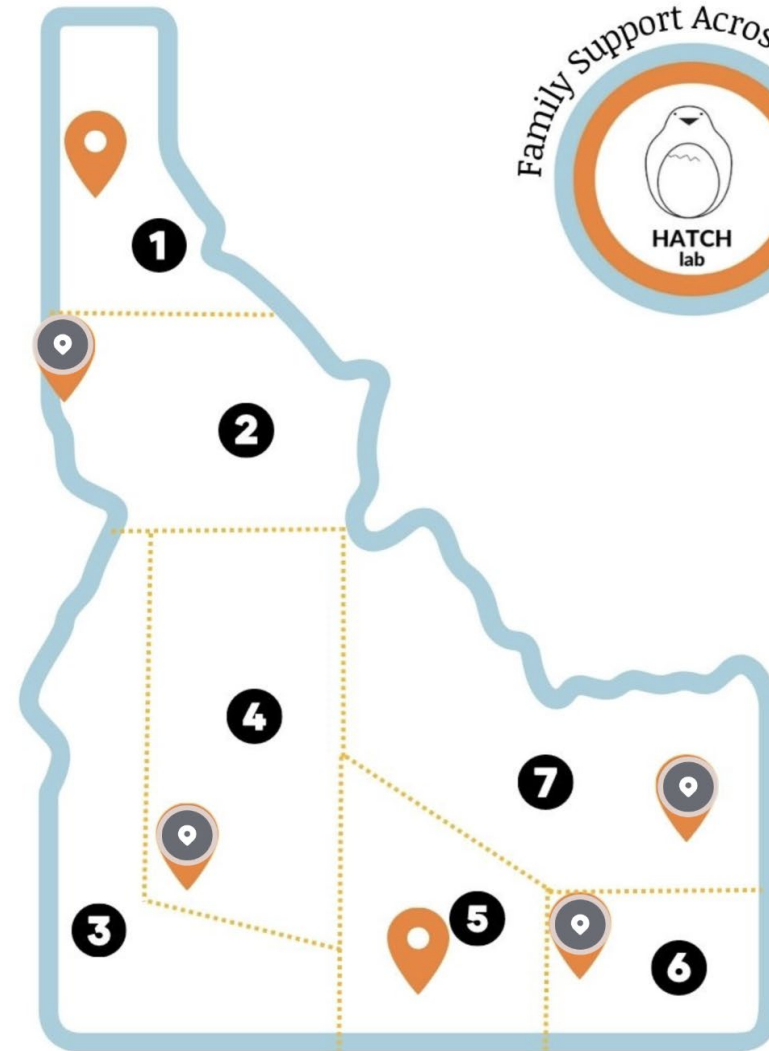


HATCH Lab Family Support

149 Families

2 Family Support Ambassadors

6 parents serving as a region-specific connection



Family Involvement

Operationally Define

Measures Used

HATCH Lab Synchronous
Family Involvement

HATCH Lab Asynchronous Family
Involvement



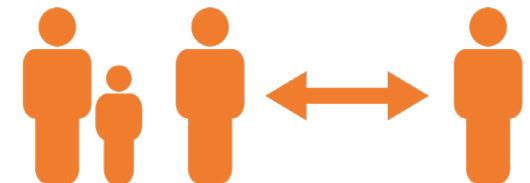
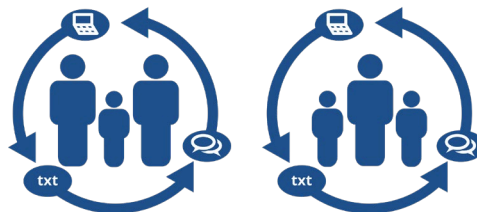
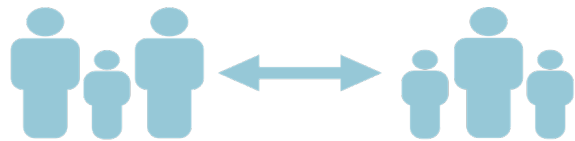
SOAR

Family Support

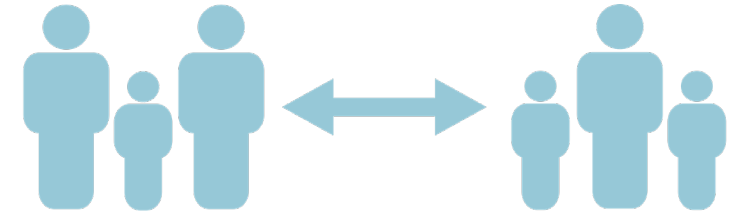


HATCH Lab Proposed Metric: Family Involvement

Synchronous	Asynchronous	Direct Contact
Weekly Family Connections (T@10) Social Outings Retreats Toddler Groups	Weekly Newsletter Family text threads Social Media Emails The Nest (Coming Soon)	Initial Phone Call Follow-up emails/texts/calls Direct Regional Support



HATCH Lab *Synchronous* Family Involvement Metrics



Weekly Family Connections

- Topics discussed
- Resource needs
- Number of caregivers attending each week

Toddler Groups

- Attendance
- Topics discussed

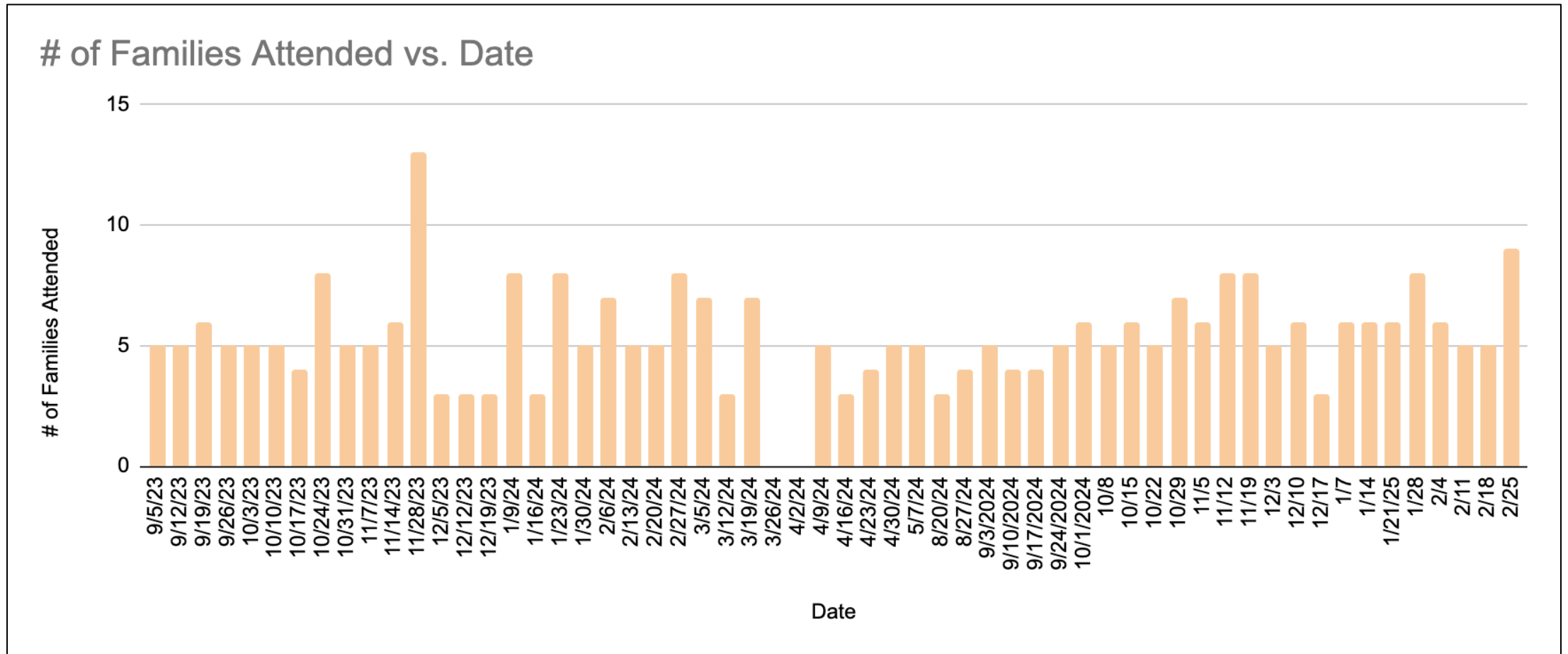
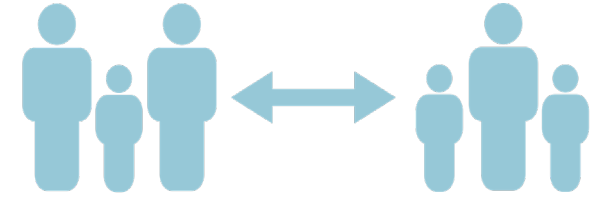
Social Outings

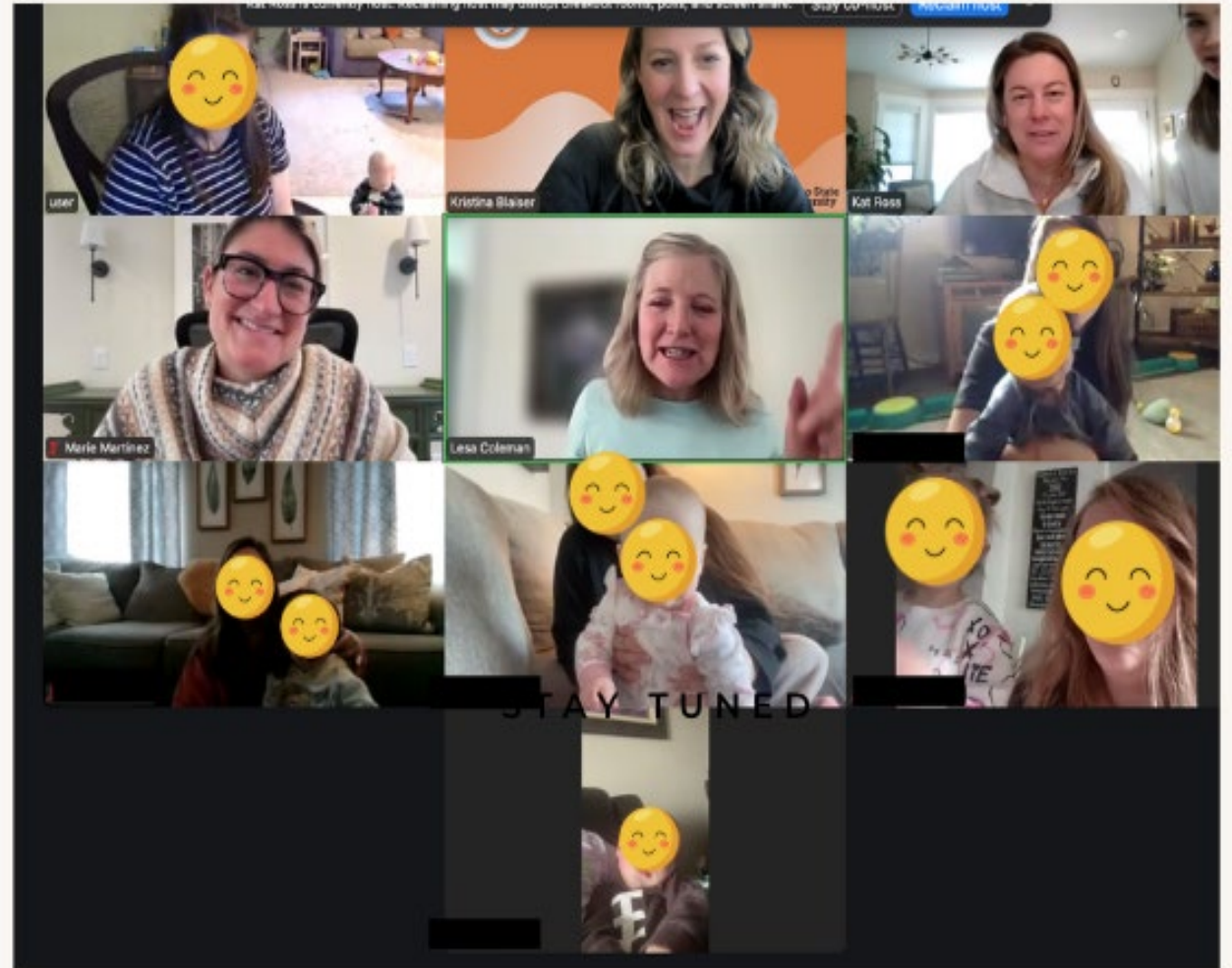
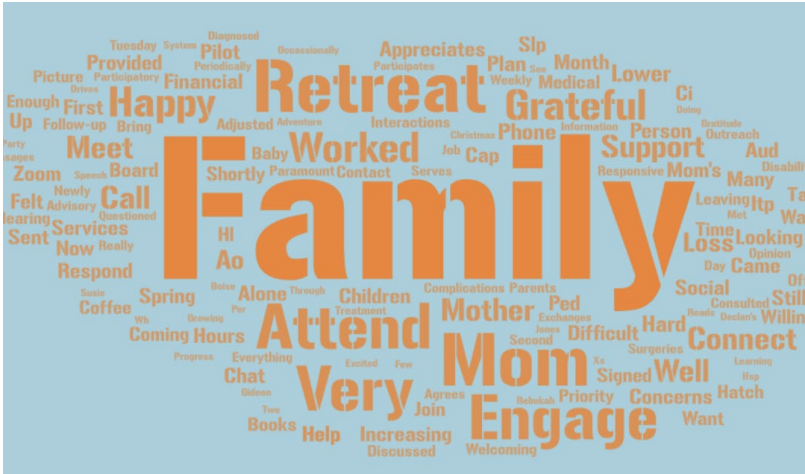
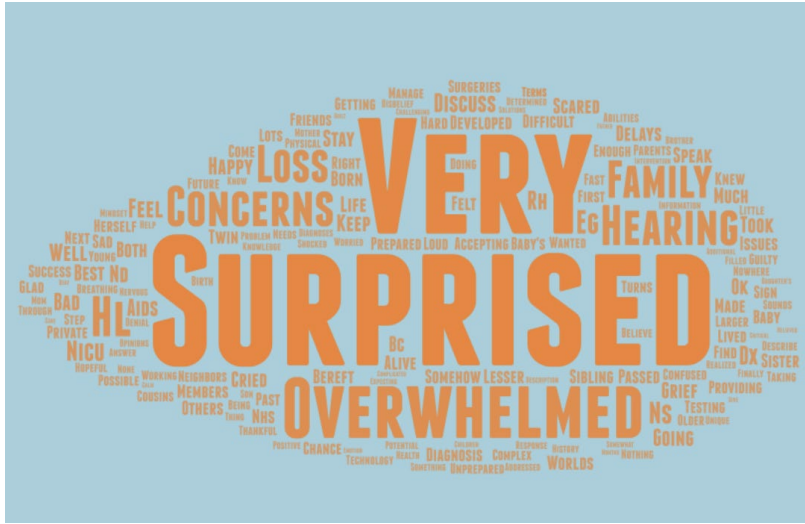
- Attendance (adults and children)

Retreats

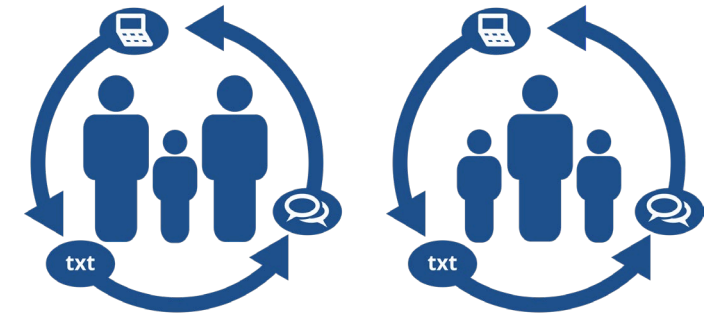
- Attendance (Adults and children)

Ongoing Connection





HATCH Lab *Asynchronous* Family Involvement Metrics



Weekly Newsletter

- Delivered
- Opened
- Interacted
- Polls

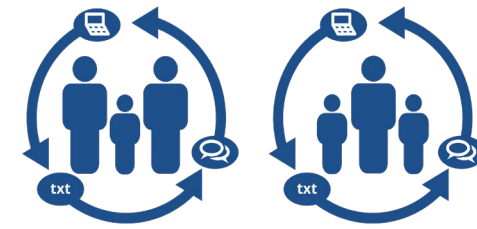
Social

- Newsletter Content
- HATCH Support Posts

The Nest (Coming Soon!)

- Video Views
- Uploaded Videos
- Message Support
- Content Engagement

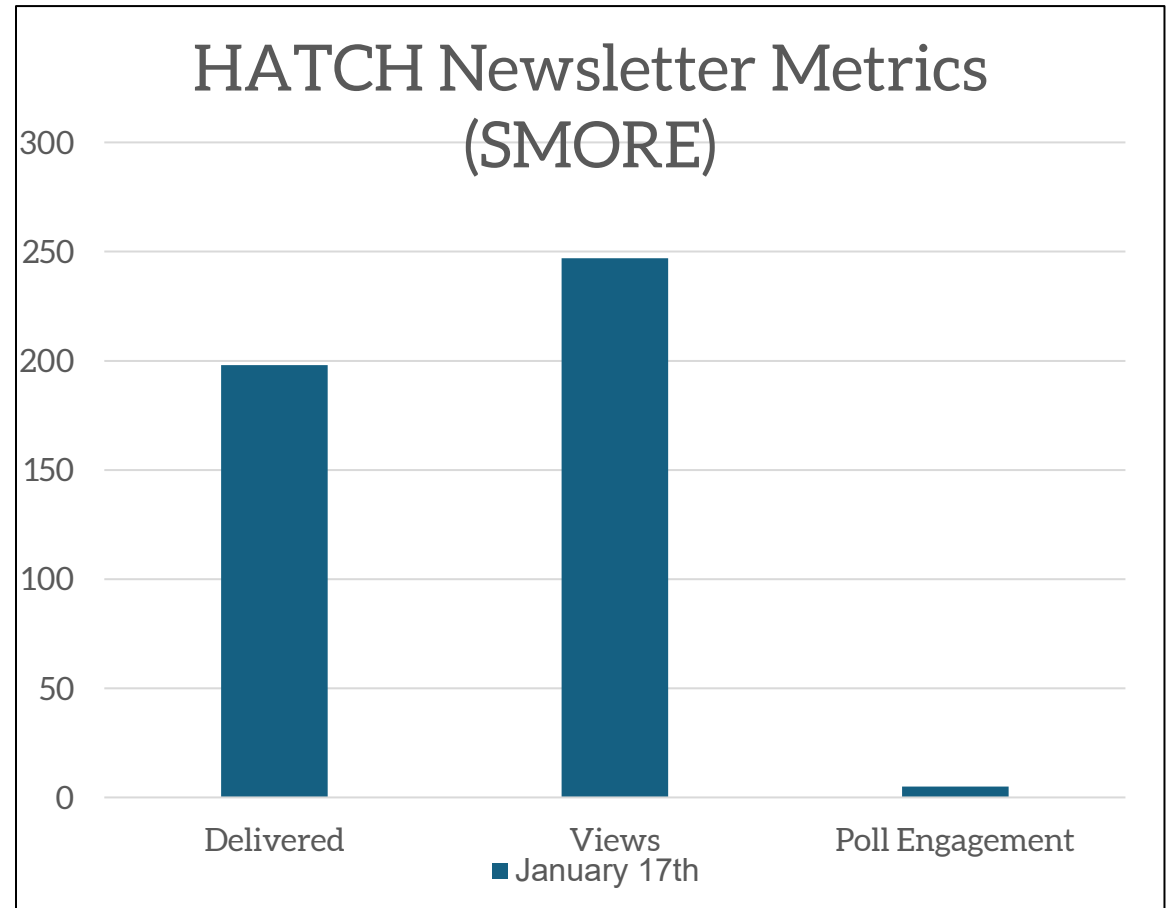
The Weekly HATCH Newsletter



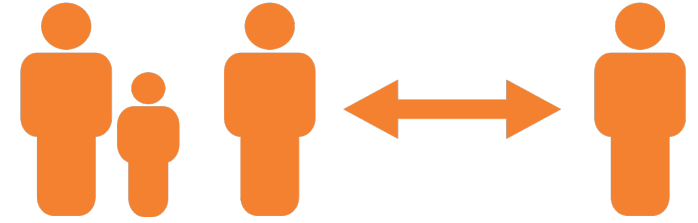
Gmail Platform



Smore Platform



HATCH Lab Direct Support Family Involvement Metrics



Text Messages

- Delivered
- Responded

Phone Calls

- Delivered
- Responded

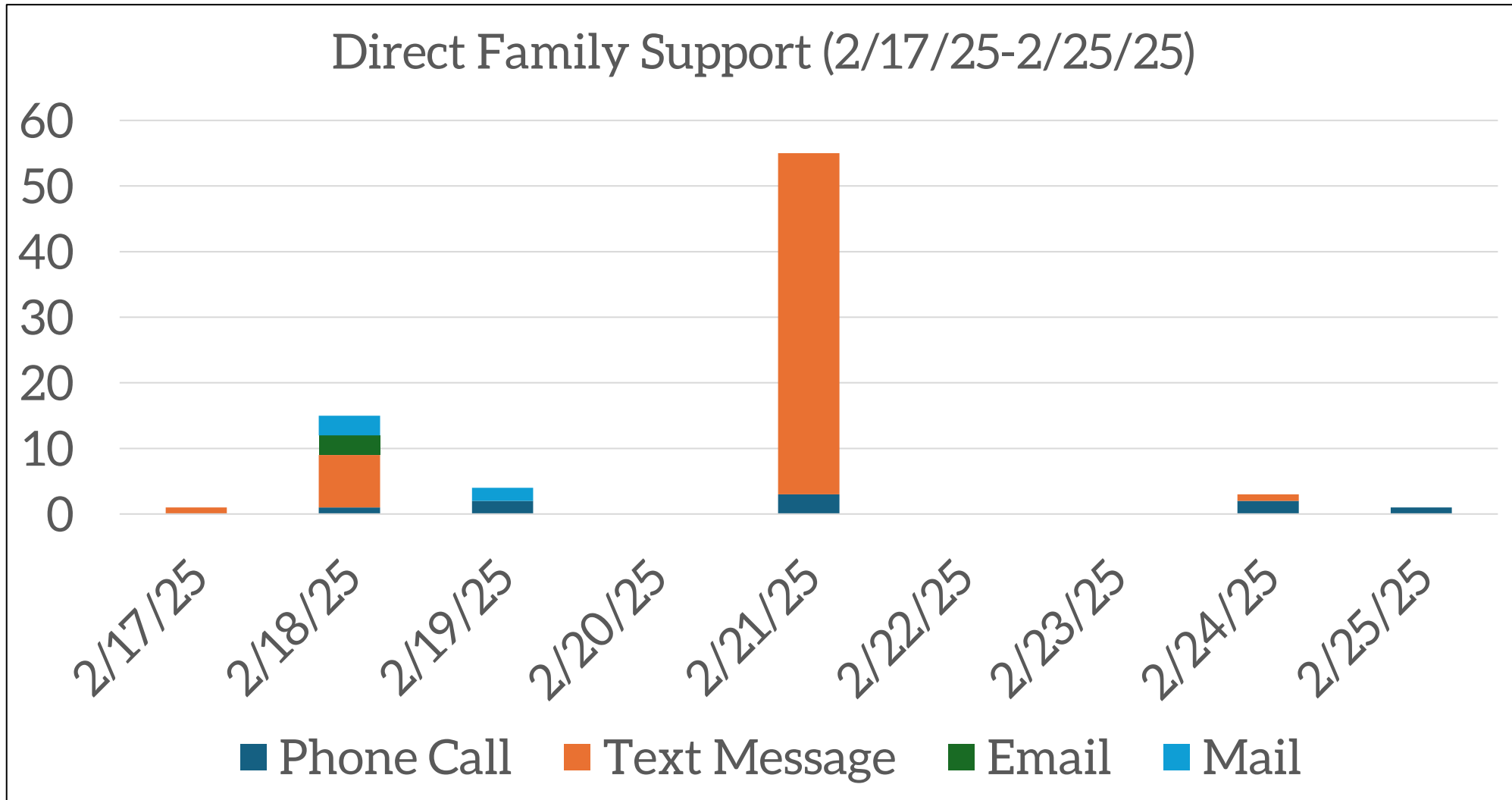
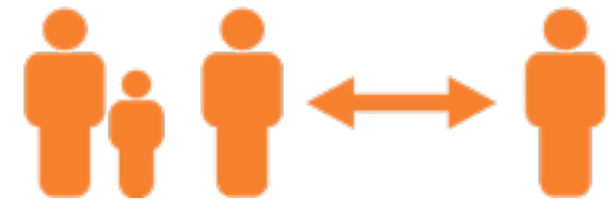
Email

- Delivered
- Responded




Mail

- Delivered

Direct One-on-One Support



Family-to-Family Support Rubric (HATCH Lab)

Category	0 – No Involvement	1 – Limited Involvement	2 – Consistent Involvement
 Synchronous Group Support <i>(Attends family support meetings, provider or independently planned social events)</i>	Does not engage in meetings or social events with other families.	Occasionally attends meetings or events but participation is less than one per year.	Regularly attends meetings and social events, and actively communicates with other DHH families.
 Asynchronous Involvement <i>(Engages in social media, online chats, text message groups, and remote training)</i>	Does not engage in online discussions, chats, or social media groups.	Occasionally participates in online discussions or reacts to posts but with little consistency.	Actively engages in online forums, social media discussions, and chats, offering support or insights.
 One-on-One Direct Support <i>(Engages in direct conversations, mentoring, or personal support)</i>	Does not engage in individual exchanges with other families.	Occasionally reaches out or responds to individual families, but inconsistently.	Regularly engages in one-on-one support through calls, messages, or in-person meetings.




Family-to-Family Support Rating Scale

0-2: Low Involvement – Little to no ongoing connection

3-4: Moderate Involvement – Some connection

5-6: High Involvement – Strong and consistent connections

Family-to-Family Support Rubric (Template)

Category	0 – No Involvement	1 – Limited Involvement	2 – Consistent Involvement
 Synchronous Group Support <i>(Attends family support meetings, provider or independently planned social events)</i>	Does not engage in meetings or social events with other families.	Occasionally attends meetings or events but participation is less than one per year.	Regularly attends meetings and social events, and actively communicates with other DHH families.
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Family-to-Family Support Rating Scale

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Tracking

Can we link/track family involvement over time?

Can we link it to child outcomes?

Determining the format of data collection

Pick List Maintenance

Field Name

Type

Show ☒

Free Text?

Pick List Maintenance

Field Name

Type

Values

Use commas to separate items for a selection list. Leave Values entry blank for text entry

Show ☒

Drop Down Label Text?

Pick List Maintenance

Field Name

Type

Values

Use commas to separate items for a selection list. Leave Values entry blank for text entry

Show ☒

Drop Down Numeric Value?

Building the Custom Form for Metric Collection.

☰

☰

+

Family Involvement

GBYS Form

Z BI

Custom Form Details

Form Name

Form Description

Field

✎

Required ☒

🗑️

0,1,2

Field

✎

Required ☒

🗑️

0,1,2

Field

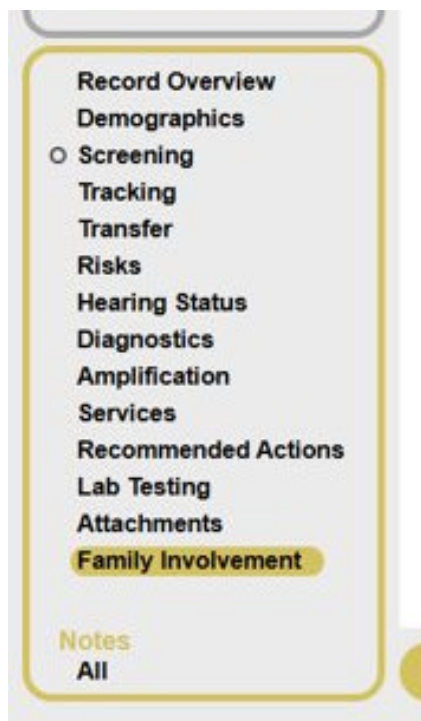
✎

Required ☒

🗑️

0,1,2

+



Baby Specific Entry

FDSALT, TEDDA

8/1/2022 AA438347...

Need Evaluation Appt.
In Progress

EVALUATION IN PROCESS. 01/28/24

Milestones: 0/-/-

Communication Hub

Phone: 0001112222

Record Overview

Demographics

- Screening
- Tracking
- Transfer
- Risks
- Hearing Status
- Diagnostics
- Amplification
- Services
- Recommended Actions
- Lab Testing
- Attachments
- Family Involvement**

Notes

All

Family Involvement 0

History

Date Created	Synchronous Group Support	Asynchronous Involvement	One-on-One Direct Support
<div> <p>Family Involvement</p> <p>Synchronous Group Support 0 ▾</p> <p>Asynchronous Involvement 1 ▾</p> <p>One-on-One Direct Support 2 ▾</p> </div>			

Please rate the quality of three types of Family to Family Involvement: Synchronous, Asynchronous and Direct one-on-one interactions. Use the following scale: 0 = No Involvement, 1 = Limited Involvement , 2 = Consistent Involvement

On-going Historical Entries and Reporting

JIOPLERA, LIPT
7/26/2022 AA43832152
Passed Screening Complete
Milestones: 0/-/-

Communication Hub

Record Overview
Demographics
○ Screening
Tracking
Transfer
Risks
Hearing Status

Family Involvement 3

History

Date Created	Synchronous Group Support	Asynchronous Involvement	One-on-One Direct Support
10-23-2024	2	1	0
12-21-2024	2	2	2
2-28-2025	0	1	1

Family Involvement

Form Name **Family Involvement**

Date
Birthdate
Range
1-28-2022 to 2-28-2025
Birth Facility
Any
Inp Screening Site
Any
Nursery
Any
Test Type
Any
Contact Information

Any of these Criteria

Asynchronous Involvement

Synchronous Group Support

One-on-One Direct Support

Date Created
9-1-2024 to

CSV XML

Report Data Preview
7 Records

Baby Name	Birthdate
Eight, One	12-15-2023
Flip, Flopper	4-14-2023
Forrest, Greene	8-22-2022
GEWDDSDFE, HFEADFD	7-31-2022
JIOPLERA, LIPT	7-26-2022
MSAWSAI PREINDA, SIDA	8-1-2022
REDUAND, RUILDNAD	8-1-2022

Future directions

1. Better understand the metrics of involvement in our state
2. Systematically support families across geographic locations
3. Link to developmental, academic, and communication outcomes
4. Revise/review metrics as we go



Welcome

to the



Engage with Us!

Visit Our Website
Hatchlab.com

Contact Us Directly

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James Fritzler	james.fritzler@usu.edu
Miranda Nelson	Miranda.Nelson@dhw.idaho.gov

Support Our Growth

@isuhatchlab

Thank You!

Appreciation

Team: Kat Ross & Lesa Coleman

We sincerely appreciate your attention and support throughout this presentation.

Questions Welcome

Feel free to reach out with any questions you might have. We're here to help!

Stay Connected

Connect with us on social media to stay updated on our latest news and events.

