Nevada Early Hearing Detection and Intervention (NV EHDI) Program
Project Narrative

Introduction:

The purpose of the Nevada Early Hearing Detection and Intervention (NV EHDI) Program is to ensure all children born in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational and medical intervention. NV EHDI promotes the national EHDI goals and timelines developed by the Joint Committee on Infant Hearing.

The Nevada Early Hearing Detection and Intervention (NV EHDI) Program is located within the Bureau of Child, Family and Community Wellness, Nevada Division of Public and Behavioral Health in the Nevada Department of Health and Human Services. As a result, NV EHDI has the opportunity to work closely and collaboratively with a variety of programs and agencies that provide support services to a similar population of infants and children less than three years of age. These programs include, but are not limited to, the following:

- Maternal and Child Health Program, including the Children and Youth with Special Health Care Needs (CYSHCN) Program (Title V Block Grant)
- Nevada Home Visiting Program (MIECHV)
- Nevada IDEA Part C Office
- Nevada Early Intervention Services
- Women, Infants, and Children (WIC)
- Office of Vital Records (OVR)
- Office of Public Health Informatics and Epidemiology

The primary goals for the NV EHDI Program as identified and endorsed by participants in a strategic planning process, include the following:

- All newborns will be screened for hearing loss before one month of age, preferably before hospital discharge.
- All infants who screen positive will have a diagnostic audiologic evaluation before three months of age.
- All infants identified with hearing loss will receive appropriate intervention services including medical, audiologic, and early intervention (EI) before six months of age.
- All infants and children with late onset, progressive or acquired hearing loss will be identified at the earliest possible time.
- All infants with hearing loss will have a medical home as defined by the American Academy of Pediatrics (AAP).

- Nevada will have a complete NV EHDI Tracking and Surveillance System that will minimize loss to follow-up.

Additionally, the goals and objectives pertaining to this grant will be incorporated into the daily operation and functioning of Nevada EHDI. The principle goal of this grant is:

> To support comprehensive and coordinated state and territory EHDI systems of care so families with newborns, infants, and young children up to 3 years of age who are deaf or hard-of-hearing receive appropriate and timely services that include hearing screening, diagnosis, and early intervention.

> I've seen the difference in families that have had early intervention and the difference it makes in the educational opportunities and life in general for their children. Nevada will benefit from a uniform plan, and it will positively impact all service providers and families.
>
> EHDI Stakeholder

Supporting objectives to that goal include:

By March 2024:
Using the state/territory's data from the 2017 CDC (Centers for Disease Control and Prevention) EHDI Hearing Screening and Follow-up Survey (HSFS) as baseline data:

- 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 1 month of age.
- Increase by 10 percent from baseline, or achieve a minimum rate of 85 percent, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age.
- Increase by 15 percent from baseline, or achieve a minimum rate of 80 percent, the number of infants identified to be deaf or hard of hearing D/HH that are enrolled in EI services no later than 6 months of age.

Using data collected from year 1 as baseline data:

- Increase by 20 percent from baseline the number of families enrolled in family-to-family support services by no later than 6 months of age.
- Increase by 10 percent the number of families enrolled in D/HH adult-to-family support services by no later than 9 months of age.
- Increase by 10 percent the number of health professionals and service providers trained on key aspects of the EHDI Program.

In this grant application, the NV EHDI Program proposes a project to improve universal newborn hearing screening reporting and timely referral to appropriate audiological and early intervention services through a variety of strategies including:

- Lead efforts to engage and coordinate all stakeholders in the state EHDI system to meet the goals of this program thru a coordinated expanded infrastructure. To include:

- a plan to collect and report on hearing screenings for children up to age 3,
- maintain partnerships to accomplish all goals,
- maintain EHDI advisory committee,
- develop a plan to address diversity and inclusion,
- maintain quality improvement practices,
- maintain Nevada EHDI website,
- develop sustainability plan.

- Engage, educate, and train health professionals and service providers in the EHDI system. To include:
  - the 1, 3, 6 recommendations,
  - the need for hearing screening up to age 3,
  - benefits of patient/family centered medical home,
  - importance of communicating accurate information to allow families to make important decisions.

- Strengthen capacity to provide family support and engage families with children who are D/HH as well adults who are D/HH throughout the EHDI system. To include:
  - Involve family partners in EHDI Program,
  - Conduct outreach and education to inform families,
  - Facilitate partnerships among families and all EHDI partners
  - Use 25 % of funding for family engagement and family support activities,
  - Collaborate with Family Leadership in Language and Learning (FL3 Center).

- Facilitate improved coordination of care and services for families and children who are D/HH. To include:
  - formal communication with State IDEA Part C Office,
  - formal communication with Home Visiting,
  - formal communication with Nevada Title V CYSHCN,
  - formal communication with Early Head Start services.

- Participate in the Annual Early Hearing Detection and Intervention meeting. To include:
  - budget for 1-2 staff to attend,
  - budget for one family leader to attend.

- Collaborate with the EHDI National Technical Resource Center to implement initiatives as listed in this Notice of Funding Opportunity.

The goals and objectives identified in this grant application will be achieved through close collaboration with parents, other state programs and agencies, community partners, and other interested stakeholders. Specifics of the proposed project are detailed in the Work Plan Section of this narrative and in Attachment 1: Work Plan.

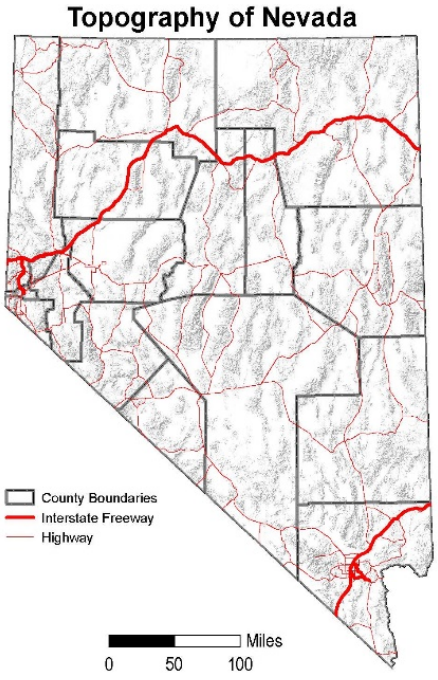
Currently, NV EHDI program consists of the following personnel:

- 1.0 FTE Health Program Specialist I who serves as the EHDI Program Coordinator. This position provides overall program guidance, direction, and managerial support for NV EHDI and oversight of daily program operations.
- 1.0 FTE Administrative Assistant II responsible for newborn hearing screening data entry and general programmatic support.
- .5 FTE contract audiologist serves as the EHDI Audiologist Consultant and Follow-up Coordinator. NV EHDI intends this position to focus on audiologist and physician trainings and diagnostic and early intervention follow-up activities.
- 1.0 FTE contract Health Resource Analyst I serves as the EHDI Data Analyst and Evaluation Coordinator. This position works closely with all entities who submit EHDI data, ensuring it is complete, accurate, and submitted according to policy. This position also runs reports and analyzes all EHDI data.

Needs Assessment:

Hearing loss is the most common single congenital birth defect, affecting approximately two out of every thousand infants. Left undetected, hearing loss in infants can negatively impact speech and language acquisition, academic achievement, and social and emotional development. When diagnosed early; however, these negative impacts can be diminished or even eliminated through early intervention.

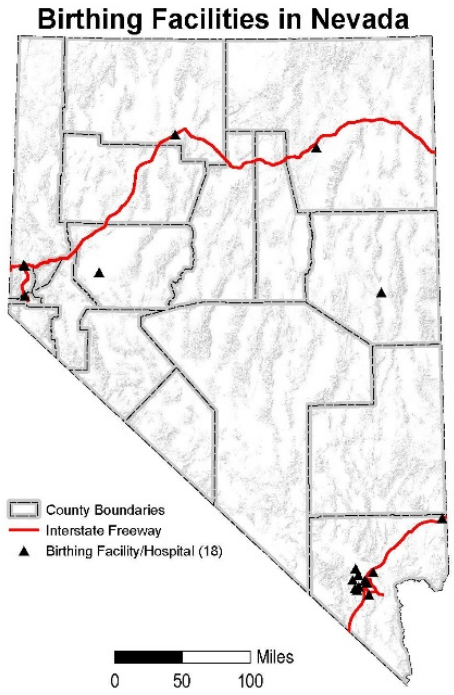
In 2018, Nevada's estimated population was 3,034,392. Cultural, language, and racial and ethnic diversity are factors that are considered when making programmatic decisions. Additionally, Nevada has a highly transitory population, due in large part to the nature of the state's main industries – hospitality, agriculture, and mining. These circumstances occasionally affect NV EHDI Program's ability to track infants and provide follow-up for positive screenings, diagnostic evaluations, and required intervention services. This is most often observed when phone numbers and addresses are no longer accurate.

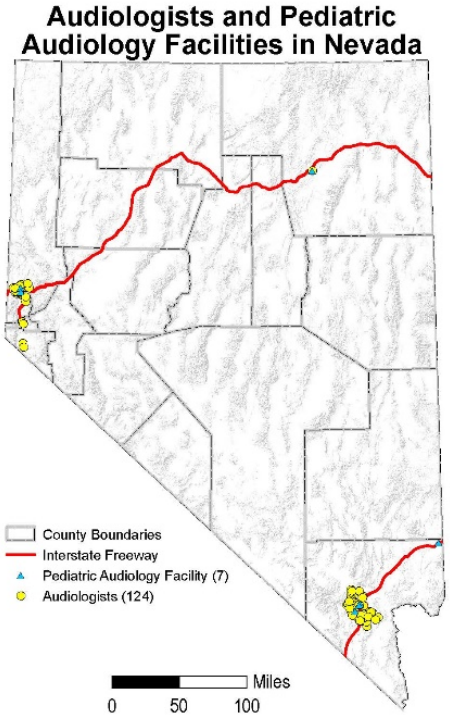


Ensuring provision of health care services to those affected with hearing loss in Nevada is also challenging due to Nevada's geography, the distribution and growth of its population, and the impact that the national and local recession of 2008 – 2013 had on both the population and the state's ability to provide appropriate health care services and medical infrastructure to its population.

While Nevada is the 7th largest state geographically, it ranks 35th in population and ranks 42nd

in population density with 24.6 people per square mile statewide. Nonetheless, Nevada is considered an urban state because 90% of its population lives in the Las Vegas and Reno/Sparks/Carson City metropolitan areas. Most of the remaining population is located in areas that are classified as frontier due to the very low population density and the distance from essential services. Five counties in Nevada (Nye, Elko, Lincoln, White Pine, and Humboldt) are among the 20 largest counties in the United States but their population density is approximately 1.9 people per square mile. Nevada has a high desert terrain but also has several mountain ranges with peaks in excess of 10,000 feet which can make traveling to population centers to address medical needs difficult during the winter months. Finally, the lack of public transportation in the rural/frontier areas results in families having only private vehicles as a source of transportation if specialist care is required. The cost to travel long distances can be an impediment to receiving needed medical or developmental support services not available locally. The lack of readily accessible services has caused families to move from their homes in rural and frontier areas to urban locations in Nevada or other states.

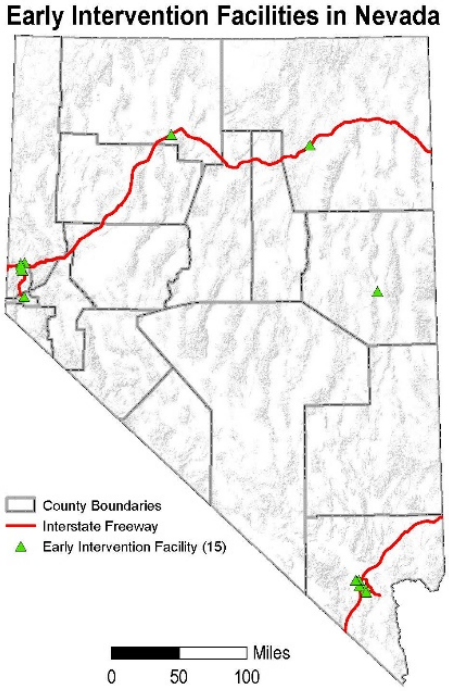




In 2018, there were approximately 35,300 Nevada births in a birthing facility and 500 home births. There are 17 birthing hospitals (one of which is a federal military hospital). Of the births occurring in non-military birthing hospitals, over 98% received a newborn hearing screening prior to discharge. Prior to 2012, only those infants who were referred for additional screening and/or a diagnostic evaluation were reported to the NV EHDI Program. In 2012, improvements to the data collection and management system resulted in the ability to provide universal screening reporting for the twelve largest hospitals which account for over 85% of babies born in Nevada. Since then all birthing facilities have the ability to report universal data on their infants.

There are several other contributing factors which complicate the health care delivery system in Nevada. Most of Nevada is medically underserved, especially in the area of specialized medical

services. Statewide, there are approximately 124 audiologists practicing in Nevada. Of that number, only seven pediatric audiologists meet EHDI-PALS criteria for providing diagnostic hearing tests to infants younger than six months of age. Most of the limited number of medical specialists in Nevada are located in urban areas, and very few medical providers of any type are located in the rural/frontier areas.



An additional complicating factor in the provision of services for the Deaf and Hard of Hearing (D/HH) community is the availability of early intervention services and family support services throughout the state. Services are found in the two major metropolitan centers in the state but are almost non-existent in the rural and frontier counties. Families find it difficult to travel long distances for basic and follow-up services.

Geographic Information Systems (GIS) maps, developed from Nevada EHDI data, visually illustrating distribution of infants with positive screenings, audiologic evaluation sites, hospital and audiologic service availability relative to demand, helps NV EHDI determine where there are access to care issues, where most of the population lives in reference to access to medical providers, and helps provide visual support when NV EHDI is asked to define the challenges that face Nevadans who have children who are referred for diagnosis based on screening results or children with confirmed hearing loss.

Methodology:

One of the most important methods for Nevada EHDI to move forward with the new grant goals and objectives and to continue to progress with present goals is to maintain and strengthen the multi-disciplinary EHDI Stakeholder Committee. This committee functions not only as the advisory committee for Nevada EHDI but members are expected to be actively involved in promoting and moving EHDI systems forward. At least 25% of the committee membership are parents or family of D/HH children or themselves are D/HH. The committee meets on a quarterly basis and be composed of:

- All Nevada EHDI staff
- Clinicians providing pediatric care
- Early Intervention providers
- Audiologists
- Parents/families of deaf and hard of hearing (D/HH) children
- D/HH individuals
- IDEA Part C staff
- American Academy of Pediatrics EHDI chapter champion
- Representatives from D/HH family-based organizations
- Organizations serving this population.

Nevada EHDI will continue to move forward with its learning community (LC) initiatives. Currently the EHDI Stakeholder Committee functions as the learning committee as the main hub for learning, training, and education of other stakeholders and partners in Nevada. The LC will continue to address the following:

- Training regarding the current JCIH 1-3-6 timeline recommendations and the appropriate methods to address them
- Significant risk factors for late-onset early childhood hearing loss
- Peer to peer information sharing among participants and, where applicable, the American Academy of Pediatrics Chapter Champions
- Improving care coordination through the patient/family-centered medical home model, including the surveillance of infants and children that need to be screened, followed-up or enrolled in EI programs
- Partnering with state Title V Children and Youth with Special Health Care Needs (CYSHCN) programs on systems integration and family-centered care coordination
- Providing family-centered care (an approach to care that assures the health and well-being of families through a respectful family-professional partnership) that is culturally and linguistically competent (reflecting a set of values, behaviors, attitudes, and practices within a system, organization, or program or among individuals which enables them to work effectively cross culturally)
- Developing collaborative leadership skills for members of family organizations supporting infants and children who are deaf or hard of hearing
- Engaging and including family partners and pediatric clinicians to ensure the family and health professionals perspective and experiences are integrated

- Developing strategies to address barriers to linking or integrating newborn hearing screening data to a core set of other newborn programs including, but not limited to, vital records, immunization, and blood spot screening

The NV EHDI Program attends the Nevada Maternal Child Health Advisory Board (MCHAB) meetings. Attendance at this committee provides a forum for topic discussion and community input. The following entities are regular participants and contributors at the MCHAB:

- Nevada MCH Title V
- Nevada Home Visiting
- Children and Youth with Special Healthcare Needs serving entities
- Nevada Early Childhood Comprehensive Systems

Nevada EHDI also attends the IDEA required Interagency Coordinating Council (ICC) which is facilitated by the Nevada Part C Office. This council's primary mission is to advise and assist the Nevada Department of Health and Human Services in the development and implementation of a state system of early intervention services for young children with developmental delays or disabilities and their families. Its current membership includes representation for the following organizations:

- Parents
- Public and Private EI Providers
- Head Start Agency
- Child Care Agency
- Nevada Department of Education
- Nevada IDEA Part C Office
- Foster Care Agency

Work Plan:

Detailed goals, objectives and activities are provided in Attachment 1: Work Plan. The (SMART) format has been used where each activity lists the program staff or stakeholder who has primary responsibility for the activity; timeframes for activity assessment; the type of evaluation data that is used to collect, process, and support the measures; and the expected outcome measures that can be used to continue improvement throughout the project period.

Contributions by key stakeholders to provide meaningful support and collaboration in planning, designing, and implementing activities and the extent to which these contributors reflect the cultural, racial, ethnic, linguistic, and geographic diversity of our population and Nevada communities is vital for the success of the work plan.

Goal 1: Lead efforts to engage and coordinate all stakeholders in the state EHDI system to meet the goals of this program

Objective 1.1: Provide a coordinated infrastructure to ensure all newborns receive recommended 1, 3, 6 services and a structure to reduce loss to follow-up/loss to documentation

Objective 1.2: Develop a state plan to expand infrastructure for data collection and reporting for hearing screening for children up to age 3 by the end of year 3.

Objective 1.3: Establish and maintain partnerships for referral, training, and information sharing with various state stakeholder organizations and programs that include, but are not limited to, health professionals, service providers, birthing centers, and state organizations and programs.

Objective 1.4: Once annually, at a minimum, convene a state EHDI advisory committee to advise on programs, objectives and strategies throughout the period of performance.

Objective 1.5: By the end of year 2, develop a plan to address diversity and inclusion in the EHDI system to ensure that the state'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, and socio-economic status.

Objective 1.6: 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) throughout the period of performance.

Objective 1.7: Develop, maintain, and promote a website or webpage for the state EHDI Program.

Objective 1.8: Plan for project sustainability after the period of federal funding ends.

Goal 2: Engage, educate, and train health professionals and service providers in the EHDI system.

Objective 2.1: Conduct outreach and education to health professionals and service providers in the EHDI system

Goal 3: Strengthen capacity to provide family support and engage families with children who are D/HH as well adults who are D/HH throughout the EHDI system.

Objective 3.1: Engage families throughout all aspects of the project, involving family partners in the development, implementation, and evaluation of the EHDI Program.

Objective 3.2: Conduct outreach and education to inform families about opportunities to be involved in different roles within the state EHDI system and collaborate with various leaders and policy makers in addressing the challenges to and providing solutions for the EHDI system.

Objective 3.3: Facilitate partnerships among families, health care professionals, and service providers to ensure that providers understand the best strategies to engage families.

Objective 3.4: Use 25 percent of funding for family engagement and family support activities.

Objective 3.5: Consult with the HRSA-20-051 recipient (the Family Leadership in Language and Learning (FL3 Center) for resources, technical assistance, training,

education, QI and evaluation to strengthen the infrastructure and capacity for family engagement and family support in the state/territory.

Goal 4: Facilitate improved coordination of care and services for families and children who are D/HH through the development of mechanisms for formal communication, training, referrals and/or data sharing between the state EHDI Program and early childhood programs including the IDEA Part C program.

Objective 4.1: Assess the status of coordination across early childhood programs and develop a plan to improve coordination and care services through a variety of mechanisms based on the current level of integration across programs including early childhood programs (IDEA Part C, Home Visiting, Early Head Start, and other state early childhood program services).

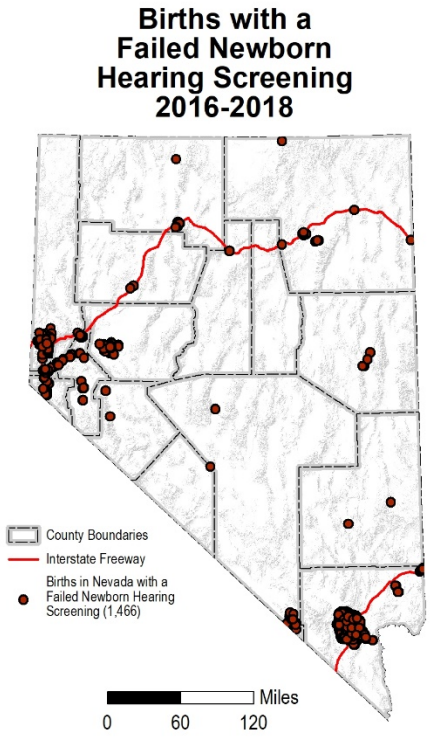
Goal 5: Recipients will also be expected to participate in the Annual Early Hearing Detection and Intervention Meeting and with the EHDI National Technical Resource Center.

Objective 5.1: Participate in the Annual Early Hearing Detection and Intervention (EHDI) Meeting: budget for one or two staff and one family leader to attend this annual meeting.

Objective 5.2: Work with the HRSA-20-048 program recipient (the EHDI National Technical Resource Center (NTRC)) to implement the various initiatives that are listed in this NOFO and outlined in the work plan.

Resolution of Challenges:

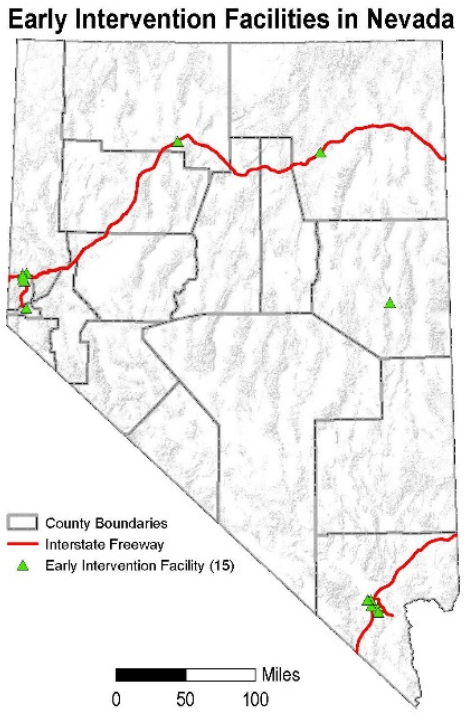
One of Nevada's biggest challenges is the lack of readily available comprehensive services for the deaf and hard of hearing community. Nevada's two major metropolitan areas, Reno and Las Vegas, have adequate levels of appropriate services while the rural communities do not. Reno and Las Vegas are 448 miles apart and the drive time is seven hours. Families who live in rural Nevada may have to drive multiple hours to a birthing facility, a pediatric audiologist, a pediatrician, or an early intervention facility. In addition to the drive time, Nevada has multiple north-south running mountain ranges with numerous peaks over 10,000 feet and the winter climate at times makes travel dangerous or impossible. As the previous and following GIS maps demonstrate, timely and appropriate levels of service are a challenge for the D/HH population.



Through the implementation of the EHDI Stakeholder Committee, all members, parents and EHDI staff are aware of the challenges and participate in the formulation of action items to help mitigate these challenges. Through regular communication with representatives from each of the three EHDI components, services for clients may be co-scheduled with multiple appointments so less trip need to be made to metropolitan areas for services.

The Learning Community (LC) is an excellent mechanism to increase the level of education and training within the rural community's professional services. Physicians, nurses, audiologists, developmental specialists (early intervention) and social service professionals now have a mechanism to increase their knowledge, understanding, and intervention options for their clients. The LC also benefits the audiologists and pediatricians in the urban communities with an increased buy-in on best practice procedures for their clients.

In conjunction with the LC, current EHDI staff will continue to educate hospital staff and screeners on appropriate screening and follow-up screening practices. This benefits families by reducing the number of visits for re-screenings and facilitates a smoother referral process to pediatric audiologists.



Working closer with the state's family-based D/HH service providers has and will continue to greatly expand the level of their vital services and benefit more families. Nevada EHDI has worked with the state's Hands & Voices (H&V) chapter with the implementation of their Guide-By-Your-Side program which provides parent mentors to new families with a D/HH child. H&V has assisted NV EHDI with follow-up phone calls to inform parents on "next-steps" in their child's journey. These calls have increased the number of children referred for audiological assessments and EI enrollment and has shortened to time to receive these services.

Deaf Centers of Nevada is a state-wide nonprofit who provides deaf mentoring services, family support, American Sign Language instruction, and other services. Nevada EHDI provides some funding for the Deaf Mentor services.

Alexander Graham Bell Association Nevada provides parent and child support activities for their members, and NV EHDI provides community support for their services.

Nevada EHDI continues to work with midwives by providing otoacoustic (OAE) screening equipment to four midwife groups as part of a pilot project. Results of this project demonstrate this is an excellent mechanism to screen home-birth infants and to begin moving kids through the

EHDI process. The midwife groups have been trained on the importance of early hearing screening, screening techniques, data submission to EHDI and referral processes.

Regular scheduled visits to state birthing hospitals and providing them with training and feedback has proved very successful and will continue. The same process is being followed with audiologist and particularly pediatric audiologists and has also proved to be very successful. Nevada EHDI is in the process to shortly begin the same level of formal training and feedback to the public and private EI providers. In the past, NV EHDI has co-sponsored SKI-HI training to EI providers.

Evaluation and Technical Support Capacity

The NV EHDI Program continues to incorporate quality improvement activities into its evaluation efforts. Evaluation is an essential element to determine the success of the work plan activities in enhancing programmatic improvement and successfully meeting the established goals and objectives.

To ensure NV EHDI has evaluation and technical support capacity, the program has access to evaluation, fiscal, and technical expertise within the Nevada Division of Public and Behavioral Health (DPBH). This body of expertise is more fully explained in the organizational information section of this application. Within DPBH are trained evaluators who work with a number of programs on their evaluation activities and who are available for technical support. Nevada EHDI additional has one of its staff who dedicates a portion of their time specifically to evaluation activities. EHDI currently contracts with an outside vendor to assist and complement existing quality improvement and evaluation efforts and capacity.

NV EHDI works with its evaluation and QI team to develop and enhance and implement its plans to better serve clients while monitoring key questions:

- How well is NV EHDI working with and supporting its partners, stakeholders, families and infants?
- How well is the service delivery system working as a resource for supporting families?
- How well is NV EHDI demonstrating progress towards achieving federally required benchmarks. Such as: 1-3-6 timeframes, reducing lost to follow-up and documentation, etc.
- Is the EHDI Stakeholder Committee well-trained and participatory in their roles.
- Does Nevada EHDI demonstrate strong organizational capacity to implement Work Plan activities.
- How well is Nevada EHDI establishing and strengthening appropriate linkages and referral networks to other community resources which supports families.

In order to assess the success of NV EHDI strategies for improvement, the NV EHDI Program will continue to use the questions developed in the Model for Improvement:

- What are we trying to accomplish (through use of specific, time-limited, and measurable goal and objective statements)?

- How will we know if a change is an improvement (by identifying process and outcome measures to collect over time to track improvement and evaluate progress)?
- What changes can we make which will result in improvement (by identifying and testing changes on a small scale prior to large-scale implementation)?

NV EHDI has and will continue to use data management systems, performance measurement data, program improvement systems already in place, plus staff and client feedback to systematically review overall program operations. Where areas of concern or inadequacy in the program process are identified, quality improvement steps are implemented utilizing the Plan-Do-Study-Act (PDSA) model for improvement.

The PDSA cycle is used to test changes in work settings and work processes and guides the test of a change to determine if the change is an improvement. The cycle is defined as follows:

- Plan: Collect data and establish a baseline – what is the current process doing now? Identify the areas of concern and the possible causative factors.
- Do: Make changes designed to correct or improve the identified areas of concern.
- Study: Study the effect of these changes on the situation. Collect data on the new process and compare to the baseline. Evaluate the results and then replicate the change or abandon it and try something different.
- Act: If the result is successful, standardize the changes and then work on further improvements or the next prioritized problem. If the outcome is not yet successful, look for other ways to change the process or identify different causes for the problem.

Nevada EHDI encourage all its partners and stakeholders to implement QI related processes into their organizational practices and services.

Organizational Information:

The NV EHDI Program operates within the Nevada Department of Health and Human Services (DHHS). The DHHS Director, Richard Whitley, M.S., serves at the pleasure of the Governor Steve Sisolak, and is a member of the Governor's Cabinet. The mission of DHHS is to promote the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

One of the six Divisions within the DHHS is the Division of Public and Behavioral Health (DPBH) administered by Lisa Sherych. Its mission is to protect, promote and improve the physical and behavioral health of the people in Nevada. (See Attachment #5)
Another advantage of being in the same Division as other programs which share similar populations, goals, and objectives is the ability to leverage resources to benefit multiple programs. For example, one program may sponsor training in cultural and linguistic competency which may be attended by all programs while another program may purchase Geographic Information Systems (GIS) or SAS Business Analytics statistical software to improve data analysis and reporting.

The Division of Public and Behavioral Health has the responsibility to assist programs within is purview by providing grant management and grant fiscal assistance, contract and formal agreement writing and implementation support, data surveillance and analytics help, and access to the state's vital records office.

Many of the programs which provide public health services to families of infants are located in the Bureau of Child, Family and Community Wellness which is within the DPBH. Co-locating multiple programs which serve similar populations in the same bureau has several advantages. The Nevada EHDI Program collaborates and shares information, data sources, training opportunities, and other resources with these programs.

These programs provide services to the same or similar populations on a frequent basis. The opportunity to participate in team meetings, round-table discussions, and brain-storming sessions allow programs to share experience, knowledge, and proficiencies developed through exposure to a wide variety of requirements and expectations found in different program guidelines.

The NV EHDI Program had the good fortune to participate in the 2012-2013 National Initiative on Child Health Quality (NICHQ) 17-State Collaborative: Improving Hearing Screening and Intervention Systems. The Nevada Core Team was very involved in developing Quality Improvement projects built on the Model for Improvement developed by *Associates in Process Improvement*. Team members used the Plan, Do, Study, Act (PDSA) cycle to test promising ideas to address issues and lead to documentable changes which show programmatic improvement. Because of the training and encouragement provided in the NICHQ Collaborative and the enhanced data collection and retrieval processes in the Vital Records System, Nevada was able to reduce its Loss to Follow-up rate from 73% to 51% in one year. Implementing changes at a small, localized level and testing for effectiveness of the change prior to implementation on a larger scale has been a proven success, and NV EHDI continues using this process.

The following are a list of items included as attachments:

- Attachment 1: Work Plan
- Attachment 2: Staffing Plan and Job Descriptions for Key Personnel
- Attachment 3: Biographical Sketches for Key Personnel
- Attachment 4: Letters of Agreement/MOUs/Subgrants
- Attachment 5: Project Organizational Chart
- Attachment 6: Progress Report
- Attachment 7: Other Relevant Documents