

Attachment 1: Work Plan and Logic Model

NE-EHDI WORK PLAN 2020 – 2024 (Acronyms are in Attachment 8.)

Goals 1-7 will describe how NE-EHDI will establish and maintain partnerships for referral, training, and information sharing with various state stakeholder organizations and programs currently and by the end of year 1, and will revise annually for Goal 1. This addresses A.3. in the program description activities of the NOFO.

Goals 1-4 address how NE-EHDI will engage, educate, and train health professionals and service providers in the EHDI system for screening.

Program Objective and Outcome Measure - Increase by 10 percent from year 1 baseline the number of health professionals and service providers trained on key aspects of the EHDI Program by March 2024.

<p>Goal 1 - The hearing of all newborns born in Nebraska will be screened during the birth admission or, if born out-of-hospital, by one month of age.</p> <p>Outcome Measure – Increase by 1 percent from baseline per year, or achieve at least a 95 percent screening rate, whichever is less, the number of infants that completed a newborn hearing screen no later than one month of age. Baseline data is based upon the NE-EHDI 2017 CDC EHDI HSFS data.</p> <ul style="list-style-type: none"> NE-EHDI 2017 CDC HSFS is 97.4% screened by one month of age, of those screened inpatient and/or outpatient. NE-EHDI needs to maintain this goal each year during the four year project period to meet this objective. NE-EHDI always strives to improve even if the goal has been met. 		
<p>Program Objective 1.1 – Parents educated about hearing screening, per Infant Hearing Act and medical home.</p>	<p>Process Measures – Number of birthing facilities who check “yes” in ERS-II when they educate parents about the newborn hearing screen. Evaluate annually the number of brochures being requested by each birthing facility to number of babies born.</p>	
Activities	Quarters	Person(s) Responsible
NE-EHDI education brochure provided to expectant parents from PHCP, OB/GYN clinics, birthing facilities, N-MIECHV and WIC. NE-EHDI will track literature requests from professionals, provide follow-up calls and discuss during hospital visits.	Quarters 1-16	CHE/S; Health Prof; Hosp Staff
Verbally explain process of hearing screening, provide brochure to parents and answer questions.	Quarters 1-16	CHE/S; Hosp Staff; H&V/GBYS; PHCP
Discuss results of hearing screening with parents.	Quarters 1-16	CHE/S; Hosp Staff; H&V/GBYS; PHCP
Provide information to parents about next steps for “refer” infants.	Quarters 1-16	CHE/S; Hosp Staff; H&V/GBYS; PHCP
Connect parents in western NE who are having difficulty scheduling a timely outpatient hearing screening with tele-audiology.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS; ESU #13; UNL Barkley

Connect parents with MHCP if needing financial assistance for outpatient hearing screen.	Quarters 1-16	CHE/S
Survey for parents on NE-EHDI website.	Quarters 1-16	Prgm Mgr; CHE/S
Survey URL code is on education brochures/cards that hospitals give to parents. The URL code is included in referred letters.	Quarters 1-16	Prgm Mgr; CHE/S; Hosp Staff
Program Objective 1.2 – Parents educated about hearing screening, per Infant Hearing Act for out-of-hospital births.	Process Measures – Number of certified mail receipts of letters/brochures to parents to number of out-of-hospital births.	
Activities	Quarters	Person(s) Responsible
Educational materials are provided to parents with out-of-hospital birth babies.	Quarters 1-16	CHE/S
Follow-up phone calls made if hearing screening is not completed for out-of-hospital births.	Quarters 1-16	CHE/S
Connect parents in western NE who are having difficulty scheduling a timely outpatient hearing screening with tele-audiology.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS; ESU #13; UNL Barkley
Connect parents with MHCP if needing financial assistance for outpatient hearing screen.	Quarters 1-16	CHE/S
Program Objective 1.3 – Birthing facilities have access to training for hearing screens, how to educate parents about the hearing screen, how to effectively explain results and provide next steps as appropriate.	Process Measures – Number of birthing facilities completing the Nebraska Newborn Hearing Hospital Champion Campaign and renewal.	
Activities	Quarters	Person(s) Responsible
Inform birthing facility OB directors through e-mails and hospital visits about the hearing screening training through the NE Newborn Hearing Hospital Champion Campaign.	Quarters 1, 3, 5, 7, 9, 11, 13, 15	Prgm Mgr; CHE/S; BAnalyst; Hosp Staff; H&V/GBYS
Implement a NE-EHDI Facebook to provide monthly reminders/updates.	Quarters 1-16	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS
Program Objective 1.4 – PHCPs have access to education about the EHDI system and family-centered care coordination through the medical home.	Process Measures – Number of PHCPs educated by the number of checked boxes in ERS-II by PHCP's name to document when they receive education about EHDI.	
Activities	Quarters	Person(s) Responsible
Educate PHCPs through live and recorded presentations/webinars by NE-EHDI AAP Chapter Champion and Pediatrician representative, and at NE-EHDI exhibits and presentations. Use NRC-PFCMH as a resource regarding the medical home.	Quarters 1-16	Prgm Mgr; CHE/S; EHDI AAP Chapter Champion; Pediatrician
Mail education documents annually about the PHCP role in the EHDI Process and refer to the PHCP page on the NE-EHDI website.	Quarters 1, 5, 9, 13	Prgm Mgr; CHE/S

Implement a NE-EHDI Facebook to provide monthly reminders/updates.	Quarters 1-16	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS
Program Objective 1.5 – Birthing facilities will submit accurate hearing screening or reason for no screening for 100 percent of birth admissions, including transfers to NICUs.	Process Measures – One-to-one match of birth records with hearing records in ERS-II, timeliness of data entry, and accuracy of data entry.	
Activities	Quarters	Person(s) Responsible
Individual hearing screening data submitted electronically within 14 days of discharge from the hospital.	Quarters 1-16	CHE/S; Hosp Staff; BAnalyst
Transfers to hospitals reported.	Quarters 1-16	CHE/S; Hosp Staff
Hearing screening data correction completed when data entry errors are identified.	Quarters 1-16	CHE/S; BAnalyst
Training and orientation of hospital staff; technical assistance provided.	Quarters 1-16	Prgm Mgr; BAnalyst, CHE/S; Hosp Staff
Program Objective 1.6 – Birthing facilities will have status and comparison reports available for quality improvement.	Process Measures – Number born, screened, pass, refer, and recommended for follow-up; refer rate by type of screening. Process Measures – Accurate ERS-II reports available to hospitals with number born, screened, pass, refer.	
Activities	Quarters	Person(s) Responsible
Weekly exception reports generated, reviewed, and hospitals contacted if information is needed.	Quarters 1-16	BAnalyst
Hospitals are able to create reports for local QA; and NE-EHDI utilize reports for system QA.	Quarters 1-16	CHE/S; Prgm Mgr; Hosp Staff; BAnalyst
Annual QA reports emailed to hospitals by NE-EHDI and emphasizing recommended protocols.	Quarters 4, 8, 12, 16	Prgm Mgr; BAnalyst; CHE/S; Hosp Staff
Annual hearing screening reports generated and analyzed for annual legislative report, other reports and surveys.	Quarters 4, 8, 12, 16	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS/HearU

Goal 2 – All newborns who “refer” on the initial hearing screening will complete an outpatient re-screening, by one month of age, and/or audiologic diagnostic evaluation no later than three months of age.

Outcome Measure - Increase by 10 percent from baseline by March 2024, or achieve a minimum rate of 85 percent, the number of infants that completed a diagnostic audiological evaluation by 3 months of age. Baseline data will be based upon the NE-EHDI 2017 CDC EHDI HSFS data.

- NE-EHDI 2017 CDC HSFS is 62.9% for diagnosis at 3 months. For NE-EHDI to meet this objective by the end of the year four project period, we will need to increase to 69.2%.

Program Objective 2.1 – Tracking of outpatient follow-up activities occurs with PHCP and/parent(s).	Process Measures – Monthly verification report to track timeliness of PHCP/parent letters/faxes; timeliness of follow-up re-screening/audiologic evaluation.	
Activities	Quarters	Person(s) Responsible
Per protocol, first, second, and third request letters/calls mailed/faxed/phoned to PHCP; first, second request letters/calls mailed/phoned to parent(s).	Quarters 1-16	CHE/S; BAnalyst; H&V/GBYS; PHCP
Based on outpatient results, status will be coded in ERS-II electronic database.	Quarters 1-16	CHE/S; H&V/GBYS
Per protocol, additional request/confirmation letters/calls mailed/faxed/phoned to PHCP.	Quarters 1-16	CHE/S; H&V/GBYS; PHCP
Informal agreements with neighboring states will be maintained to share results and coordinate follow-up.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS
Connect parents with MHCP if needing financial assistance for diagnostic evaluation.	Quarters 1-16	CHE/S
Connect parents in western NE who are having difficulty scheduling a timely outpatient hearing screening with tele-audiology.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS; ESU #13; UNL Barkley
Program Objective 2.2 – Diagnostic facilities have access to education about their important role in the EHDI system and importance of timeliness in the EHDI process.	Process Measures – Number of diagnostic facilities who complete audiologic diagnostic evaluations per the number of newborns/infants referred.	
Activities	Quarters	Person(s) Responsible
Audiologists receive a bi-annual e-mail with EHDI updates and reminders; and also informed about the Audiologist page on the NE-EHDI website that includes reporting forms, and guidelines for the EHDI process.	Quarters 1, 3, 5, 7, 9, 11, 13, 15	Prgm Mgr; CHE/S;
Educate audiologists through live and recorded presentations/webinars by NE-EHDI staff and NE-EHDI AAP Chapter Champion.	Quarters 1-16	Prgm Mgr; CHE/S; EHDI AAP Chapter Champion;
Meet annually with the main pediatric audiology facilities to discuss education, training, reporting and ideas for improvement.	Quarters 1, 5, 9, 13	Prgm Mgr; CHE/S; BAnalyst; NE-EHDI AAP Chapter Champion
Implement a NE-EHDI Facebook page to provide monthly reminders/updates.	Quarters 1-16	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS
Program Objective 2.3 – Confirmatory testing facilities will submit individual audiologic diagnostic and amplification reports, including information about referrals to EDN/Part C.	Process Measures – Number referred to EDN/Part C to number referred by birthing hospitals and audiology facilities.	

Activities	Quarters	Person(s) Responsible
Audiologic and amplification narrative reports will be provided to referring PHCP and NE-EHDI Program (manual, electronic).	Quarters 1-16	Auds; PHCP; CHE/S; BAnalyst
Results will be entered by the audiology clinic into ERS-II, or copied into the drop-box (secure upload), or faxed to NE-EHDI to data enter.	Quarters 1-16	CHE/S; Auds; CHE/S; BAnalyst

Goal 3 - All infants with a confirmed hearing loss will be enrolled in EI services by six months of age.
Outcome Measure – Increase by 15 percent from baseline by March 2024, or achieve a minimum rate of 80 percent, the number of infants identified to be DHH that are enrolled in EI services no later than 6 months of age. Baseline data will be based upon the NE-EHDI 2017 CDC EHDI HSFS data.

- NE-EHDI 2017 CDC HSFS is 78.9% for timely enrollment to EI at 6 months. For NE-EHDI to meet this objective by the end of the year four project period, we will need to increase by 1.1% to 80%. NE-EHDI always strives to improve even if the goal has been met.

Program Objective 3.1 – Educate about the importance of timely diagnostic evaluations so DHH infants can be referred to EI to be enrolled in EI by 6 months of age.

Process Measures – Number of referrals to EDN per the number of newborns/infants identified as DHH.

Activities	Quarters	Person(s) Responsible
Discussed in Objectives 1.4 and 2.2	Quarters 1, 3, 5, 7, 9, 11, 13, 15	Prgm Mgr; CHE/S; BAnalyst; Hosp Staff; H&V/GBYS; EHDI AAP Chapter Champion; Pediatrician
Continue in person meetings and/or through e-mail with EDN, and during NE-EHDI biannual advisory meetings if needed regarding improving the capture and timeliness of EI data.	Quarters 1-16	Prgm Mgr; CHE/S; BAnalyst; EDN
Continue to review reports quarterly with EDN to ensure NE-EHDI data and EDN data matches in each data system for EI.	Quarters 1-16	BAnalyst, EDN

Program Objective 3.2 – Audiologists will refer, as appropriate, all DHH infants to agencies that can assist the family with obtaining amplification if the parent chooses.

Process Measures – Number identified as deaf or hard of hearing receiving evaluations and services for amplification. Annual HearU Nebraska report for DHH children.

Activities	Quarters	Person(s) Responsible
Hearing aid loans completed.	Quarters 1-16	HearU
HearU provides annual invoice to NE-EHDI of infants served per sub-award agreement.	Quarters 4, 8, 12, 16	HearU

Program Objective 3.3 – Audiologists will recommend, as appropriate, all DHH infants for medical and/or genetic evaluations, including discussion about a family-centered medical home.

Process Measures – Number of enrollments made for medical and/or genetic services compared to the number of ERS-II cases with “diagnosed” or “follow-up” case status.

Activities	Quarters	Person(s) Responsible
Referral and reporting protocols disseminated to new audiologists working with NE-EHDI.	Quarters 1-16	Prgm Mgr; NSLHA; Auds
Recommendations submitted to NE-EHDI Program.	Quarters 1-16	CHE/S; Auds; Med Specialists; BTNRH; Children's Hosp; PHCP
Program Objective 3.4 – EDN/Part C and H&V/GBYS will provide data or access to detailed data on children enrolled for EI.	Process Measures – Number verified for EI and number enrolled into EI services (data from CONNECT system and H&V/GBYS).	
Activities	Quarters	Person(s) Responsible
Review and revise as needed reporting protocols for NE-EHDI Program, EDN/Part C, Regional Programs and H&V/GBYS.	Quarters 1-16	Prgm Mgr; EDN/Part C; RPSDHH; BTNRH; Children's Hosp; H&V/GBYS
Reporting protocols will be disseminated to new EI providers working with NE-EHDI and revised protocols will be provided as needed.	Quarters 1-16	Prgm Mgr; EDN/Part C; MHCP; BTNRH; Children's Hosp; RPSDHH
Individual reports of services are provided to NE-EHDI Program.	Quarters 1-16	CHE/S; EDN/Part C; MHCP; RPSDHH; BTNRH; Children's Hosp; H&V/GBYS; BAnalyst
<p>Goal 4 – Early childhood hearing screenings, diagnosis and EI for children up to age 3 will be collected and reported.</p> <p>Outcome Measure – #1: Write a plan to facilitate improved coordination of care and services for families and children who are DHH through the development of mechanisms for formal communication, training, referrals and/or data sharing between the NE-EHDI Program and early childhood programs <u>by the end of year 1.</u></p> <p>#2: Have a plan in place to expand infrastructure for data collection and reporting early childhood hearing screening, including diagnosis and EI for children up to age 3 <u>by the end of year 2.</u></p> <p>#3: Demonstrate evidence of formal communication, training, referrals and/or data sharing <u>by the end of year 3.</u></p>		
Program Objective 4.1 – Identify programs in Nebraska who are currently providing early childhood hearing screens.	Process Measures – Report number of programs providing early childhood hearing screens.	
Activities	Quarters	Person(s) Responsible
Schedule meetings to partner with Early Head Start Programs in Nebraska.	Quarters 1-4	Prgm Mgr; EHS program coordinators
Schedule meetings with other potential partners.	Quarters 1-4	Prgm Mgr; other ECPs
Develop a plan to improve coordination of care and services for families and children who are DHH for formal communication, training, referrals, and or data sharing with NE-EHDI and ECPs.	Quarters 1-4	Prgm Mgr; CHE/S; EHS; other ECPs; EDN; RPSDHH; H&V/GBYS; PTI-NE; N-MIECHV
Develop agreements with Early Head Start Programs in Nebraska.	Quarters 5-12	Prgm Mgr; EHS

Develop agreements with other ECPs in Nebraska who provide hearing screens or could provide hearing screens.	Quarters 5-12	Prgm Mgr; Other ECPs identified
Expand partnership with EDN and RPSDHH to include EI for early childhood up to age 3.	Quarters 5-12	Prgm Mgr; EDN; RPSDHH
Program Objective 4.2 – Provide resources for professional education and training about early childhood hearing screens for children up to age 3.	Process Measures – Track the number of ECPs trained to conduct early childhood hearing screens by the number ECPs report are conducting hearing screens. Track that all NE PHCPs identified through the Health Professions Tracking Service have received education and training about early childhood hearing screens, diagnostic, EI and family support for children up to age 3.	
Activities	Quarters	Person(s) Responsible
Expand education and training discussed in Objectives 1.4 and 2.2 for early childhood providers up to age 3.	Quarters 5-16	Prgm Mgr; CHE/S; BAnalyst; Hosp Staff; H&V/GBYS; EHDI AAP Chapter Champion; Pediatrician
Partner with HRSA's FL3 Center, NTRC, and NCHAM ECHO Initiative for resources, technical assistance, training, education, QI and evaluation.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS
Program Objective 4.3 – Expand NE-EHDI ERS-II data system to receive reports and track early childhood hearing screens up to age 3 who are receiving screenings, diagnostic evaluations, EI and receiving family support information.	Process Measures – Number of early childhood hearing screens, diagnostic evaluations, EI and connecting family support in ERS-II compared to the number of children enrolled in the ECP.	
Activities	Quarters	Person(s) Responsible
Develop a plan for data collection and reporting early childhood hearing screening, including diagnosis and EI for children up to age 3.	Quarters 1-8	Prgm Mgr; BAnalyst; CHE/S; EHS; other ECPs; Auds; PHCP; EDN; H&V/GBYS
Develop fields in ERS-II with names of programs/agencies providing early childhood hearing screens for children up to age 3 and fields for tracking results and follow-up.	Quarters 1-8	BAnalyst
Develop reporting protocols for early childhood hearing screens, including diagnosis, EI and family support for children up to age 3.	Quarters 8, 9, 10	Same as first activity for Objective 4.3.
Report the number of children being screened and referred for diagnostic evaluation up to age 3.	Quarters 11-16	Prgm Mgr; CHE/S; BAnalyst; EHS & other identified ECPs; PHCP

Program Objective 4.4 – Staff training to conduct early childhood hearing screens up to age 3.	Process Measures – Record the number of staff trained and the type of training completed for conducting early childhood hearing screens for children up to age 3.	
Activities	Quarters	Person(s) Responsible
NE-EHDI will inform ECPs of the training available through the ECHO Initiative.	Quarters 1-16	Prgm Mgr: CHE/S; EHS: other ECPs;
Program Objective 4.5 – Parents educated about annual hearing screens during early childhood.	Process Measures – Evidence that hearing screening education is being provided in ECPs by number of brochures being requested to the number of children being screened.	
Activities	Quarters	Person(s) Responsible
Develop a NE-EHDI early childhood hearing screening education brochure for parents with children up to age 3.	Quarters 4-8	Prgm Mgr; CHE/S; NCHAM; JCIH; Adv Comm
Early childhood education brochure will be provided to parents with children up to age 3.	Quarters 9-16	CHE/S; PHCP; Health Prof; ECP; N-MIECHV; WIC
Add an early childhood hearing screening page to the NE-EHDI website.	Quarter 8	Prgm Mgr; CHE/S
Explain process of early childhood hearing screens, discuss results and provide information about next steps for children who “refer” are same as activities 2-7 for Objective 1.1.	Quarters 11-16	CHE/S; PHCP; ECP Program; H&V/GBYS
Program Objective 4.6 – Early childhood program/agencies will submit accurate hearing screening or reason for no screening for 100 percent of children enrolled in their program.	Process Measures – One-to-one match of number of children enrolled in the program with the number of hearing screens reported.	
Activities	Quarters	Person(s) Responsible
Training and orientation for reporting; technical assistance provided.	Quarters 9-16	Prgm Mgr; BAnalyst, CHE/S; EHS; ECP
Data submission and data correction same as activities 1 and 3 for objective 1.5.	Quarters 11-16	CHE/S; ECP; BAnalyst; EHS; other ECPs
Program Objective 4.7 – Track follow-up of activities that occur for children who refer on the hearing screening with PHCP and/parent(s).	Process Measures – Monthly verification report of timeliness of PHCP/parent letters/faxes; timeliness of initiation of follow-up re-screening/audiologic evaluation.	
Activities	Quarters	Person(s) Responsible
Develop letters for PHCP and parents for follow-up for early childhood hearing screens.	Quarters 5-10	Prgm Mgr; CHE/S; H&V/GBYS
Protocols for mailing letters and follow-up phone calls will be the same as activities for objective 2.1	Quarters 11-16	CHE/S; BAnalyst; H&V/GBYS; PHCP
Program Objective 4.8 – Confirmatory testing facilities will submit individual audiologic diagnostic and amplification reports, including information about	Process Measures – Number referred to EDN/Part C.	

referrals to Early Development Network (EDN/Part C).		
Activities	Quarters	Person(s) Responsible
Audiologic and amplification narrative reports and results submitted will be the same as activities for objective 2.3	Quarters 1-16	Auds; PHCP; CHE/S; BAnalyst; CHE/S
Program Objective 4.9 – Develop and implement a strategy to monitor and assess program performance in meeting the stated program purpose and objectives that would contribute toward continuous quality improvement (QI).	Process Measures – Report QI annually through a PDSA cycle.	
Activities	Quarters	Person(s) Responsible
PDSA year 1 - Improving coordination of care and services for families and children who are DHH between NE-EHDI and ECP, identify ECPs who conduct hearing screenings, staff training and interest in partnering with NE-EHDI regarding referrals for diagnostic evaluation, EI and family support which includes data sharing.	Quarters 1-4	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS; EHS; other ECP; EDN; RPSDHH
PDSA year 2 – Develop a plan for data collection and reporting early childhood hearing screening, including diagnosis and EI for children up to age 3.	Quarters 5-8	Same as stated for PDSA 1
PDSA year 3 - Demonstrate evidence of formal communication, training, referrals and/or data sharing.	Quarters 9-12	Same as stated for PDSA 1
PDSA year 4 – Changes for improvement after implementation have been completed.	Quarters 13-16	Same as stated for PDSA 1

Goal 5 – An inclusive program will be provided to address the needs of the populations NE-EHDI serves.		
Outcome Measure -		
By end of year 2, develop a plan to address diversity and inclusion in the EHDI system to ensure that the state or territory’s EHDI system activities are inclusive of and address the needs of the populations it serves, including geography, race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status.		
Program Objective 5.1 – Establish a work group to evaluate and improve the NE-EHDI Program to ensure it is inclusive for geography, race, ethnicity, disability, gender, sexual orientation, family structure, and socio-economic status for the populations we serve.	Process Measures – Track number of individuals invited and the number who will participate in the work group and start meeting by March 2021.	
Activities	Quarters	Person(s) Responsible
Identify potential partners.	Quarters 1-3	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS
Invite potential partners to establish a work group.	Quarter 3	Prgm Mgr;

Work group meet every other month.	Quarters 4-6	Prgm Mgr; CHE/S; H&V/GBYS; work group members
Program Objective 5.2 – Assess NE-EHDI’s current procedures regarding if forms, letters, brochures, videos, social media, website and processes are all inclusive.	Process Measures – Check off list when each NE-EHDI form, letter, brochure, video, social media, website and process have been approved as inclusive by the expert work group.	
Activities	Quarters	Person(s) Responsible
List all forms, letters, brochures, videos, social media, website and processes to be evaluated.	Quarters 1-3	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS
Evaluate all forms, letters, brochures, videos, social media, website and processes to determine if all inclusive.	Quarter 4-6	Prgm Mgr; CHE/S; H&V/GBYS; work group members
Program Objective 5.3 – Develop the plan for improvement and evaluate.	Process Measures – Develop 1 improvement plan by 3/31/2022. Evaluate annually.	
Activities	Quarters	Person(s) Responsible
Write plan from expert work group feedback.	Quarter 7	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS;
Work group members review and revise plan.	Quarter 8	Work group members
Finalize plan.	Quarter 8	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS
Evaluate and revise as needed to be inclusive.	4, 8, 12, 16	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS;

Goal 6 – Families of young children who are DHH will have access to a family support system to improve family engagement, partnership, and leadership with the EHDI program and systems. Outcome Measure - Increase by 20 percent from year 1 baseline the number of families enrolled in family-to-family support services by no later than 6 months of age.		
Program Objective 6.1 – Families of young children who are DHH will receive a Parent Resource Guide (PRG) of support services.	Process Measures – Number of resources available, number of print PRG distributed, number of web hits.	
Activities	Quarters	Person(s) Responsible
Review the local, state, regional, and national support services that are included in the PRG; and update the print and web-based PRG for families of children identified as DHH.	Quarters 1-16	Prgm Mgr; CHE/S; PTI, H&V/GBYS; Parents; FL3
Disseminate PRG to families of children who are DHH.	Quarters 1-16	CHE/S; PTI-NE; H&V/GBYS; Auds; PHCP; EDN/Part C
Provide PRG to PHCP, audiologists, EDN/Part C service coordinators.	Quarters 1-16	CHE/S, H&V/GBYS

Program Objective 6.2 – Write sub-awards/contracts and establish agreements with organizations to conduct follow-up and/or provide family support.	Process Measures – Number of sub-awards/contracts/agreements completed with family support organizations and/or programs providing family support.	
Activities	Quarters	Person(s) Responsible
Sub-award renewal will be finalized with H&V/GBYS to conduct follow-up, assist families with EI and family-centered care coordination plans, and connect with GBYS Guides for family support.	By Quarters 1, 5, 9, 13	Prgm Mgr; CHE/S; H&V/GBYS;
Sub-award renewal will be finalized with University of Nebraska-Lincoln, HearU Nebraska Hearing Aid Loaner Bank.	By Quarters 1, 5, 9, 13	Prgm Mgr; HearU
Write Contract with BTNRH to support annual Roots and Wings Parent Weekend Workshop/Parent Training workshops.	Quarter 2 3, 7, 11, 15	Prgm Mgr; BTNRH;
Discuss with LEND possible collaborations for training leadership skills for parents and professionals who have DHH children or work with DHH children.	Quarters 2, 6, 10, 14	Prgm Mgr; LEND;
Continue to partner with PTI-NE to inform parents and professionals about trainings and family support related to DHH children.	Quarters 1-16	Prgm Mgr; PTI-NE;
Continue agreement with N-MIECHV to provide information to families about NE-EHDI, EI, and care coordination plans through a family-centered medical home during home visits.	Quarter 1-16	Prgm Mgr; N-MIECHV
Continue agreement with WIC to provide information to families about NE-EHDI, EI, and care coordination plans through a family-centered medical home during clinic visits.	Quarter 1-16	Prgm Mgr; WIC
Program Objective 6.3 – Review protocols and provide training as needed with family support organizations/programs for any of the following: screening follow-up, assisting families with EI and family-centered care coordination plans for a medical home.	Process Measures – Number of protocols and training to the number of sub-awards/contracts and/or agreements completed with family support organizations and/or programs providing family supports.	
Activities	Quarters	Person(s) Responsible
Review protocols and trainings as needed with H&V/GBYS to conduct follow-up and assist families with EI.	Quarters 1-16 as needed	Prgm Mgr; CHE/S; H&V/GBYS;
Provide educational materials for WIC to give to families to educate about the NE-EHDI program, EI and care coordination plans.	Quarters 1-16	Prgm Mgr; WIC
Provide educational materials for N-MIECHV to give to families to educate about the NE-EHDI program, EI, and care coordination plans.	Quarters 1-16	Prgm Mgr; N-MIECHV

Partner with HRSA's FL3 Center and NTRC for resources, technical assistance, training, education, QI and evaluation.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS
Program Objective 6.4 – Reports from the Family Support Organization/Program regarding any of the following: screening follow-up; education about the EHDI system; contact with families to provide EI support; trainings; and support services provided.	Process Measures – Number of follow-up with families and DHH children by reports.	
Activities	Quarters	Person(s) Responsible
H&V/GBYS to conduct EHDI follow-up, assist families with EI services and family-centered care coordination, and connect with family support with GBYS Guides.	Quarters 3, 5, 7, 9, 11, 13, 15	Prgm Mgr; CHE/S; H&V/GBYS; RPSDHH;
HearU Nebraska Hearing Aid Loaner Bank (staff support, services, hearing aids & repairs)	Quarters 1-16	Prgm Mgr, CHE/S; HearU
Roots and Wing Parent Weekend and/or Parent Training workshops.	Minimum 1 qtr. annually	Prgm Mgr; BTNRH;
WIC providing education to families.	Minimum 1 qtr. annually	Prgm Mgr; WIC
N-MIECHV providing education to families.	Minimum 1 qtr. annually	Prgm Mgr; N-MIECHV
Program Objective 6.5 – Submit aggregate reports of families participating in family support activities and/or organizations providing trainings.	Process Measures – Number of families enrolled/engaged in family support including type of support and/or number of trainings and the name of the organization/program providing the service.	
Activities	Quarters	Person(s) Responsible
Aggregate reports of family support services or trainings are submitted to NE-EHDI Program.	Quarters 1-16	H&V/GBYS (bi-annually; HearU (quarterly); BTNRH (1 annual event);
Program Objective 6.6 – Develop and implement a strategy to monitor and assess program performance in meeting the stated program purpose and objectives that would contribute toward continuous quality improvement (QI).	Process Measures – Track the number of families enrolled in family-to-family support by 6 months of age and those not interested in the support by 6 months of age. Track the age of the child if the family enrolls later. Report annually.	
Activities	Quarters	Person(s) Responsible
Conduct a PDSA cycle and report annually.	Quarters 4, 8, 12, 16	Prgm Mgr; CHE/S; BAnalyst; H&V/GBYS; RPSDHH

<p>Goal 7 – Families of young children who are DHH will have access to a DHH Role Model/Mentor. Outcome Measure – Increase by 10 percent from year 1 baseline the number of families enrolled in DHH adult-to-family support services by no later than 9 months of age by March 2024.</p>		
<p>Program Objective 7.1 – Survey/interview families of children who are DHH to find out their needs and wants for a DHH Role Model/Mentor program in Nebraska.</p>	<p>Process Measures – Receive at least ten completed surveys/interviews from families in the H&V/GBYS program; another 10 from families that statewide deaf educators and audiologists serve; and another 10 from families coded as DHH in ERS-II. Complete by Dec 31, 2020</p>	
Activities	Quarters	Person(s) Responsible
Develop survey/interview questions.	Quarters 1, 2	Prgm Mgr; CHE/S; H&V/GBYS; NE-EHDI Adv Com, including parents and DHH individuals.
Survey/interview parents who have a child who is DHH.	Quarter 2-3	Prgm Mgr; CHE/S; H&V/GBYS; RPSDHH; Auds
<p>Program Objective 7.2 – Establish a work group with statewide representation to discuss the format and development of the program, and financial support for the program.</p>	<p>Process Measures – Track number of individuals invited to the number who participate in the work group and start meeting by March 31, 2021.</p>	
Activities	Quarters	Person(s) Responsible
Identify partners interested in serving on a work group.	Quarters 2-3	Prgm Mgr; CHE/S; H&V/GBYS
Work group meet to discuss the format of the DHH Role Model/Program, training, financial support to implement and sustain, etc.	Quarters 4-8	Prgm Mgr; CHE/S; H&V/GBYS; NE-EHDI Adv Comm and other statewide partners.
Partner with HRSA’s FL3 Center and NTRC for resources, technical assistance, training, education, and QI.	Quarters 1-16	Prgm Mgr; CHE/S; H&V/GBYS
<p>Program Objective 7.3 – Contract and establish an agreement with an organization(s) to implement, manage, train, track and sustain a program.</p>	<p>Process Measures – An organization(s) identified to implement the DHH Role Model/Mentor Program by June 30, 2022.</p>	
Activities	Quarters	Person(s) Responsible
Write an agreement with organization(s) who will be the home of the DHH Role Model/Mentor Program.	Quarter 9	Prgm Mgr; Organization TBD
<p>Program Objective 7.4 – Plan, promote and implement the DHH Role Model/Mentor Program.</p>	<p>Process Measures – Protocols developed and implemented, staff hired and trained by Feb 28, 2023. Start promoting and educating about the program 3/1/2023. Implement program 4/1/2023.</p>	

Activities	Quarters	Person(s) Responsible
Develop and implement protocols, determine staff to hire and staff complete training.	Quarters 10-12	TBD
Promote and educate about the program and implement.	Quarters 12-16	Prgm Mgr; CHE/S; Organization TBD; H&V/GBYS; PHCP, Auds, RPSDHH; EDN
DHH Role Model/Mentor Program will report quarterly the staff hired and trained for the program to NE-EHDI.	Quarters 11-16	TBD
Implement and offer program to families of children who are DHH.	Quarters 13-16	Prgm Mgr; CHE/S; Organization TBD; H&V/GBYS; PHCP, Auds, RPSDHH; EDN
Program Objective 7.5 – Submit reports from the DHH Role Model/Mentor Organization/Program.	Process Measures – Report quarterly number of families enrolled in the program and separately the number of families enrolled in the program by the time the child who is DHH is 9 months of age.	
Activities	Quarters	Person(s) Responsible
DHH Role Model/Mentor Organization/Program provides reports to NE-EHDI.	Quarters 14-16	Prgm Mgr; Organization determined for the program
Program Objective 7.6 – Develop and implement a strategy to monitor and assess program performance in meeting the stated program purpose and objectives that would contribute toward continuous quality improvement (QI).	Process Measures – Report QI annually through a PDSA cycle.	
Activities	Quarters	Person(s) Responsible
PDSA year 1 - Gathering feedback from parents, establishing a work group and the work group starts to meet.	Quarters 1-4	Prgm Mgr; CHE/S; H&V/GBYS; NE-EHDI Adv Comm and other statewide partners.
PDSA year 2 - Determine structure of the DHH Role Model/Mentor Program, training, organization/ agency for the program, financial support to implement and sustain, etc.	Quarters 5-8	Prgm Mgr; CHE/S; H&V/GBYS; NE-EHDI Adv Comm and other statewide partners.
PDSA year 3 – Planning, promoting and implementing the DHH Role Model/Mentor Program.	Quarters 9-12	Prgm Mgr; CHE/S; Organization determined for the program
PDSA year 4 – Continue implementing program and make changes due to feedback from participants and those implementing the program.	Quarters 13-16	Prgm Mgr; CHE/S; Organization determined for the program

Nebraska Early Hearing Detection & Intervention Program – Logic Model (Oct 2019) – Details are explained in the Methodology.

