

**Colorado School for the Deaf and the Blind (CSDB)  
Outreach Programs and Services  
Colorado Home Intervention Program (CHIP)**

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**1. What is the Colorado Home Intervention Program (CHIP)?**

The Colorado Home Intervention Program (CHIP) is a statewide, family-centered, in-home, early intervention program. It is the intervention portion of the state Early Hearing Detection and Intervention (EHDI) system. CHIP serves infants and toddlers who are deaf and hard of hearing, birth to age three, and their families. CHIP is part of the Outreach Programs and Services Department of the Colorado School for the Deaf and the Blind (CSDB).

The program was started in 1969 as part of a federal demonstration grant at the University of Denver. When the grant ended, the program moved to the Colorado Department of Public Health and Environment where services continued to be available to all families in Colorado who had infants and toddlers who were identified as deaf or hard of hearing. In 2001, the program moved to the CSDB where it is part of a statewide system of care.

All children in the state who have been identified with a hearing loss, unilateral or bilateral, can be eligible for services, as determined in collaboration with the Colorado Part C eligibility criteria. Services are provided in both a direct service and consultative service delivery model as determined by the needs of the child and the family.

**2. How does the CHIP program facilitate collaboration with professionals from various programs and agencies?**

The goal of CHIP is to develop a team that can best serve the varied needs of the families in diverse regions of the state. Within the program are professionals who speak languages other than English, are skilled signers, have additional graduate degrees in counseling, are certified Auditory Verbal Therapists and Listening and Spoken Language Specialists, have expertise in assistive and augmentative communication devices, and have expertise with children who are deaf/blind. Additionally, professionals who are deaf and hard of hearing are included in the program at every level. The program reflects the guiding principle that collaboration is a key component of program success at all levels: national, state, regional, community, and within services for a particular family.

The Colorado Hearing Resource Coordinator (CO-Hear) Program Coordinator represents the program on several state and national committees as part of the larger EDHI system. The CO-Hear Program Coordinator meets quarterly with pediatric audiologists, Child Find teams in local school districts, Colorado Families for Hands & Voices, and other early intervention agency representatives, both public and private. The regional CO-Hear Coordinator represents the program on the local interagency coordinating council and on the regional EHDI team to support a seamless system for families. CO-Hear Coordinators advocate for the families in their region from identification through the transition to Part B services, empowering families to share their ideas with educational teams along the way. Frequently collaborative initiatives, such as a legislative effort to fund insurance for amplification, grew out of positive collaborative relationships.

### 3. How does the CHIP program support development of linguistic competence?

The CHIP program supports all communication strategies and approaches to facilitate linguistic competence. Early intervention goals and strategies are supported through a comprehensive assessment process, providing a data-driven approach to early intervention.

Parent facilitators work with each family and design an individual program that fits with both the family's needs and the child's learning style. The CHIP Parent Facilitator is a qualified professional with a Master's Degree and appropriate certification or licensure (i.e. Speech-Language Pathologist, Teacher of the Deaf, Audiologist) and experience working with young children who are deaf or hard of hearing. This professional demonstrates proficiency in the areas identified as standards for Early Intervention Providers by the Colorado Infant Hearing Advisory Committee. The facilitators work to educate families about the varied language and communication approaches and strategies typically used with children who are deaf or hard of hearing and guide family members in developing techniques to encourage their child's language development.

The CHIP program utilizes a community based system of regional coordinators, the Colorado Hearing Resource (CO-Hear) Coordinators. The regional CO-Hear Coordinators are responsible for supporting the specialized services provided by CHIP within a given region. Additionally, the CO-Hear is that all-important first intervention contact for the family of the newly identified child, providing information about the potential impact of hearing on language and communication development, the possible services, approaches and strategies to support their child's development, and connections to services within the community. The role of the CO-Hear Coordinator is to provide

family members support and unbiased information to empower them to make informed decisions for their child.

4. What are some of the unique features used in the CHIP program in guiding families to explore modalities, technologies, and language and communication strategies?

CHIP believes in empowering families in the decision-making process and in trusting parents to determine what is best for their child through informed choices. Families are supplied with information on all communication approaches and strategies, connected to other parents who can share information and experiences, and encouraged to meet adults who are deaf and hard of hearing. In recognition of our experience that many families did not understand the importance of meeting adults who were Deaf or Hard of Hearing in the early years, the program has partnered with Hands & Voices, Colorado Children's Hospital, and the Marion Downs Hearing Center to facilitate these connections. Family feedback has shown connecting family members with adults who are deaf or hard of hearing to be a positive asset to our early intervention program.

The program recognizes and reflects that as a child develops, needs and priorities often change. Each child in the program is assessed at six month intervals using a comprehensive assessment, which includes a videotaped language sample. This assessment data is used to monitor progress and determine appropriate goals and strategies.

5. What are some of the features of the CHIP program to help families in supporting linguistic competence in their children?

Based on a child's assessment and data-driven plan, families are eligible to receive a variety of supports provided by the Parent Facilitator as well as supports provided by additional collaborators in the early intervention process:

- For assessment, the CHIP program partners with the Speech, Language, and Hearing Science Department at the University of Colorado, Boulder. This collaboration enables CHIP to offer a comprehensive multi-disciplinary assessment for families. Graduate students are involved in transcribing assessment videotapes and scoring protocols. Additionally, researchers are involved in analyzing the data. Seeking a partnership with researchers makes assessment accessible and supports what could become a prohibitive cost to families.
- The Early Literacy Development Initiative (ELDI) is a companion program, offered by the Outreach Department of the Colorado School for the Deaf and the Blind. It is designed to foster early literacy skills with young

children who are deaf and hard of hearing. ELDI consists of programs serving families with children newborn through age eight throughout Colorado. These programs are the Family Literacy Packs (FLP), Integrated Reading Project (IRP) and Shared Reading Project (SRP). These programs provide important support for families desiring to use sign as a means of communicating with their child as instructors who are Deaf and Hard of Hearing provide in-home instruction for families.

- CHIP has established a collaborative relationship with the Listen Foundation, a private, non-profit agency providing listening and spoken language support for families. Through this collaborative effort, an Oral Communication Consultant, who is a certified Auditory Verbal Therapist (AVT) provides consultation, mentoring, and training for CHIP Facilitators desiring additional support in this area.
- Collaboration with other professionals is also supported through joint visits and observations. For example, the CHIP Parent Facilitator may attend a toddler group at another center based program for a child who has vision loss in addition to being deaf or hard of hearing, join a family for a mapping of their cochlear implant or observe a session with a child's private AVT.

## 6. What are some of the strengths of the Colorado Model?

The strengths of the Colorado model of early intervention include:

- **A single point of entry.** State guidelines identify the regional CO-Hear Coordinator as the single point of entry into the early intervention system. A child is referred to the CO-Hear on the day the audiologist confirms that a child is deaf or hard of hearing. This ensures that infants are quickly enrolled in early intervention. Using this system, the average start of intervention in Colorado is two months of age.
- **Statewide and community-based systems and services.** Collaborative and connected arrays of systems, both statewide and regional, promote a seamless system of care model.
- **Data-driven intervention.** Availability of a comprehensive assessment process, supported through a collaborative relationship with the University of Colorado Speech, Language, and Hearing Sciences Department promotes critical information to guide intervention.
- **Intervention delivered by highly qualified professionals.** Use of professionals with expertise in working with children who are deaf and hard of hearing, as well

as early childhood development, are the first point of contact and provide ongoing service provision. This provides families with support by professionals with the expertise needed for quality intervention from the start.

- **Fostering connections with parents.** Provision of opportunities for families to interact with adults who are deaf or hard of hearing as well as other families of children who are deaf and hard of hearing (i.e. Colorado Families for Hands & Voices) has been found to be extremely beneficial to facilitating a strong early intervention process.
- **Family-centered model.** Provides a strong emphasis on parent education to foster family competence in understanding the components of facilitating linguistic competence for their child as well as the skills to provide direct and accessible communication with their child.

## 7. What are some of the challenges faced in implementation of the early intervention model?

The most difficult challenge is establishing the partnerships needed, with both public and private agencies, to provide this comprehensive model. It is a challenge to develop a system of shared visions, shared resources, and shared responsibilities. A great deal of give and take is required by all participants. Each of the strengths identified require collaboration and partnering, both for implementation and for program maintenance. The national shortage of professionals with an expertise in working with children who are deaf and hard of hearing and their families also make it a challenge, especially finding and training providers to work in the more rural parts of Colorado. Distance learning options are sometimes utilized in these situations.

## 8. What advice is offered to programs trying to establish a similar collaborative model?

The key to establishing a collaborative model is identifying the stakeholders in the community and involving them in the process of establishing the program. While collaboration is widely valued, it is important that someone accepts the responsibility and leads the process of initiating the process. Support is often found in unlikely places. It is recommended that this leadership team be small enough to make decisions, but large enough to represent the stakeholders. The team should include representation from parent groups, adults who are Deaf and Hard of Hearing, state agencies, University Training Programs, etc. If at all possible, it is beneficial to establish a single-point of entry into the system that is managed by professionals who provide specialty care coordination, i.e. a professional with expertise in childhood hearing loss.