## 2004 INNOVATIONS AWARDS PROGRAM
## Application Form

1. Program Name: Minnesota Early Hearing Detection and Intervention Network (EHDI)

2. Administering Agency: Three state agencies jointly: Department of Human Services, Department of Education, and Department of Health

3. Contact Person (Name and Title): Bruce Hodek, Director, Deaf and Hard of Hearing Services Minnesota, Department of Human Services

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9. Please provide a two-sentence description of the program.

   To provide support and give expertise to families of a baby with a newly-identified hearing loss. To build capacity/expertise in local areas to provide early intervention and meet the needs of newly identified babies with hearing loss.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on May 1, 2004 to be considered.

    Training for regional teams began in 2000 and continues.

11. Why was the program created? (What problem[s] or issue[s] was it designed to address?)

    Since the inception of newborn screening it became necessary to build expertise to meet the needs of these children. The model Minnesota uses draws upon the expertise of three state agencies and three disciplines. State agencies involved are: Minnesota Department of Health, Minnesota Department of Human Services, and Minnesota Department of Education. These three agencies formed a state team to develop state-wide capacity building to better serve deaf/ hard-of-hearing infants and their families who would now be identified through Universal Newborn Hearing Screening.

12. Describe the specific activities and operations of the program in chronological order.

In 2000, regional team members were selected by their Special Education Director. Training was done 3 times a year for three years on various topics developed from a needs assessment done with the regional teams. For the fourth year training will be reduced to one time a year.

Following a "1-3-6" model (screen hearing by one month of age, identify hearing loss by 3 months of age, and provide early intervention by 6 months of age), teams brought their new knowledge to their regions and developed trainings/train the trainer workshops. They also promoted the need to refer and intervene with families within the first 6 months of the child's life.

The state team conducted a "needs assessment" and since then has met monthly for four years to design training and measurement. They also provide feedback to the regional teams on their individual plans for implementation. Additionally, regional teams conducted a needs assessment in their region and were asked to identify all of the potential providers in their region who might serve infants with hearing loss and their families.

The state team utilized statewide educational resources including the University of Minnesota, St Cloud State University, and other state colleges and national and local speakers to provide training and data and measurement expertise. To the extent possible, resources within the state were utilized in this endeavor.

The state team has encouraged the need for training institutions to provide new curriculum now that infant hearing screening is becoming the standard of care.

13. Why is the program a new and creative approach or method?

There is no other state program like this to serve families of newly identified babies with hearing loss. It is cost effective, a partnership and collaboration across **three** state agencies to improve the lives of families who are faced with a new born who has hearing loss.

Minnesota Special Education Directors selected three people from each of 16 regions of the state: an audiologist; an early childhood educator; and a teacher of deaf/hard of hearing to be part of a regional team. The 16 teams were trained across the three disciplines to become the resource on newly identified babies with hearing loss in their region. In the process, members were cross-trained so they can provide information in more than one area. The Minnesota State Team brought in expertise both nationally and locally for these trainings. All of this was done with no new dollars or hires. We are using existing expertise and upgrading the team's skills through training and sharing of expertise among the team members.

The teams have gone to their local regions, developed training manuals, presented trainings, and developed expertise among local providers. With the support of the

state team, many regional teams have included parents on their planning teams. The teams have remained suprisingly constant with little loss of membership over the 4 years.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

In 2000, $28,500 was expended to begin training the 16 teams. No staffing or financial expenditures occurred for start up except for payment to presenters and conference facility /training costs. Staff for the state team members are a contribution of each agency represented. Regional teams are allowed time away from their jobs to voluntarily attend this program.

15. What are the program's annual operational costs?

Cost in 2001 was $34,000; cost in 2002 was $ 29,000 2002; and cost in 2003 was $30,000. This included some in-kind contributions from the three agencies including sign language interpreters for the trainings.

16. How is the program funded?

It is a collaborative of funds from the MN Department of Education Part C, MN Department of Health and staff expertise for the state planning team and sign language interpreters from MN Department of Human Services.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No. It is a follow up to Minnesota's universal newborn screening, which is not mandated. It does have a voluntary rate of 97% of Minnesota hospitals. More than 70,000 babies have been screened for hearing loss.

18. What equipment, technology and software are used to operate and administer this program?

There is a listserv developed by MN Department of Education, and a power point presentation developed by the State Team. Both are shared for use with the regional teams.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes. This was the creation of the three state agencies. No one person was the sole innovator. The state team was invited to present their model to the national Universal Newborn Hearing Screening /EHDI conference in 2002.

20. Are you aware of similar programs in other states? If YES, which ones and how does this one differ.

    There are other states focusing on EHDI. However, Minnesota has been a leader in Early Intervention because of creating these 16 regional cost-effective cross-disciplinary teams. The federal Early Intervention Program in North Carolina asked for our assistance initially as they were developing Federal Best Practices. Because we did not need new staff, or new dollars we have built an impressive resource using talent and growing our own experts through the development of cross disciplinary teams. The federal Early Intervention Program in North Carolina asked for our assistance as they were developing Federal Best Practices. Because we did not need new staff or new dollars we have built an impressive resource using local talent and growing our own expertise through the development of cross-disciplinary teams.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

    Yes. The 16 teams are developing the local resources and babies with hearing loss are receiving intervention. Teams continue to share hands-on activities among one another that work.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

    The program has been effective regarding the training of the teams. Evaluations have proven the teams have benefited from each training. The plans each regional team developed are being implemented and were approved by the state team. The state team maintains samples of training manuals and other materials developed by the regional teams.

    Babies are being identified by newborn screening as evidenced by the data from Minnesota Department of Health. These babies and their families are being referred to the local school districts for early intervention. Parent testimonies have been used to validate the program. The goal of EHDI is have the baby 's hearing screened by one month, evaluated by an audiologist by three months and enrolled in an early identification program by 6 months of age. The primary goal is for every baby is to have **normal language** through early identification and intervention. Never before have we been able to have normal language as a goal because babies were not identified until age 2 or later. With intervention beginning before 6 months of age, the education can be proactive rather than reactive. In the years to come effectiveness of early intervention of babies with hearing loss will be measured by the child's success in language, social emotional development and academic achievements. The cost savings will be to school districts that will not need to offer more expensive remedial educational options.

23. How has the program grown and/or changed since its inception?

The training of the 16 regional teams has provided a base for regional train the trainer events to build capacity to serve families. Four years ago we had no ability to screen or count infants with hearing loss on IFSPs. With the statewide database, better data is now available. It is hoped that more educational data and assessment data will be made available to prove the effectiveness of early intervention. The training has been reduced from 3 times a year to once a year. The teams have become "experts" regionally and the challenge is to be sure families are getting the intervention service they need, now that we have built the capacity to deliver intervention.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

State agencies must be willing to **partner** to accomplish the goal of developing jointly the capacity to assist families with early intervention. Minnesota is unique having a partnership with actually 4 state agencies; the three involved with EHDI and the Minnesota Department of Employment and Economic Development with the global goal of enhancing the lives of deaf and hard of hearing and deaf-blind people. This Quad Agency team provided the support and influence within each agency to make the state Early Detection and Intervention team possible. Some states have emulated Minnesota in designing their training programs. This model is easily transferable and effective when agencies responsible for the welfare of children partner to build bridges rather than roadblocks.

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DEADLINE: All original applications must be received by April 20, 2004, to be considered for an Innovations Award for 2004.

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