

Early Hearing Detection and Intervention Program in Mississippi (EHDI-MS)

Assumptions	<ul style="list-style-type: none"> • Broad stakeholder involvement in the EHDI-MS system, including family members and deaf adults, will lead to a more comprehensive and coordinated statewide system to meet the 1-3-6 recommendations and reduce loss to follow-up/documentation. • Knowledgeable pediatric health care professionals and service providers who provide family-centered coordinated care will promote better outcomes for infants and toddlers with hearing loss. • Families who receive parent-to-parent support and access to and support from the Deaf community will be more comfortable and confident advocating for their children’s and their family’s needs and more engaged in the EHDI-MS system. • Implementing formal communication, training, referral, and/or data sharing agreements across early childhood programs will result in improved coordination of care for families and children who are DHH. • Engagement with national training and technical assistance providers will strengthen the state EHDI system. 			
Inputs	Targeted Population	Activities	Outputs	Project Goals & Outcomes
<p>EHDI-MS Staff</p> <ul style="list-style-type: none"> • EHDI Coordinator, Hearing Follow-up Coordinators, Data Manager, Data Entry Clerk, Family-to-Family Consultants, DHH Adult-to-Family Consultants, Outreach/Training Consultants <p>EHDI-IS</p> <p>EHDI Advisory Committee</p> <p>Internal Partners</p> <ul style="list-style-type: none"> • EI/MSFSEIP, NBS, CYSHCN, PHRM, IT, Communications, Policy, Health Equity <p>External Partners</p> <ul style="list-style-type: none"> • ODHH, EC/HS, MSFAA, HMG, MSAAP <p>Funding</p> <ul style="list-style-type: none"> • HRSA, CDC, Part C, MCH 	<p>Infants and toddlers who are DHH or at risk for late onset hearing loss and their families</p> <p>Pediatric Health Care Providers (e.g., Birthing Hospitals, Audiologists, ENTs, Primary and Specialty Care Providers)</p> <p>Early Intervention Providers (Service Coordinators, EI Therapists, Early Oral Interventionists, Special Instructors, and Teachers of the Deaf, etc.), including providers with SKI*HI, Magnolia Speech School, and Children’s Center for Communication and Development</p>	<p>Optional: Conduct state-level needs assessment of diagnostic professionals</p> <p>Establish and maintain partnerships with health care providers to meet 1-3-6 recommendations and reduce LTF/D</p> <p>Develop and implement plans with stakeholders to enhance the EHDI-MS</p> <p>Develop and implement quality improvement (QI) strategies</p> <p>Engage diverse representation on the EHDI-MS Advisory Committee, include family members and Deaf adults</p> <p>Train health professionals and early intervention service providers on key aspects of the EHDI-MS system</p> <p>Conduct state-level outreach and provide educational and networking opportunities to engage families</p> <p>Provide family-to-family and DHH adult-to-family support</p> <p>Expand and develop partnerships to integrate systems and improve coordination of services</p> <p>Work with national partners on system-building</p>	<p>Percentage of infants who receive:</p> <ul style="list-style-type: none"> • Screening by 1 month • Identification by 3 months • Enrollment in EI by 6 months <p>Written plans to enhance and improve the EHDI-MS system</p> <ul style="list-style-type: none"> • Expanded surveillance • Communications • Diversity • Sustainability • System integration <p>Number of professionals and families trained on key aspects of the EHDI program</p> <p>Number of families receiving:</p> <ul style="list-style-type: none"> • Family-to-family support by 6 months • DHH adult-to-family support services by 9 months <p>Number of formal agreements across EC programs</p>	<p>Stakeholders maintain and expand the EHDI-MS system to ensure infants and toddlers receive timely hearing screenings, confirmation of hearing status, and early intervention services.</p> <p>Health care and service providers are engaged with and knowledgeable of the EHDI-MS system.</p> <p>Families and caregivers of children with confirmed hearing loss receive family-to-family and DHH adult-to-family support, are engaged in the EHDI-MS system, and actively participate in their child’s service delivery.</p> <p>EHDI-MS will engage with state and national partners to build the EHDI system and coordinate services</p>

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Goal 1: By March 2024, EHDI-MS will promote engagement of and coordination with stakeholders to maintain and expand the EHDI-MS system to ensure at least 95% of infants receive a hearing screening by one month of age, at least 67% (i.e., 10% over HSFS 2017 baseline) of infants receive confirmation of hearing status by three months of age, and 58% (i.e., 15% over HSFS 2017 baseline) of infants are enrolled in early intervention service by six months of age.

Objective 1.1: By March 2024, EHDI-MS will maintain coordinated infrastructure and partnerships with health care providers to improve performance on the 1-3-6 recommendations and reduce loss to follow-up/documentation (LTF/D).

Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
<p>Activity 1.1.1: Establish and maintain coordinated infrastructure and partnerships with health care providers to conduct follow-up with families for referral, training, and information sharing to meet 1-3-6 recommendations and reduce LTF/D</p> <p>a) Contact health care providers to conduct active surveillance to ensure screening, evaluation, and referral data are reported in a timely manner</p> <p>b) Maintain an integrated data system to:</p> <ol style="list-style-type: none"> 1. Document screening, diagnosis, and early intervention referral and enrollment 2. Track follow-up activities <p>c) Send letters to families and primary health care providers explaining the need for follow-up</p> <p>d) Receive contacts from families and/or contact families to assist them with arranging screenings, evaluations, and referrals to early intervention</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • Data Manager • O/T Consultants • FTF & DTF Consultants • Families • Collaborative partners: EI, PCP/SCP, FL3, NCHAM, IT 	<ul style="list-style-type: none"> • PCP/SCP are compliant with EHDI-MS policies, procedures, and protocols for collecting and reporting timely data on screening, evaluation and referral. • Families receive information and support to follow-up on 1-3-6 recommendations in a timely manner. 	<ul style="list-style-type: none"> • Number of PCP/SCP report to EHDI-MS • Timeliness of data reported by PCP/SCPs • Number of families contacted • Timeliness of screening, evaluation, and referral 	<p>a) 4/2020-3/2024</p> <p>b) 4/2020-3/2024</p> <p>c) 4/2020-3/2024</p> <p>d) 4/2020-3/2024</p>

Objective 1.2: By March 2024, EHDI-MS and stakeholders will develop and implement plans to enhance the EHDI-MS

Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
<p>Activity 1.2.1: Develop and implement a plan for expanding infrastructure to conduct hearing screenings of children up to age 3 to identify late onset hearing loss.</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • Data Manager • O/T Consultants 	<ul style="list-style-type: none"> • EHDI-MS has a plan for expanding infrastructure for hearing screening 	<ul style="list-style-type: none"> • Roster & roles of stakeholders • Comprehensive plan developed 	<p>a) 4-6/2020</p> <p>b) 8/2020</p> <p>c) 8/2020</p> <p>d) 8/2020-2/2021</p>

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<p>a) Consult with EHDI-AC, MS AAP Chapter, and Head Start</p> <p>b) Convene a workgroup of stakeholders, including primary and specialty health care providers, service providers, early care providers, and families</p> <p>c) Identify critical issues to be addressed by the plan, including legal, technical, professional development, and compliance monitoring</p> <p>d) Create sub-workgroups to develop plans to address each of the identified critical issues</p> <p>e) Reconvene the workgroup to merge the sub-workgroups' plans into an integrated plan</p> <p>f) Share the plan with additional stakeholders, including the EHDI-AC for feedback</p> <p>g) Revise the plan as needed and adopt the final plan</p> <p>h) Begin implementation of the plan</p> <p>i) Review the plan every 6 months; revise, as needed</p>	<ul style="list-style-type: none"> • FTF & DTF Consultants • EHDI-AC • Families • Adults who are DHH • Collaborative partners: MS AAP Chapter, PCP/SCP, EI, EC, NCHAM, FL3, IT, Policy, Communications 	<p>for children up to age 3</p> <ul style="list-style-type: none"> • Children who are at risk of late onset hearing loss are identified in a timely manner. 	<ul style="list-style-type: none"> • Timeliness of plan development, implementation • Completeness of plan development, implementation • Number of children >1 month or at risk of late onset loss who received screening • Number of children with late onset hearing loss identified 	<p>e) 2/2021</p> <p>f) 2-5/2021</p> <p>g) 5-8/2021</p> <p>h) 8/2021</p> <p>i) 2/2022, 8/2022, 2/2023, 8/2023, 2/2024</p>
<p>Activity 1.2.2: Develop and implement a plan to communicate with health care professionals, service providers, and families.</p> <p>a) Convene a workgroup of stakeholders to develop a communication plan for families</p> <p>b) Determine critical points for targeted communication (e.g., prenatal visits with expecting mothers, reporting hearing screening results, and making early intervention referrals)</p> <p>c) Develop written plan identifying resources for each critical point needing targeted communication</p> <ol style="list-style-type: none"> 1. Select existing resources, as available 2. Develop new resources, as needed <p>d) Maintain and promote a user-friendly website for EHDI-MS with accessible, culturally-appropriate,</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • EHDI-AC • Families • Adults who are DHH • Collaborative partners: EI, EC, PCP/SCP, MCH, CYSHCN, NBS, ODHH, FL3, NCHAM, IT, Communications 	<ul style="list-style-type: none"> • Professionals and families are knowledgeable of EHDI-MS, able to follow-up on recommendations for screening, evaluation, and referral to early intervention, and have information to guide them in making important decisions for children in a timely manner, including 	<ul style="list-style-type: none"> • Roster & roles of stakeholders • Comprehensive plan developed • Timeliness of plan development, implementation • Completeness of plan development, implementation • Number of resources developed • Website updates 	<p>a) 5/2020</p> <p>b) 5/2020</p> <p>c) 5-11/2020</p> <p>d) 4/2020-3/2024</p> <p>e) 11/2020-3/2024</p> <p>f) 5/2021, 11/2021, 5/2022, 11/2022, 5/2023, 11/2023</p>

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<p>comprehensive, up-to-date, accurate, and evidence-based information</p> <ol style="list-style-type: none"> 1. Maintain and promote a webpage for health care professionals 2. Maintain and promote a webpage for early intervention service providers 3. Maintain and promote a webpage for families <p>e) Begin implementation of the plan f) Review and revise the communication plan, materials, and website, as needed</p>		<p>decisions with respect to the full range of assistive technologies and communication modalities.</p>	<ul style="list-style-type: none"> • Number of resources distributed • Number of website hits 	
<p>Activity 1.2.3: Develop and implement a plan to address diversity and inclusion in the EHDI system.</p> <ol style="list-style-type: none"> a) Consult with the Office of Health Equity to determine critical areas of inequity in Mississippi, including geography, races, ethnicities, abilities, genders, sexual orientation, family structure, and socio-economic status b) Convene a diverse workgroup of stakeholders to conduct a system assessment <ol style="list-style-type: none"> 1. Review the EHDI-MS vision and mission statements, policies, procedures, communications, training materials, and planned activities to determine alignment with principles of inclusion and respect for diversity. 2. Review and select existing resources, as available, and/or develop new resources, as needed, to provide guidelines and/or tools for incorporating cultural competency, inclusion, and diversity in all aspects of policy-making, administration, practice, and service delivery c) Develop a written plan to address identified issues or needs of diverse populations served in the EHDI-MS system 	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • EHDI-AC • Families • Adults who are DHH • Collaborative partners: Health Equity, PCP/SCP, EI, EC, CYSHCN, NBS, ODHH, NCHAM, FL3 	<ul style="list-style-type: none"> • Policies, practices, materials, and service delivery within the EHDI-MS incorporate principles of inclusion, cultural competence, and respect for diversity to address the needs of diverse populations served by the EHDI-MS system including those who differ on geography, race, ethnicity, ability, gender, sexual orientation, family structure, and socio-economic status 	<ul style="list-style-type: none"> • Roster & roles of stakeholders • Comprehensive plan developed • Timeliness of plan development, implementation • Completeness of plan development, implementation • Number of tools and/or guidance developed and distributed • Updates to policies, practices, materials, and service delivery • Self-assessment results and recommendations 	<ol style="list-style-type: none"> a) 4-5/2020 b) 5/2020-11/2020 c) 11/2020-5/2021 d) 5-8/2021 e) 8-11/2021 f) 11/2021-3/2024 g) 5/2022, 11/2022, 5/2023, 11/2023

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<p>d) Share the plan with the EHDI-AC for feedback e) Revise the plan as needed and adopt the final plan f) Begin implementation of the plan g) Review the plan every 6 months; revise, as needed.</p>				
<p>Activity 1.2.4: Develop and implement for project sustainability after the period of federal funding ends. a) Consult with MSDH Maternal & Child Health Programs, EHDI-AC, and other stakeholders b) Convene a workgroup of diverse stakeholders to sustain efforts after grant funding 1. Identify possible alternative funding sources 2. Determine strategies for streamlining and embedding key project elements into the EHDI-MS system, through policy-making, administration, practice, and service delivery, to ensure key elements are sustained c) Develop a written plan to address sustainability of key elements of the EHDI-MS system d) Share the plan with the EHDI-AC for feedback e) Revise the plan as needed and adopt the final plan f) Begin implementation of the plan g) Review the plan annually and revise, as needed.</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • EHDI-AC • Families • Adults who are DHH • Collaborative partners: EI, EC, PCP/SCP, MCH, CYSHCN, NBS, ODHH, FL3, NCHAM 	<ul style="list-style-type: none"> • EHDI-MS identifies key elements of this project that can be sustained with new funding and/or other existing funding. • EHDI-MS identifies alternate funding sources to support the continued work of the EHDI-MS system. 	<ul style="list-style-type: none"> • Roster & roles of stakeholders • Comprehensive plan developed • Timeliness of plan development, implementation • Completeness of plan development, implementation • Additional funding sources • Amount of federal funding no longer required for implementation 	<p>a) 4-8/2020 b) 8/2020-2/2021 c) 2/2021 d) 2-5/2021 e) 5-8/2021 f) 8/2021-3/2024 g) 8/2022, 8/2023</p>
<p>Objective 1.3: By March 2024, EHDI-MS and stakeholders will develop and implement quality improvement (QI) strategies</p>				
Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
<p>Activity 1.3.1: Convene an EHDI Advisory Committee (EHDI-AC) to advise on programs, objectives, and strategies. a) Recruit parents of children who are DHH and adults who are DHH to comprise a minimum of 25% of the EHDI-AC and other stakeholders, such as representatives of: 1. MS First Steps Early Intervention Program</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH 	<ul style="list-style-type: none"> • EHDI-MS has a diverse group of stakeholders engaged in joint problem-solving and to evaluate performance and advise regarding 	<ul style="list-style-type: none"> • Roster & roles of EHDI-AC members • Number of Orientations held • Number of meetings 	<p>a) 4-6/2020, annually b) 8/2020, annually c) 5/2020, 8/2020, 11/2020, 2/2021,</p>

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<ol style="list-style-type: none"> 2. MS Chapter American Academy of Pediatrics 3. MS Home Visiting Programs 4. MS (Title V) MCH and/or CYSHCN Programs 5. MS School for the Blind and Deaf 6. MS Office of the DHH 7. MSDH Office of Health Equity 8. Family Organizations 9. MSDH Women, Infants, and Children (WIC) 10. Early Head Start 11. MS birthing facilities 12. MS Division of Medicaid 13. Pediatric primary and specialty care providers <p>b) Provide orientation to new EHDI-AC members</p> <p>c) Convene the EHDI-AC for quarterly meetings</p>	<ul style="list-style-type: none"> • Collaborative partners: PCP/SCP, EI, EC, MCH, CYSHCN, NBS, ODHH, NCHAM, FL3 	<p>activities to improve the program and system.</p>	<ul style="list-style-type: none"> • Family and DHH adult membership of EHDI-AC • Engagement of EHDI-AC with EHDI-MS 	<p>5/2021, 8/2021, 11/2021, 2/2022, 5/2022, 8/2022, 11/2022, 2/2023, 5/2023, 8/2023, 11/2023, 2/2024</p>
<p>Activity 1.3.2: With technical assistance from national partners, engage stakeholders in quality improvement using the Plan-Do-Study-Act (PDSA) methodology.</p> <p>a) Engage national partners to receive technical assistance on facilitating quality improvement</p> <p>b) Work with stakeholders to review the current EHDI-MS system to prioritize needs and select foci for quality improvement, including:</p> <ol style="list-style-type: none"> 1. Ability to meet the 1-3-6 recommendations 2. Expansion of screening up to age 3 3. Loss to follow up/documentation 4. Provider outreach and education 5. Data collection 6. Telehealth 7. EI referral and/or enrollment 8. Outreach to underserved populations 9. Late onset hearing loss 10. Family engagement and family support 	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • Collaborative partners: EI, EC, PCP/SCP, MCH, CYSHCN, NBS, ODHH, FL3, NCHAM 	<ul style="list-style-type: none"> • Diverse groups of stakeholders are engaged quality improvement efforts to improve the program and system. • EHDI-MS improves on 1-3-6 recommendations, reduced LTF/D, improved outreach and education, identification of late onset hearing loss, partnerships with EC programs, family engagement and support, and 	<ul style="list-style-type: none"> • Roster & roles of QI Team members • Number of QI Teams/Topics • Number of QI Team presentations • Number of PDSA cycles completed • Additional outcome measures set by the QI Teams 	<p>a) 4-8/2020, 4-8/2021, 4-8/2022, 4-8/2023</p> <p>b) 8/2020, 8/2021, 8/2022, 8/2023</p> <p>c) 8-11/ 2020, 8-11/ 2022, 8-11/ 2023</p> <p>d) 2/2020, 2/2021, 2/2022, 2/2023</p>

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<p>11. Partnerships across Title V and other early childhood programs</p> <p>c) Convene stakeholder group around selected QI focus area and engage in PDSA cycles</p> <p>d) Share results at the EHDI Annual Conference, including goals, methods, timelines, and stakeholders involved</p>		<p>outreach to diverse populations.</p>		
<p>Goal 2: By March 2024, EHDI-MS will increase the number of health professionals and service providers who are trained on key aspects of the EHDI-MS system by 10% over baseline collected in year one (April 2020-March 2021).</p>				
<p>Objective 2.1: By March 2024, EHDI-MS will train health professionals and early intervention service providers on key aspects of the EHDI-MS system.</p>				
Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
<p>Activity 2.1.1: Collaborate with professional associations, PCP/SCP, early childhood programs, and the MSFSEIP Comprehensive System of Personnel Development (CSPD) Leadership Team to conduct outreach and provide training to PCP/SCPs and EI service coordinators and providers.</p> <p>a) Develop and/or revise training materials on:</p> <ol style="list-style-type: none"> 1. Policies, procedures, and protocols for conducting, documenting, and reporting screenings, evaluations, and early intervention 2. 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services 3. Need for hearing screening up to age 3 to identify, diagnose, and enroll into EI those infants who pass a newborn screen but later develop hearing loss 4. Benefits of a patient/family-centered medical home and family engagement in the care of a DHH child 	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • EHDI-AC • Collaborative partners: PCP/SCP, EI, Training Coord., SICC-CSPD, EC, MCH, CYSHCN, NBS, ODHH, NCHAM, FL3, IT Support, Communications 	<ul style="list-style-type: none"> • PCP/SCP and service providers are knowledgeable of the EHDI-MS system, 1-3-6 recommendations, identification of late onset hearing loss, family-centered medical home, family engagement, and assistive hearing technologies and communication modalities • Providers implement family-centered practices and share 	<ul style="list-style-type: none"> • Number of trainings developed • Number of trainings offered • Number of professionals trained • Ratings of training quality and effectiveness • Provider knowledge of EHDI-MS system • Provider use of family-centered practices 	<ol style="list-style-type: none"> a) 4/2020 b) 5-12/2020, 5-12/2021, 5-12/2022, 5-12/2023 c) 4/2020-3/2024 d) 3-4/2021, 3-4/2022, 3-4/2023, 3-4/2024

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<p>5. Importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communication modalities, as appropriate</p> <p>b) Schedule and conduct training via webinars, workshops, modules, hospital grand rounds, presentations at professional conferences, professional newsletters, web-based content, social media, listservs, and other communication channels, as appropriate</p> <p>c) Promote training on the EHDI-MS website</p> <p>d) Evaluate and revise trainings as needed</p>		<p>information with families to assist them with making important decisions for their children in a timely manner</p>		
<p>Activity 2.1.2: Collaborate with diverse stakeholders to conduct Annual EHDI-MS conference.</p> <p>a) Form conference planning committee.</p> <p>b) Set conference theme, date(s), and location and select keynote speaker(s)</p> <p>c) Solicit, review, and select conference proposals</p> <p>d) Apply for continuing education credit</p> <p>e) Promote and prepare for the conference</p> <p>f) Hold conference</p> <p>g) Evaluate conference</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • EHDI-AC • Collaborative partners: EI, EC, SICC-CSPD, NBS, MCH, CYSHCN, IT, ODHH, FL3, NCHAM, Communications 	<ul style="list-style-type: none"> • Stakeholders are knowledgeable of the EHDI-MS system, 1-3-6 recommendations, family-centered and evidence-based intervention, and communication modalities and assistive technologies • Professionals implement family-centered, evidence-based practices. 	<ul style="list-style-type: none"> • Number of conference sessions offered • Topics covered • Number of attendees by type • Ratings of conference quality and effectiveness • Participant knowledge of the EHDI-MS system and topics covered 	<p>a) 5/2020, annually</p> <p>b) 6-7/2020, annually</p> <p>c) 8-10/2020, annually</p> <p>d) 11/2020, annually</p> <p>e) 12/2020, annually</p> <p>f) 2/2021, annually</p> <p>g) 3/2021, annually</p>

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Goal 3: By March 2024, EHDI-MS will engage 20% more families and caregivers of children who are DHH in the EHDI-MS system and increase the number of families and caregivers of infants and toddlers with confirmed hearing loss who are enrolled in family-to-family support by six months of age by 20% over baseline and DHH adult-to-family support by nine months of age by 10% over baseline collected in year one (April 2020-March 2021).

Objective 3.1: *By March 2024, MS will conduct state-level outreach and provide educational and networking opportunities to engage families and caregivers of infants and toddlers with confirmed hearing loss in the EHDI-MS system.*

Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
<p>Activity 3.1.1: With guidance from FL3 and NCHAM, conduct state-level outreach and provide educational and networking opportunities targeting families.</p> <p>a) Consult with national partners (i.e., FL3 and NCHAM) on outreach and engagement strategies targeting families, including diverse and underserved populations</p> <p>b) Recruit and hire family members and DHH adults</p> <p>c) Conduct initial training with family members and DHH adults</p> <p>d) Conduct outreach to inform families about ways to engage with the EHDI-MS system</p> <p>e) Provide educational and networking opportunities to engage families in the EHDI-MS system</p> <p>f) Promote educational and networking opportunities on the EHDI-MS website</p> <p>g) Evaluate and revise trainings as needed</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • Collaborative partners: MSFAA, PCP/SCP, EI, EC, MCH, CYSHCN, NBS, ODHH, NCHAM, FL3, IT Support, Communications 	<ul style="list-style-type: none"> • Family members are more knowledgeable of the EHDI-MS system and evidence-based practices in identification and intervention for children with hearing loss. • Family members are more engaged with the EHDI-MS system and in the management of their child’s hearing loss by partnering with PCP/SCP and service providers 	<ul style="list-style-type: none"> • Number of FTF and DTF Consultants • Number of families contacted • Number of families participating in educational, networking opportunities • Number of family members engaged on EHDI-AC, workgroups, QI Teams • Family knowledge of the EHDI-MS system 	<p>a) 4-6/2020</p> <p>b) 7-10/2020</p> <p>c) 11/2020</p> <p>d) 12/2020-3/2024</p> <p>e) 5-12/2020, 5-12/2021, 5-12/2022, 5-12/2023</p> <p>f) 4/2020-3/2024</p> <p>g) 3-4/2021, 3-4/2022, 3-4/2023, 3-4/2024</p>

Objective 3.2: *By March 2024, EHDI-MS will provide families and caregivers of infants and toddlers with confirmed hearing loss access to family-to-family support by six months of age and DHH adult-to-family support by nine months of age.*

Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
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<p>Activity 3.2.1: With guidance and support from FL3 and NCHAM, develop and implement Family-to-Family and DHH Adult-to-Family support services for families and caregivers of infants and toddlers with confirmed hearing loss.</p> <p>a) Consult with national partners (i.e., FL3 and NCHAM) on the development and implementation of Family-to-Family and DHH Adult-to-Family support services</p> <p>b) Develop policies and procedures and an implementation plan for FTF & DTF Consultants</p> <p>c) Recruit and hire family members and DHH adults to provide support services</p> <p>d) Conduct initial training with FTF & DTF Consultants</p> <p>e) Evaluate training of FTF & DTF Consultants</p> <p>f) Implement the plan to begin delivery of emotional and informational supports with FTF & DTF Consultants</p> <p>g) Conduct ongoing professional development of FTF & DTF Consultants</p> <p>h) Review the policies and procedures and implementation process and outcomes annually and revise, as needed</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • Collaborative partners: EI, EC, MCH, CYSHCN, ODHH, NCHAM, FL3, IT Support, Communications 	<ul style="list-style-type: none"> • Family members and caregivers have access to Family Consultants and Deaf Role Models in a timely manner. • Family members and caregivers have accessible, accurate, culturally competent, comprehensive, up-to-date, evidence-based information to allow them to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive technologies and communication modalities, as appropriate. 	<ul style="list-style-type: none"> • Number of FTF & DTF Consultants • Number of families referred to FTF & DTF services • Number of family contacts by FTF & DTF Consultants • Number of families enrolled with FTF (6 mos) & DTF services (9 mos) • Item responses from annual survey of emotional support, informational support, family satisfaction, disaggregated by geographic location 	<p>a) 4-10/2020</p> <p>b) 4-10/2020</p> <p>c) 7-10/2020</p> <p>d) 11/2020</p> <p>e) 11/2020</p> <p>f) 12/2020-3/2024</p> <p>g) 12/2020-3/2024</p> <p>h) 12/2020, 12/2021, 12/2022, 12/2023</p>
<p>Goal 4: By March 2024, EHDI-MS will increase engagement and coordination with state and national partners to strengthen the EHDI-MS infrastructure and increase the EHDI-MS capacity.</p>				
<p><i>Objective 4.1: By March 2024, EHDI-MS will integrate systems with early childhood programs and other key partners as evidenced by formal communication, training, referrals and/or data sharing to improve coordination and care services.</i></p>				
Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline

Early Hearing Detection and Intervention Program in Mississippi (EHDI-MS)

<p>Activity 4.1.1: Develop and implement a plan to increase coordination and integration with early childhood programs.</p> <p>a) Consult with national partners on systems integration with early childhood programs</p> <p>b) Convene a workgroup of leaders and representatives of early childhood programs</p> <ol style="list-style-type: none"> 1. Identify relevant regulations, policies, procedures, and funding requirements for each early childhood program 2. Identify critical areas to be addressed by the plan, including communication, training, referrals and/or data sharing <p>c) Create sub-workgroups to develop plans to address each of the critical areas of communication, training, referrals, and data sharing</p> <p>d) Reconvene the workgroup to merge the sub-workgroups plans to address system integration</p> <p>e) Share the plan with additional stakeholders, including the EHDI-AC for feedback</p> <p>f) Revise the plan as needed and adopt the final plan</p> <p>g) Begin implementation of the plan</p> <p>h) Review the plan every 6 months; revise, as needed.</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • EHDI-AC • Collaborative partners: EC/HS, MSFSEIP, NBS, CYSHCN, MCH, HMG, PHRM/ISS, FL3, NCHAM, Policy 	<ul style="list-style-type: none"> • Early childhood programs develop a shared plan for systems integration • Early childhood programs implement formal communication, training, referrals and/or data sharing agreements • Early childhood programs provide more coordinated care for infants and toddlers with hearing loss and their families. 	<ul style="list-style-type: none"> • Roster & roles of stakeholders • Comprehensive plan developed • Timeliness of plan development, implementation • Completeness of plan development, implementation • Number of formal agreements developed • Integrated training developed and delivered 	<p>a) 4/2020</p> <p>b) 5/2020</p> <p>c) 5-7/2020</p> <p>d) 8/2020</p> <p>e) 9-11/2020</p> <p>f) 12/2020-2/2021</p> <p>g) 2/2021-3/2024</p> <p>h) 8/2021, 2/2022, 8/2022, 2/2023, 8/2023, 2/2024</p>
<p>Activity 4.1.2: Conduct an annual assessment of partnerships and identify key partners who could help address gaps in the EHDI system</p> <p>a) Identify all partnerships and summarize shared activities</p> <p>b) Identify potential expansion of existing partnerships to enhance the EHDI system</p> <p>c) Identify potential partnerships to address gaps and unmet needs in the EHDI system</p> <p>d) Conduct outreach to build and expand partnerships</p>	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • EHDI-AC 	<ul style="list-style-type: none"> • EHDI-MS identifies current partnerships, opportunities for expanded partnerships and new partnerships. • EHDI-MS identifies potential 	<ul style="list-style-type: none"> • Number of current partnerships • Written assessment report • Shared activities • Number of key partners identified to help address gaps 	<p>a) 2/2021, annually</p> <p>b) 2/2021, annually</p> <p>c) 2/2021, annually</p> <p>d) 3-12/2021, annually</p>

Early Hearing Detection and Intervention Program in Mississippi (EHDI-MS)

	<ul style="list-style-type: none"> • Collaborative partners: EC/HS, MSFSEIP, NBS, CYSHCN, PHRM/ISS, MCH, HMG, FL3, NCHAM 	key partners for outreach.		
Objective 4.2: <i>By March 2024, EHDI-MS will consult with national partners to access resources, technical assistance, training, education, QI and evaluation supports to strengthen the infrastructure and capacity of EHDI-MS system.</i>				
Activities & Implementation Steps	Responsible Staff & Partners	Outcome	Measures & Data Collection	Timeline
<p>Activity 4.2.1: Coordinate with national partners to access resources, technical assistance, training, education, QI and evaluation supports.</p> <p>a) Consult with FL3 to strengthen EHDI-MS infrastructure and capacity for family engagement and support</p> <p>b) Consult with NTRC to strengthen EHDI-MS infrastructure and capacity for meeting the 1-3-6 recommendations, expanding surveillance of screening to three years of age, developing and implementing improvement plans, engaging in quality improvement, engaging and educating professionals in the EHDI-MS system, etc.</p> <p>c) Attend the Annual Early Hearing Detection and Intervention (EHDI) Meeting</p> <ol style="list-style-type: none"> 1. Ensure one family leaders attends the annual meeting 2. Ensure EHDI-MS staff attend the annual meeting 	<ul style="list-style-type: none"> • EHDI Coord. • HFCs • O/T Consultants • FTF & DTF Consultants • Families • Adults who are DHH • EHDI-AC • Collaborative partners: EC/HS, MSFSEIP, NBS, CYSHCN, PHRM/ISS, MCH, ODHH, MSFAA, HMG, MSAAP, FL3, NCHAM, IT, Communications Policy, Health Equity 	<ul style="list-style-type: none"> • EHDI-MS accesses resources, technical assistance, training, education, QI and evaluation supports from national partners. • EHDI-MS improves infrastructure and increases capacity of EHDI-MS system. 	<ul style="list-style-type: none"> • Number of consultation meetings • Number of resources accessed/used • Number of instances for TA, training, and education received • Number of activities supported by national partners • Number and type of attendees at the Annual EHDI Meeting 	<p>a) 4/2020-3/2024</p> <p>b) 4/2020-3/2024</p> <p>c) 2-3/2021, annually</p>