

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
EDHI Coordinator	I. Re-establish NHS Advisory Committee a) evaluate composition b) add appropriate stakeholders c) establish sub-committees d) investigate interest of stakeholders	May 2008	Sept. 2008	Resources -original list  Obstacles -interest -time of members
EHDI Coordinator and staff	I. Improve services/Resources for non-English speaking families e) survey resources available f) determine objectives common to multiple agencies g) survey other state service activities/protocols	May 2008	March 2009	Obstacle - identifying resources in rural regions
EHDI Coordinator and staff	I. Interagency collaboration to: h) improve data sharing i) improve parent support j) improve referral process to lower lost to follow-up	May 2008	March 2009	Obstacles -technology of some agencies (compatibility) -financial/budget constraints -multiple models

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Beth Kaplan -EHDI program Mandy Morgan - ILP Dr. Martin Beals Linda Erb	<ol style="list-style-type: none"> <li>1. Improve collaboration between EHDI, EI, and Medical Home</li> <li>2. Integrate OAEs on high risk late onset into protocol</li> <li>3. Involve medical home on fluid issue</li> </ol>	2/08		Scheduling good collaboration has begun and we'll continue to work on this
Beth Kaplan Late Onset/High Risk Sub committee	<ol style="list-style-type: none"> <li>1. Establishing a statewide protocol for rescreening</li> <li>2. looking at current hospital practices</li> <li>3. Adapt practices to JCEH guidelines depending on remoteness of the community</li> </ol>	10/08		Coordination of sub-committee schedules
Beth Kaplan John Cartwright Barb Neeson Mandy Morgan	<ol style="list-style-type: none"> <li>1. Develop a parent survey</li> <li>2. Where do you get support, where is it, what do you need</li> </ol>	5/08		Current parent navigator is an interim navigator due to the resignation of the previous PN but Stone Soup Group does have a process in place

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All AZ. EHDI participants including Chapter Champion	<ol style="list-style-type: none"> <li>1. This group will meet within a few weeks to discuss strategies to implement the identified problems</li> <li>2. Determine group of stakeholders then invite the education stakeholders</li> </ol>	2/26		Schedules, resources Learning the questions to ask to determine who needs to be at the table
				Our four top Issues <ol style="list-style-type: none"> <li>1. Education</li> <li>2. LTFU/ LTD</li> <li>3. Challenges               <ul style="list-style-type: none"> <li>-Language/Cultural</li> </ul> </li> <li>4. Communication between partners</li> </ol>

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	<p><b>Increase collaborative efforts of stakeholders in EHDI program</b></p> <ol style="list-style-type: none"> <li>1. Open communication among stakeholders involved with EHDI program including ACH audiologists, Part C (Mike McMillan and Nancy Yarborough), Hands &amp; Voices, ASD, UALR/UAMS graduate program</li> <li>2. Seek input for grant writing endeavors</li> <li>3. Educate or refer regarding primary hearing loss and impact on communication</li> <li>4. Case coordinator/Service coordinator specifically trained for hearing impairment and not an employee of any other facility (conflict of interest)</li> </ol>			<p>Obstacle: Lack of Part C funding  Resource: Advocacy Groups (AGBell, Family Voices, AAP Chapter Champion)  Resource: State EHDI Advisory Council  Resource: Research on benefits of early intervention for children with hearing loss</p>
	<p><b>Part C</b></p> <ol style="list-style-type: none"> <li>1. Separate service provider and case coordinator</li> <li>2. Refer to NCHAM website</li> <li>3. Hire a case coordinator to manage kids who have hearing loss as a primary disability</li> <li>4. Make the point that a development disability center is not an appropriate placement</li> <li>5. Do not require agencies to be certified as DDS centers in order to provide appropriate services</li> <li>6. Separate Part C funds from Medicaid funds</li> <li>7. Challenge EI to pay for daycare for 'typically' developing children (with primary disability of hearing loss)</li> </ol>			

	<p><b>Hospital hearing screening program</b></p> <ol style="list-style-type: none"><li>1. Change reporting requirements</li><li>2. Rescreen – educate providers, families, etc</li><li>3. May/Better Speech and Hearing month – public service announcement</li><li>4. Explore telemedicine for education of providers – use other NCHAM models of training</li></ol>			
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Susan Schaller	<ol style="list-style-type: none"> <li>1. EI Capacity training issues-</li> <li>2. Coordinate with CDE/research/needs assessment</li> <li>3. Write grant</li> <li>4. Develop and implement training program</li> </ol>	8/08	8/08	Time and Money
Nancy Sager	<ol style="list-style-type: none"> <li>1. Contact Arlene Stredler-Brown regarding resources and training/format</li> </ol>	2/09	2/09	
Hallie Morrow -HCCS	<ol style="list-style-type: none"> <li>1. Parent information at screening</li> <li>2. HCCS to reinforce use of brochures and providing information to parents at semi-annual meetings.</li> </ol>	3/08	Ongoing	
Susan Schaller Parul Bhatia            Jill Ellis	<p>Lack of awareness of physicians</p> <ol style="list-style-type: none"> <li>1. Coordinate with AAP chapter champions</li> <li>2. Research/Needs assessment</li> <li>3. Write grant</li> <li>4. Develop and implement curriculum</li> <li>5. Willing to provide materials CEID had developed</li> </ol>		8/08 2/09	Time and Money

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Vickie Thomson Emily Fields Jennie Germano Sandra Gabbard Al Mehl	Improve loss to follow-up statewide <ol style="list-style-type: none"> <li>1. Create local EHDI teams (Audiologist, Hospital, CO-Hear Coordinators, HCP Team Leader, Part C Coordinator, Physician champion)</li> <li>2. EHDI teams develop a hospital protocol to ensure all providers and families understand the recommendations</li> </ol>	6/08	9/08	Obstacle: Significant travel barriers due to geographic and rural communities Resource: Local Audiology, CO-Hear, Part C, HCP Team Leaders, and Hospital Coordinators Resource: Additional MCHB funding Resource: Colorado Infant Hearing Advisory Committee Resource: Data from the EHDI database
Vickie Thomson Dinah Beams Emily Fields Stacey Kennedy	Improve the screen and rescreen rate of the Level III NICU population <ol style="list-style-type: none"> <li>1. Meet with Part C NICU liaisons to discuss the importance of newborn hearing screening</li> <li>2. Develop a plan to document PCP (vs. neonatologist) and ensure a NHS prior to discharge.</li> </ol>	5/08	6/08	Obstacle: New territory for NICU Liaisons Resources: CO-Hear Coordinators, State EHDI Follow-up Coordinator Resources: Part C collaboration with HCP
Janet DesGeorges Emily Fields Jennie Germano Sandra Gabbard Dinah Beams	Improve outcomes for the Spanish speaking families from screening through EI. <ol style="list-style-type: none"> <li>1. Through the local EHDI Teams identify gaps and barriers to serving Spanish speaking families.</li> <li>2. Ensure that every hospital provides Spanish speaking translators to discuss the newborn hearing screening results and recommendations.</li> <li>3. Identify resources for EI DVD's in Spanish for Auditory Skill Development</li> <li>4. Continue to identify resources for telehealth opportunities for both audiological assessments , parent support, and early intervention services for all families of any language.</li> </ol>	6/08	ongoing	Obstacles: Lack of Funding for EI interventionists and Parent Guides to meet the demands of the percent of Spanish speaking families statewide. Obstacles: Lack of bilingual providers Resources: Connections with EI Groupa Vida Resources: Acknowledgement that there is a need statewide for all CSHCN Resources: Statewide conference on cultural diversity/responsiveness being held summer 2008

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Dr. Balch (DPH) Donna/Amy	<ul style="list-style-type: none"> <li>I. Increase pediatric healthcare provider education clarify what               <ul style="list-style-type: none"> <li>k) ID on discharge summary what a refer on hearing screen means</li> <li>l) Disseminate JCIH risk factor sheets</li> <li>m) Rescreen newborns readmitted with 1 month</li> <li>n) Get list of CT (pedi unit) hospitals with pedi units</li> </ul> </li> </ul>			
(DPH) Donna/Amy B23 Linda will inform B23 centers	<ul style="list-style-type: none"> <li>I. Obtain parental consent on all referrals so that B23 can report to DPH quarterly on all kids loss referred with hearing (so we know what kids we are missing)</li> </ul>			
Dr. Balch DPH- Donna/Amy	<ul style="list-style-type: none"> <li>I. Better connection with ENTs               <ul style="list-style-type: none"> <li>o) identify pedi ENTs in CT</li> <li>p) Present at annual meeting</li> <li>q) Encourage medical home collaboration to help lower number of undetermined type hearing loss</li> </ul> </li> </ul>			

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	1. Audiologist mentoring- identify “holes” and offer tracing review and discussion 2. Fax back to audiologist about conformation of referral to Early Steps and notice that they will be contacted with the ES enrollment status. Follow up via phone. 3. Send out survey to audiologists to update 2001 results (fax back) or survey monkey. 4. Work with service coordinators in LES for all children with HL not in data base. Brainstorm problem, possibly contact parent, offer service on sensitivity to parents, etc.			
	5. When a child shows up in LES database with an ECDH code who has not been reported to NSU, contact audiologist 6. Focus on the next stage of professional development for newly trained SKI-HI providers			

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State Team <ul style="list-style-type: none"> <li>• Sharon Quarry</li> <li>• Daphne Terry</li> <li>• Brendan Noggle</li> <li>• Brandt Culpepper</li> <li>• Dr. Todd</li> <li>• Terri Patterson</li> <li>• Julia Janka</li> <li>• Others</li> </ul>	<ol style="list-style-type: none"> <li>1. Ensure regular communication between State staff and external stakeholders regarding the status of Georgia's tracking and surveillance system (SENDSS) which is currently under development.</li> <li>2. Hire additional State staff to coordinate EHDI/SENDSS activities.</li> <li>3. Schedule periodic SENDSS update meetings.</li> </ol>	In progress  10/08 (SENDSS ready for viewing)	4/08  Until SENDSS completion	<ul style="list-style-type: none"> <li>• Completion of modules</li> <li>• Staffing shortage, Scheduling issues with stakeholders</li> </ul>
Brandt Culpepper Daphne Terry Sharon Quarry	Check NCHAM website for lost to follow-up suggestions ( based on presentation) as they relate to SENDSS.	5/08	5/08	<ul style="list-style-type: none"> <li>• Scheduling</li> <li>• Feasibility of adapting suggestion into SENDSS.</li> </ul>
Sharon Quarry  EDHI Training and Education Workgroup	<ol style="list-style-type: none"> <li>1. Begin Training and Education efforts</li> <li>2. Organize a EHDI Training and Education Workgroup</li> <li>3. Have Workgroup develop various surveys to identify pediatric Auds and ENTs providers, create a listing, and periodically update the listing.</li> </ol>	3/08  5/08	4/08  ongoing	<ul style="list-style-type: none"> <li>• Scheduling</li> </ul>
<ul style="list-style-type: none"> <li>• Sharon Quarry</li> <li>• Daphne Terry</li> <li>• Brendan Noggle</li> <li>• Brandt Culpepper</li> <li>• Dr. Todd</li> </ul>	Develop professional collaborations to assist in overcoming our EHDI challenges <ol style="list-style-type: none"> <li>1. Enlist the help of the GA chapters of professional organizations (ENTs, Auds, pediatricians, family practitioners to develop the aforementioned surveys</li> <li>2. Educate and train the above groups regarding SENDSS and solicit their feedback</li> <li>3. Invite participation of above groups on the EHDI Training and Education Workgroup.</li> </ol>	5/08	ongoing	<ul style="list-style-type: none"> <li>• Scheduling</li> <li>• Manpower</li> </ul>

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EHDI Coordinator and staff	I. Collaborate with the Department of Public Health and Social Services, Vital Statistics office, to revisit a possible linkage between an electronic birth certificate and Guam EHDI.	March 2008	August 2008	Resource: National Association for Public Health Statistics and Information System (NAPHSIS) Center for Disease Control & Prevention (CDC)  Obstacles: Lack of electronic birth certificate or equivalent databases
EHDI Coordinator and staff	I. Collaborate with Guam Public School System, Guam Early Intervention System (GPSS-GEIS) and Guam EHDI in procuring contractual pediatric audiological services on a quarterly basis	April 2008	August 2008	Resource: GPSS-GEIS Part C Coordinator  Obstacles: Funding Cost Lack of pediatric audiologists
EHDI Coordinator and staff	I. Re-establish collaboration with Naval Hospital for data-sharing	April 2008		Resource: Health Resources and Services Administration (HRSA) Governor's Special Assistant on Data Management  Obstacles: Revolving Commanders

EHDI Coordinator and Pediatric Champion	I. Improve medical home collaboration with DPHSS Children with Special Health Care Needs, and the Ear, Nose and Throat specialist.	May 2008	Dec. 2008	Resource: Website on Medical Home  Obstacles:
EHDI Coordinator and staff	I. Improve GPSS-GEIS collaboration with Guam EHDI to reduce loss to follow-up	April 2008	Ongoing	Resource: Ongoing collaboration with GPSS-GEIS Linkage between Guam EHDI & GPSS-GEIS  Obstacles:
EHDI Coordinator and staff	I. Begin process to include ABR screener evaluations as part of the protocol for high risk and NICU infants hearing screening process	June2008		Resource: JCIH 2007 Guidelines  Obstacles: Funding Training

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NHSP Coordinator AAP Coordinator EHDI advisory group NHSP hospital coordinators Parent coordinator	Increase the percentage of children who meet the 1-3-6 timeline <ol style="list-style-type: none"> <li>1. establish standing orders in at least one hospital as a pilot</li> <li>2. increase timely hospital referrals</li> <li>3. retrain regarding appropriate use of 2 stage OAE-aABR screening</li> </ol>	4/1/08	3/31/11	Obstacles Lack of Part C database Part C confidentiality  Resources HRSA funding State funds
NHSP Coordinator AAP Coordinator EHDI advisory group NHSP hospital coordinators Parent coordinator	Decrease percentage of children lost to follow-up/ lost to documentation <ol style="list-style-type: none"> <li>1. Improve tracking compliance with timeline for closer hospital f/u</li> <li>2. Reduce time for confirmed failed screen and referral for diagnostic evaluation</li> </ol>	4/1/08	3/31/11	Obstacles Manpower for tracking Lack of hospital staff for screening and F/U and data entry Lack of knowledge Staff turnover and need for retraining Limited state staff
NHSP Coordinator AAP Coordinator EHDI advisory group NHSP hospital coordinators Parent coordinator	Increase percentage of families with possible/confirmed hearing loss who receive family to family support at the evaluation and intervention stages of the EHDI process	4/1/08	3/31/11	Limited pediatric audiologists Lack of ABR capability on neighbor islands  Resources Part C funds Children with special health needs funds

NHSP Coordinator AAP Coordinator EHDI advisory group NHSP hospital coordinators Parent coordinator	Family to family support <ol style="list-style-type: none"> <li>1. Hire parent coordinator at least 0.75 FTE to work as a member of state F/U team</li> <li>2. Educate program staff and providers about importance of family to family support</li> </ol>	4/1/08	3/31/11	Resources HRSA funding
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Tammy O'Hollearn, EHDI coordinator Laurie Robison, EHDI Asst. Student	1. Ensure all individual providers, facilitators who provide hearing screening and /or assessments will report to IDPH as required by law	4/15/08	7/15/08	Resources: contact professional boards State EDHI Advising Committee
	2. Locate (verify) and educate physician offices, ENT clinics, educational audiologists providing hearing screening and/or assessment services to children under 3 who are not currently reporting to IDPH			
	3. Establish training schedule for providers who will be using the eSP data system	7/15/08	10/15/08	
	4. Provide in-service to providers reporting hearing screening and/or assessment results using paper forms			
	5. Amend administrative rules that implement EHDI legislation to include a reporting requirement of six days for all practitioners who provide screens, re-screens, and diagnostic assessment for children within the age of three to report results to IDPH	7/15/08	10/15/08	
	7/01/08	3/1/09		
Tammy O'Hollearn, EHDI Coordinator Erin Kongsharp, EHDI F/U Coordinator Lenore, Nick, Emily- Head Audiologists	1. The state EHDI program will develop a policy of procedures manual for the EHDI programs for the hospitals, AEAs, private practice, etc, screening through early involvement (Part C)	4/1/08	5/1/08	Obstacles: 1. Time to develop 2. Format for training 3. Accessing everyone for training  Resources: 1. EHDI Advisory Committee 2. QA subcommittee 3. Hospital, private practice facility, AEA, Part C
	2. Revise other programs manuals or guides			
	3. Develop a criteria			
	4. Put together a manual with peer review	5/1/08	6/1/08	
	5. Distribute to all providers	6/1/08	11/1/08	
	11/1/08	1/1/09		

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EDHI Coordinator  Sound Beginnings Advisory Committee	<ol style="list-style-type: none"> <li>1. Get more than one contact               <ol style="list-style-type: none"> <li>a) family</li> <li>b) outside of home</li> <li>c) hospital</li> <li>d) screen</li> <li>e) aud.</li> <li>f) e.i.</li> <li>g) medical home</li> </ol> </li> <li>2. decrease loss to follow-up</li> <li>3. update form- revise</li> </ol>	04/08 Adv. Mtg	07/08	Obst. -Time Res.- Part C Res.- Texas form Res.- Chapter Champion sent letter AAP- Pam Snow
EHDI Coordinator  Sound Beginnings Advisory Committee	<ol style="list-style-type: none"> <li>1. Identify Medical Home</li> <li>2. educate screeners, audiologist, early intervention</li> <li>3. Revise form to include</li> </ol>	04/08	07/08	Res. Disseminate on web Res. Why needs to be completed

Chapter Champion	<ol style="list-style-type: none"> <li>1. Find Family Physician Chapter Champion</li> <li>2. Quarterly; periodically write AAP article about EDHI, 1-3-6 goals</li> </ol>	03/08	08/08	<p>Obst: Time away fro, practice  Convince FP value of EHDI  Joint-common meeting; share recruit.</p> <p>Obst: Time  Res. NCHAM, EHDI Coordinator</p>
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Parents Non-state workers (MD's, nurse, University) State agencies EHDI staff	I. more collaborative meetings - increasing deaf adults/parents of deaf children on advisory boards	Spring 2008		
Tony Eric  KSD	I. Development of "Guide by Your Side"  - Deaf Mentor	Spring 2008		

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EHDI Coordinator (L. Farr) Dwana Green EPR Melanie Peat LSU HSC Aud Faculty	<ol style="list-style-type: none"> <li>1. Produce needs assessment for children who are deaf/h/h</li> <li>2. Update provider directory of audiologists and services available</li> <li>3. Coordinate the services with the need around the state</li> </ol>	4/08	4/09	Need to coordinate with other (Part C- DDE- EHDI, etc)

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Brenda Medlin, MD Chapter Champion	1. Direct referrals to Audiologists Maine Medical Center, Grand Rand	03/08		time
Toni Wall Project Director	1. Finish MOA with PART C- include "participating provider"	03/08	04/08	Approval of participating provider. MOA must be signed.
	2. AAP Samoset Annual Conference –May 2008 Agenda	03/08	03/08	No obstacles. Need to contact Exec. Director
Vivian Mikhail Parent Consultant	1. Contact Brochure or letter before baby discharged	03/08	03/08	No obstacles obtaining resources
Quanshung Sung Childlink Programmer	1. obtain information on audiologists working with hospitals.	03/08		
Karen Hopkins Lynn Schardel Early Child Family Services	1. Send information on 1, 3, 6 back to Newborn Hearing Program	03/08		No obstacles. Consent is complete with NBHS as a check off

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Paul Farrella Chris Dowling Mary Ann Richmond	I. Family support/informal activity to encourage interaction with the deaf community	9/08	10/09	Funding for events will be an issue
Linda Vaughan Debbie Metzger	I. Investigate EHDl being identified as a participating provider under Part C to facilitate interagency exchange of information and/or development of a consent form and procedure	5/08	10/08	
Linda Vaughan Mary Ann	I. Improve use of state resources by expanding existing technology options (DHMH website, etc)	3/08	Ongoing	

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Janet and Sarah Parents	Work with Ron on National Part C meeting			
Parent State EHDI Schools for Deaf- Medical Community	<ol style="list-style-type: none"> <li>1. Scripting messages at hospital screening to ensure screeners provide appropriate messages.</li> <li>2. 4/5 children DNP- diagnosed with hearing loss</li> </ol>	4/08		
State EDHI MA health Legal Office	<ol style="list-style-type: none"> <li>1. Investigate collaborative relationship with state Medicaid Program to improve access to tracking information to ensure follow-up.</li> </ol>	6/08	6/09	Legal issues Time consuming Getting on the agenda
Janet Farrell Sarah Stone Jane Stewart Parents	<ol style="list-style-type: none"> <li>1. Continue working with AAP Champion to ensure families with risk indicators get connected to follow-up, also checklist</li> </ol>	5/08	10/08	
State EDHI Perinatal Health	<ol style="list-style-type: none"> <li>1. Educate the medical community (eg. OB/GYN) on risk of transmission of congenital CMV</li> </ol>	4/08	6/08	

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EHDI staff -hospital EHDI Coordinators	1. Help improve LTF/LTD a) contact families by letter or reminder phone calls			Where in follow-up system should contact family and how to do it
EHDI staff CSHCS Division director Dr. Baker	1. Improve CSHCS a) communication with providers and CSHCS reps b) give families info c) need to empower parents 2. CSHCS a) - lobby legislature to help pay for screens			Difficult to change policy
EHDI staff -advisory  EHDI staff -MCIR	1. Improve intervention documentation a. re-evaluate intervention data we collect and ways to lower LTD b. collaborate with HI supervisors group  EHDI data on MCIR			FERPA/ Part C regulations

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Laura (MN H&V) MDH MCSHN Staff	<ol style="list-style-type: none"> <li>1. Develop transition resource for Families (Part C/Part B)</li> <li>2. Include Laws and Regulations</li> </ol>	3/08	3/09	Resource: Work with MN Pacer Resource: New MDH MCSHN Part C Planner Resource: Colorado developed something similar
Mary Curt(MN H&V) MDH MCSHN staff Ann	<ol style="list-style-type: none"> <li>1. Develop strategies to utilize interactive technology to provide training intervention to parents and professionals</li> <li>2. Webtraining 101 for parents</li> <li>3. EI services to families</li> <li>4. Training for providers</li> <li>5. Weblisting of service providers</li> </ol>	3/08	3/09	Resource: Teleschool Aust Resource: Infant hearing guide Resource: Online training resources
MDH staff PHL & MCSHN	<ol style="list-style-type: none"> <li>1. MDH staff will meet to discuss and explore existing sources of risk factor data and develop a plan on how to proceed</li> </ol>	4/08	6/08	Resource: Other EHDI programs
EI Advisory committee work group	<ol style="list-style-type: none"> <li>1. Develop (based on best practice) EI provider competencies</li> <li>2. Develop a survey of EI provider self- assessment</li> </ol>	3/08	3/09	Resource: Regional EHDI Teams
Mary Hartnett EHDI State Staff MN H&V	<ol style="list-style-type: none"> <li>1. Explore and introduce opportunities foe DIHH people and parents to participate in EHDI state and local activities</li> </ol>	3/08	ongoing	

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EHDI Coordinator DHSS follow-up staff AAP Champion	<ol style="list-style-type: none"> <li>1. Ensure all screening results are sent to MO DHSS</li> <li>2. DHSS will:               <ol style="list-style-type: none"> <li>a) Ask parents who call MO DHSS regarding results where infant was rescreened</li> <li>b) AAP Chapter Champion will contact the MDs/clinics identified above</li> <li>c) DHSS will create electronic version of rescreen form and place online and In AAP newsletter</li> </ol> </li> </ol>	3/1/08	5/1/08	Obstacle: <ol style="list-style-type: none"> <li>1. Poor responding practices by some pediatricians</li> </ol> Resource: <ol style="list-style-type: none"> <li>1. AAP Champion</li> </ol>
EHDI Coordinator Bureau Chief	<ol style="list-style-type: none"> <li>1. Ensure Part C indentifiable EI info is sent to DHSAS in Timely fashion</li> <li>2. Meet with Part C and the stakeholders</li> <li>3. Expand MO Hear project</li> <li>4. Explore “participating provider” theory</li> <li>5. Pay for Part C Coordinator to attend EHDI conference</li> </ol>	3/1/08	2/28/09	Obstacles: <ol style="list-style-type: none"> <li>1. Part C privacy regulations</li> </ol> Resources <ol style="list-style-type: none"> <li>1. Bill Connelly DESE contact</li> <li>2. Audiologists Consultant</li> <li>3. MO Hear pilot service Coordinator</li> </ol>
EHDI Coordinator Bureau Chief	<ol style="list-style-type: none"> <li>1. Strengthen collaborative relationships to ensure appropriate services</li> <li>2. Meet with MO School for Deaf, Special Health Care Needs, Early Head Start</li> </ol>	3/1/08	10/1/09	Obstacles: <ol style="list-style-type: none"> <li>1. Agencies are outside of Bureau</li> </ol> Resources: <ol style="list-style-type: none"> <li>1. Contacts exist within the agency</li> </ol>

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
	<ol style="list-style-type: none"> <li>1. Clarify referral process               <ol style="list-style-type: none"> <li>a. In-service screeners</li> <li>b. Parenting class brochures about screening</li> <li>c. F/U on what hospitals are giving to parents pre-admittance</li> </ol> </li>   <li>2. Establish a state EHDI team               <ol style="list-style-type: none"> <li>a. In-service providers of importance of early identification</li> <li>b. F/U with Part C referral process</li> <li>c. Work with Educational Audiologist/ Pediatric Audiologists</li> </ol> </li>   <li>3. Lack of resources:               <ol style="list-style-type: none"> <li>a. Pediatric Audiologists specialized in d/hh</li> <li>b. SLPs specialized in d/hh</li> </ol> </li> </ol>			

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
Jeff Hoffman	<ol style="list-style-type: none"> <li>1. Ensure that appointment for rescreen be made before hospital discharge</li> <li>2. Diagnostic evaluation be made when rescreen failed</li> <li>3. EI referral after failed rescreen</li> </ol>	4/08	4/09	Resource: meeting with NE Hospital EHDI coordinators Obstacle: Hospital administrators cooperation, Audiology cooperation
Don Uzendoski Jeff Hoffman	I. EHDI education in combined Nebraska U and Creighton U Ped. Residency Program	4/08	4/09	Cooperation from Resident Director
Jeff Hoffman	I. Facilitate development of GBYs in Nebraska EHDI program	4/08	4/09	Obstacles: Nebraska H&V not well organized at this time
Jeff Hoffman	I. Increase involvement of Audiologists in reporting referrals and providing resource materials to families	4/08	4/09	Obstacle: Audiologists interest and cooperation Resource: Jeff Hoffman so on-site visits

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

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		Begin	Finish	
	<ol style="list-style-type: none"> <li>1. How can we promote accountable?</li> <li>2. Can we use standards and certification?</li> <li>3. Deaf mentors more widely available after infancy</li> </ol>			<ul style="list-style-type: none"> <li>-Can hospital assn help?</li> <li>-Will hospital comply?</li> <li>-Dawn will ask re mentors</li> <li>-Explore expanding-revisiting after family sign course</li> </ul>
	<ol style="list-style-type: none"> <li>1. How do parents get results?</li> <li>2. How do MDs get results?</li> </ol>			<ul style="list-style-type: none"> <li>-Who is responsible?</li> <li>-Hospital responsible- don't know if verbal or written</li> </ul>
	<ol style="list-style-type: none"> <li>1. Can we use website to inform parents/ PCPs about next steps?</li> <li>2. Can we use Peds/FP list serve?</li> <li>3. Can we use Early Head Start to find missing families?</li> </ol>			

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
All EHDl staff (Leslie Beres-Sochka, Nancy Schneider, Kathy Aveni, Linda Biando, Karyn Dynak) and AAP Chapter Champion (Dr. Michael Graff)	<ol style="list-style-type: none"> <li>1. To ensure children and parents have access to other families with a variety of communication methods through development of a family and deaf/hard of hearing-friendly family support/networking event.               <ol style="list-style-type: none"> <li>a. Proposed activity will be a summertime family picnic and/or parent/child panels to be held in 4 locations throughout the State.</li> </ol> </li> <li>2. Leslie will research availability of CDC Conference grant funds</li> <li>3. Mike will investigate availability of PCORE funds</li> <li>4. After determination of funding source, EHDl staff will commence picnic planning               <ol style="list-style-type: none"> <li>a. Proposed activity of providing adult Deaf/Hard of Hearing mentors to children/families                   <ol style="list-style-type: none"> <li>i. Mike will contact Big Brother/Sister program to see if already have Deaf/HoH category.</li> </ol> </li> </ol> </li> </ol>	Now	Summer 2009	Obstacles: Funding!  EHDl staff time availability.  Role model match (like a Deaf/HoH Big Brother/Sister) if in a private one-on-one setting (vs. large event setting), may have legal/safety concerns (i.e. how to be sure mentors aren't child molester, criminal, etc.)

<p>All EHDI staff and AAP Chapter Champion (Dr. Michael Graff)</p>	<ol style="list-style-type: none"> <li>I. Improve pediatrician understanding of current recommendations. <ol style="list-style-type: none"> <li>a. Mike will check for revised AAP materials</li> <li>b. Mike will contact NJ AAP President for approval of idea for regular "EHDI update" column in the NJ AAP quarterly newsletter</li> <li>c. Nancy will draft "EHDI update" column content to be reviewed by Mike. First several topic ideas are: <ol style="list-style-type: none"> <li>2. Ear atresia</li> <li>3. JCIH update</li> <li>4. Developmental screening tools to use for speech/language/hearing assessment by MDs</li> <li>5. Tool suggestions for pediatric global developmental screenings at recommended intervals <ol style="list-style-type: none"> <li>a. Karyn will work with DHSS Webmaster to add "pedi update" page to EHDI website to post same articles/updates.</li> </ol> </li> </ol> </li> </ol> </li> </ol>	<p>Now</p>	<p>Soon</p> <p>First edition in 6 months, continue quarterly</p> <p>Early 2009</p>	<p>Obstacles: Current AAP flowchart/guideline sheet still has the old JCIH risk indicator recommendations.</p>
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## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
CMS-Susan Chacon  NBHS Advisory council StepHi Hands and Voices	I. Improve follow-up on infants who do not pass the hospital screen or are discharged without a screen.	April 2008		Resources: <ul style="list-style-type: none"> <li>a. possible CDC funding to reorganize short term f/u</li> <li>b. Hands and Voices and community awareness</li> <li>c. CMS data base that is in development</li> <li>d. Audiology telemedicine pilot project</li> <li>e. Implement best practices as recommended by HRSA/MCHB</li> </ul> Obstacles: <ul style="list-style-type: none"> <li>a. access to audiology</li> <li>b. lack of community awareness</li> <li>c. mobile population</li> </ul>
CMS-Susan Chacon  NBHS Advisory council	I. Increase compliance of reporting requirement by audiologists on children with a confirmed or suspected hearing loss	April 2008		Resources: <ul style="list-style-type: none"> <li>a. Database development by CMS</li> <li>b. Small number of audiologist in NM</li> </ul> Obstacles: <ul style="list-style-type: none"> <li>a. maintaining compliance on a long-term basis</li> </ul>
NBHS Advisory Council Public Regulation Commission D/HH	I. Reimbursement for hearing aids and related services	April 2008		Resources: <ul style="list-style-type: none"> <li>a. legislative support</li> <li>b. collaborative work between agencies, families, providers as precedent</li> </ul> Obstacles: <ul style="list-style-type: none"> <li>a. insurance loopholes</li> <li>b. gathering correct information from families and providers to make a case</li> </ul>

<p>CMS-Susan Chacon Project ECHO Utah State University New Mexico School for the Deaf CDHH</p>	<p>I. Improve access to audiology services to rural, underserved areas</p>	<p>April 2008</p>		<p>Resources:</p> <ol style="list-style-type: none"> <li>1. Legislative money</li> <li>2. Telehealth pilot project</li> <li>3. training for audiologists</li> </ol> <p>Obstacles:</p> <ol style="list-style-type: none"> <li>1. funding</li> <li>2. staffing</li> </ol>
<p>Hands and Voices NBHS Advisory Council CMS</p>	<p>I. Improve family to family support</p>	<p>April 2008</p>		<p>Resources:</p> <ol style="list-style-type: none"> <li>a. established Hands and Voices</li> <li>b. support by programs</li> </ol> <p>Obstacles:</p> <ol style="list-style-type: none"> <li>a. funding (they need a dedicated paid staff position)</li> <li>b. statewide coverage</li> </ol>

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
State Department of Health/ EHDI staff	1. explore making changes to state statute changing the way to capture data from aggregate to child specific	Spring 2008	Spring 2009	Lost to Follow-up issue. By collecting aggregate data, limitations or analyzing why, where, etc for lost to follow-up
State Department of Health/ EHDI staff	1. explore connecting with other NY state data systems (Immunization Registry/ NB screening) once state statute has been changed	Spring 2009		Ability to collect child specific information  Limited staff to do the work Limited to add on to existing data system
State Department of Health/ EHDI staff API Chapter Champion	1. Joint project with Chapter Champions 2. Survey to Hospitals -how the NB hearing screening program runs -to learn what we don't know	Summer 2008	Spring 2009	Limited staff
State Department of Health/ EHDI staff Chapter Champion	1. Explore consent forms from other states (HIPAA)	Summer 2008		

## 2008 Early Hearing Detection and Intervention Conference

### State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
Wendy	I. Develop a resource for professionals that identify diagnostic capabilities of audiologists in ND. Also include cochlear implant centers and mapping centers	4/1/08	6/30/08	Resource: PIP, Advisory Group, access to audiologists
Kim	I. Develop resource for families that has a child that has been diagnosed with a hearing loss (e.g., flip chart, interactive CD)	4-/1/08	6/30/08	Examples from other states
Sue R Kathy	I. Discuss possible data linkages with other state programs (Vital Records, EHDI, Birth Defects – other possible data sets: newborn screening, immunizations)	4/1/2008	11/30/2008	ND received a data mini grant to assist with training on data linkage – EHDI participating  NDCPD will apply for the CDC Data Integration grant

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
Oklahoma State Dept. of Health (OSDH) in collaboration with Public Programs	<ol style="list-style-type: none"> <li>1. Continued state outreach to parents, physicians, and providers with speakers across the state with the same message</li> <li>2. Though congruent slides/ info used by multiple providers with same message</li> </ol>	2/26/08	6/1/08	<p>Obstacles:</p> <ol style="list-style-type: none"> <li>1. Rural areas</li> <li>2. re-current updates to slides to all individuals presenting info</li> <li>3. time and providers to get message out to state</li> </ol> <p>Resources:</p> <ol style="list-style-type: none"> <li>1. OSDH does numerous presentations already across state</li> </ol>
OSDH Follow-up Coordinator and State Audiologists	<ol style="list-style-type: none"> <li>1. Educate other state providers who serve children with hearing loss by getting on agenda of state meeting: Peds, ENTs, OBGs, midwives, Hospital Grand Rounds, County Medical Societies</li> </ol>	March 08	Feb 09	<p>Obstacles:</p> <ol style="list-style-type: none"> <li>1. getting into state meetings as a presenter</li> <li>2. reaching providers who do not attend meeting</li> </ol> <p>Resources:</p> <ol style="list-style-type: none"> <li>1. OSDH previous presentation/ Grand Round available</li> </ol>
OSDH State Audiology Taskforce	<ol style="list-style-type: none"> <li>1. Reduce lost to Documentation from Audiologists/Follow-up screeners who did screenings after hospital discharge</li> <li>2. Provide statewide audiology survey regarding current practices and state law about documentation</li> <li>3. Follow-up info regarding current law and data on HC via mail</li> <li>4. Work with equipment companies to see who has equipment in our state and collaborate to provide training at those times</li> </ol>	2/26/08	May 08 Better Speech and Hearing Month	<p>Obstacles:</p> <ol style="list-style-type: none"> <li>1. Reaching providers who do not participate in state task forces or training opportunities</li> <li>2. Getting the word out about law though no consequences present</li> </ol> <p>Resources:</p> <ol style="list-style-type: none"> <li>1. State law mandating reporting</li> <li>2. State database of audiologists</li> <li>3. Survey monkey</li> <li>4. OSDH Epidemiologist to help with survey</li> <li>5. Workshops already in place through hearing aid dealers</li> </ol>

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
EITA Team Carolyn Bingamon Advisory Committee PA DOH	<ol style="list-style-type: none"> <li>1. Individual sharing of hearing screening data and EI.               <ol style="list-style-type: none"> <li>a. -meeting</li> <li>b. -draft document</li> <li>c. -approval</li> </ol> </li> </ol>	03/08	06/08	\$- attorney
PA DOH Erin Champion Lynn Hepp Dr. Cicco	<ol style="list-style-type: none"> <li>1. Family Support</li> <li>2. Parent Follow-up and hiring</li> <li>3. parent as a consultant for family follow-up</li> <li>4. Regional/ Mini-grant App.</li> <li>5. AAP contract</li> </ol>	03/15/08	04/30/08	\$- contracting - mini-grant process - amendment

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
Terry Disburg Paula Kennison Ruth Samuelson	<ol style="list-style-type: none"> <li>1. Ensure that all NICU have appropriate equipment, ABR               <ol style="list-style-type: none"> <li>a. Educate administrators on the importance of ABR equipment for those risk babies</li> </ol> </li> </ol>	March 1	Ongoing	We do not have a mandate so it is a voluntary situation. Two of the 3 NICU's do have the appropriate equipment and the third states resources are at a crunch.
Terry Disburg	<ol style="list-style-type: none"> <li>1. Marketing providers to ensure what and on the importance of ABR equipment for those risk where services are available               <ol style="list-style-type: none"> <li>a. Re: assist in referrals</li> </ol> </li> <li>2. state to provide lists of current diagnosis audio., B to 3 services, SLH providers and physicians</li> </ol>	March 1	Ongoing	South Dakota is a rural state. Mailings can get overwhelming for providers.

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
Dr. Mark Gaylord Jacque Cundall Parent Consultants (Family Voices)	<ol style="list-style-type: none"> <li>1. Medical provider education PCP, OB</li> <li>2. (AAP and Family Medicine)</li> <li>3. Birthing Classes</li> <li>4. more ENT need to take TN Care</li> </ol>	6/08		
Barbara Nicodemus TEIS staff - Mary Franks - Tracy Duncan - Susie McCarny - Linda Hartburger	<ol style="list-style-type: none"> <li>1. EI (TEIS) promote need for specialized service coordinators in each of the 9 districts (part of the reorganization)</li> <li>2. Include training for all TEIS service coordinators</li> <li>3. Develop state standards for credentialing training for service providers for 0-3 population of hearing impaired children (Refer to CENTe-R standards)</li> <li>4. Make sure in-service training is made available on an on-going basis until credentialing is in place (SKI HI)</li> </ol>	3/08		State limitations (number and skills) Ned buy-in from policy makers
Family Voices Parent consultant TEIS staff - Tracy Duncan - Mary Franks - Susie McCarny - Linda Hartburger - Barbara Nicodemus	<ol style="list-style-type: none"> <li>1. Put Family support on IFSP. Sign consent at first EI visit</li> <li>2. Increase use of Family support services (Family Voices)</li> <li>3. Parent consultants are in 3-4 regions- need PCP and EI to increase referral of families</li> <li>4. Train TEIS staff to make referral</li> <li>5. Train audiology staff to make referrals</li> <li>6. Train CSS and PCP to refer for family support (Family Voices)</li> </ol>	2/08		-Parent consent (Part C) for referral to Family Voices (support) -Coordinate with training session for CSS and TEIS -Integrate in Policy and Procedures  Resources Use LEND training

Jacque Cundall	<ol style="list-style-type: none"> <li>1. Track infants with no hearing screening reported. Send letters to parent and PCP that NO hearing test reported</li> <li>2. Reports to hospitals of missed babies- continue this</li> </ol>	3/08	5/08	<ul style="list-style-type: none"> <li>- Data system easily allows to generate this letter (now do for home birth and high risk)</li> <li>- Can send list of missed baby (by name) to hospitals</li> </ul>
Parents Lobbyist March of Dimes Tennessee Disability Coalition TAASLP	<ol style="list-style-type: none"> <li>1. Support current pending legislation <ol style="list-style-type: none"> <li>1. provide current data</li> <li>2. provide info on follow-up needs</li> <li>3. provide info on lack of follow-up test centers</li> </ol> </li> </ol>	2/08		
Jacque Cundall Barbara Nicodemus Cindy Gore State RNs and audiologists	<ol style="list-style-type: none"> <li>1. Update hospitals/birthing centers</li> <li>2. NHS guidelines</li> </ol>	3/08		

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EHDI Coordinator and IT Staff	Implementation of the Childhood Hearing Health System (CHHS) <ol style="list-style-type: none"> <li>1. Finish development of all use cases by May</li> <li>2. User Acceptance testing and defect resolution by the end of May</li> <li>3. Post-pone data import of two current databases until late August</li> <li>4. Implement the first release upon the EHDI Coordinators return</li> </ol>	In-Progress	September 2008	Resources: <ol style="list-style-type: none"> <li>1. Continued commitment of IT department to finish the project</li> <li>2. Initial approval of the project by the State Health Department</li> </ol> Obstacles: <ol style="list-style-type: none"> <li>1. EHDI Coordinator- Maternity Leave until late August</li> <li>2. Department Assistant Vacancy as of May</li> <li>3. Continuation of funding</li> <li>4. IT staff vacancies and turn over</li> </ol>
EHDI Coordinator and IT Staff	Second release of CHHS <ol style="list-style-type: none"> <li>1. Involves outside stakeholders (hospitals and PCP offices)</li> <li>2. Develop what PCPs will see on the interface</li> <li>3. Eliminate paper reporting from the hospitals with electronic data imports</li> </ol>	September 2008	January 2009	Resources: <ol style="list-style-type: none"> <li>1. Continued IT commitment</li> </ol> Obstacles: Same as above
EHDI Coordinator and MCH Director	Redesign the outpatient state-wide audiology screening program <ol style="list-style-type: none"> <li>1. Define population to be served</li> <li>2. Define services to be added and/or eliminated</li> <li>3. Define clinic sites of service</li> <li>4. Define staffing needs</li> </ol>	In-Progress	September 2008	Resources: <ol style="list-style-type: none"> <li>1. Current long standing established outpatient program with staff in place</li> <li>2. Community audiologists</li> </ol> Obstacles: <ol style="list-style-type: none"> <li>1. Future Funding</li> <li>2. Staff sustainability/retention</li> <li>3. Program sustainability</li> </ol>

<p>EHDI Coordinator</p> <p>Administration at Department of Health</p> <p>MCH Director</p>	<p>Re-establish an EHDI "Team"</p> <ol style="list-style-type: none"> <li>1. Hire or allocate time to current position for a state employee to serve on the EHDI team in a program coordination role</li> <li>2. Hire a part-time department assistant who will also take over database management duties</li> <li>3. Re-define current EHDI Coordinators role/duties as an audiologist and being part of the team not the whole team</li> </ol>	<p>March 2008</p>	<p>September 2008</p>	<p style="text-align: center;"><b>Finish</b></p>
<p>EHDI Coordinator and Vermont Parent Infant Program (VPIP)Coordinator</p> <p><b>**VPIP is our birth to three EI program specifically for newborns/infants/children diagnosed with hearing loss</b></p>	<p>Create a better collaboration between the EHDI and VPIP Programs</p> <ol style="list-style-type: none"> <li>1. Increase referrals from EHDI to the VPIP program</li> <li>2. Evaluate clinical positions in both programs to look at future recruitment and retention of audiologists in Vermont</li> </ol>		<p>January 2009</p>	<p>Resources: Current EHDI coordinator has been with the program for many years</p> <p>Long standing relationship with Fletcher Allen Health Care to continue contracting out current staff positions</p> <p>Obstacles: Hiring Freeze at VDH</p> <p>Availability of current state employees to take on new role/duties</p> <p>Future funding for contracts with Fletcher Allen</p>

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		Begin	Finish	
Virginia EDHI program staff -Gayle Jones - Michelle Ballard - Ruth Frierson	<ol style="list-style-type: none"> <li>1. Enhance the process to reducing lost to follow-up through the enhancement of the computer system/computer links (VISITS II)</li> <li>2. Review computer components</li> <li>3. Add additional components</li> <li>4. Research other ways in the event that other components can't be added.</li> <li>5. Additional ways to achieve goals</li> </ol>	Has already begun	ongoing	Obstacles: <ol style="list-style-type: none"> <li>1. Funding</li> <li>2. Lack of staff</li> <li>3. Proximity</li> </ol> Resources: <ol style="list-style-type: none"> <li>1. State EHD Advisory Council</li> <li>2. Parents</li> </ol>
Virginia EDHI program staff - Gayle Jones - Michelle Ballard - Ruth Frierson	<ol style="list-style-type: none"> <li>1. Incorporation of parents into move components of the EHD program</li> <li>2. Review parental involvement</li> <li>3. Research methods to increasing parental involvement(Analyze parental survey)</li> <li>4. Expand and invite parents to participate at different intervals of EHD process</li> </ol>	April 2008	July 2008	Obstacles: <ol style="list-style-type: none"> <li>1. Funding</li> <li>2. Lack of staff</li> <li>3. Incentives</li> </ol> Resources: <ol style="list-style-type: none"> <li>1. Nlth organizations</li> <li>2. Parent work group</li> <li>3. schools</li> <li>4. other partnerships</li> </ol>

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		Begin	Finish	
Esther/ Susan	<ol style="list-style-type: none"> <li>1. increase periodic OAE screening in medical homes</li> <li>2. Explore grant funding options for purchasing equipment</li> </ol>	March 08	undetermined	Resources: <ol style="list-style-type: none"> <li>1. information from John Tracy Clinic current programs</li> </ol> Obstacles: <ol style="list-style-type: none"> <li>1. Funding for equipment</li> <li>2. training</li> <li>3. physician support</li> </ol>
Karin	<ol style="list-style-type: none"> <li>1. Obtain IT support for our system</li> <li>2. Identify vendor create IT planning proposal</li> </ol>	Feb 08	ASAP	Resources: <ol style="list-style-type: none"> <li>1. Current awesome system</li> </ol> Obstacles: <ol style="list-style-type: none"> <li>1. money</li> <li>2. red tape</li> </ol>
Amber/Karin/ group collaborative	<ol style="list-style-type: none"> <li>1. To refer rate</li> <li>2. Participate in NICHQ collaborative</li> </ol>	March 08	March 09	Resources: <ol style="list-style-type: none"> <li>1. NICHQ stakeholders               <ul style="list-style-type: none"> <li>- parents</li> <li>- audiologists</li> <li>- PCPs</li> </ul> </li> </ol> Obstacles: <ol style="list-style-type: none"> <li>1. time</li> <li>2. group participation</li> </ol>

## 2008 Early Hearing Detection and Intervention Conference State Team Action Plan

WHO is responsible? (and helpers)	WHAT needs to happen? (Objective and Activities)	WHEN will it happen?		What OBSTACLES or RESOURCES Exist?
		Begin	Finish	
Wyoming State EHDI Attendees	I. Distill the information received at EHDI 2008 and to incorporate those ideas into our Wyoming State EHDI five year plan/ functional manual	Now	03/08	Lack of organization and scheduling
Nancy Sarah Jennifer	I. Refine and retain hospital nursing staff regarding appropriate follow-up procedures. <ul style="list-style-type: none"> <li>a. follow-up appointment scheduled</li> <li>b. Risk factors interviewed</li> <li>c. Show them flowcharts ("bigger picture)</li> <li>d. - Letter from Monette McKee to nursing staff</li> </ul>	04/08	On-going til 21 hospital done	Hospital staff availability
Nancy Sarah Jennifer	I. Complete CDC grant application	Now	Soon	Time