

**Early Intervention Prematurity Workgroup Meeting Agenda**  
**Location: Virginia Association of Community Service Boards (VACSB)**  
**3/15/2011**

**Attendance:** Nancy Brockway, Susan Brown, MD, Stacey Dusing, Christine Eubanks, Kim Geissinger, Carol Granger, Patricia Frank, Margaret A. Hayman, Ginny Heuple, Cori Hill, Patricia Hine, Tina Hough, Martha Kurgans, Pam Lang, Rhonda Lusk, Kathleen Moline, Connie Petock, Pat Purcell, Kerry Shultz, Alison Standring, Mary Swiggum, Beth Tolley, Tammy Torocsik, Deatrice Williams, Gena Zydellis

Mary Swiggum, an Assistant Professor in the Doctor of PT Program at Lynchburg College was welcomed as a new member of the workgroup.

**Virginia Early Hearing Detection and Intervention (VEHDI) Update**

Christine Eubanks reported that the VEHDI Advisory committee reviewed the history of newborn hearing screening at their meeting earlier this week. Babies are getting screened and the focus is shifting more to follow up. Prematurity issues were not specifically discussed.

Christine is working on an EHDI learning collaborative (3 audiologists and 3 physician groups from across the state). They are using the Plan/Do/Study/Act (PDSA) process. Initially all of the participants in this learning collaborative looked at the same issues. Now they are focusing on concerns specific to their facilities/organizations. At MCV, they are trying to figure out where the breakdown is in getting a follow up appointment scheduled before the newborn is discharged. Follow up is not occurring for some infants until after their two month pediatrician visit.

Christine is working on the landing pad for hearing resources on the Early Intervention Professional Development portal ([www.eipd.vcu.edu](http://www.eipd.vcu.edu))

**Provider Training Group**

There will be three priority projects initially:

- Prematurity module or webinar (online training) – to respond to requests/feedback from the Prematurity Talks on Tuesday that was held in January
  - The premise will be 10 things you need to know about prematurity in various areas such as motor, bonding, sensory, etc.
- Mini-lesson – how to take the information you have learned and apply it.
  - The focus on looking at videos, then reflecting about what was observed (what should you see, did you notice, what would you say to the parents). There will be activities that a supervisor can use in meetings with all staff or the mini lessons could be used for independent study
- Landing Pad – online trainings, books and journals, websites. Mary Swiggum offered to work with Cori on this.

Cori stated that there will be a need for reviewers as the resources are developed. Let Cori ([cfhill@vcu.edu](mailto:cfhill@vcu.edu)) or Beth ([beth.tolley@dbhds.virginia.gov](mailto:beth.tolley@dbhds.virginia.gov)) know if you would like to review materials and provide feedback.

### **NICU Parent Brochure**

The focus of the brochure is to fill in gaps in available resources. The group recommended use of multiple brochures including the AAP/March of Dimes “Supporting You and Your Preemie” brochure (<http://www.nann.org/pdf/Preemie.pdf>) and the new Part C “What is Early Intervention” brochure. Hopefully, most NICUs are already using the “Supporting You and Your Preemie” brochure. So information that is already contained in these two brochures will not need to be repeated. The group recommended that a new brochure include the following information:

1. Basic developmental differences between premature babies and full term babies
2. Red flags to warrant discussion with the baby’s physician
3. Basic information for parents about supporting their baby at home

Dr. Brown said that the American Academy of Pediatrics Perinatal Section sent an update to members and included the link to the “Supporting You and Your Preemie”, so it makes sense for us to support use of that brochure. Parents reviewing the materials indicated that it would be ok to receive three documents; it would be better than receiving one very long document. It was suggested also that having three brochures might highlight the importance of the information that is provided. Workgroup members commented that the plan sounds very good, that it should meet the need for provision of appropriate information. Suggestions included attention to reading level and to format, considering literacy level and ease of reading. Another suggestion was to see if there was a way the information could be package to be able to be posted on the family’s refrigerator.

**Next steps:** The Subcommittee will work on the format and wording. Stacy Dusing welcomes suggestions from the workgroup. Her email address is [scdusing@vcu.edu](mailto:scdusing@vcu.edu).

### **Communication with Hospitals**

Beth reported that she has received one response from the letters that were sent to hospitals after the last meeting. Dr. Brown reported that the letter was sent to AAP- Virginia members through an email. Suggestions for improved response included re-sending the letter to the attention of the “Director of Case Management” or “Discharge Planner”.

### **2-1-1 Virginia System**

Kathleen Moline presented information about the 2-1-1 System.

- 2-1-1 is a phone number connecting people with free information on available community services. When you dial 2-1-1, a trained professional listens to your situation and suggests sources of help using one of the largest databases of health and human services in Virginia. The line is staffed 24 hours/day, 7 days/week.
- 2-1-1 VIRGINIA provides access to services in your community and statewide.

- All referrals are confidential and you can search for these same services on this 2-1-1 VIRGINIA Web site. ([www.211virginia.org](http://www.211virginia.org))
- Government, nonprofit, community-based agency, and business that provide health and human services to the citizens of Virginia are encouraged to list their services. Each organization is responsible for keeping their information up to date.
- Information is available in languages in addition to English.
- 2-1-1 VIRGINIA is a service of the Virginia Department of Social Services provided in partnership with the Council of Community Services, the Family Resource and Referral Center, CrisisLink, The Planning Council, the 2-1-1 VIRGINIA - Central Region, and the United Way of Greater Richmond & Petersburg. Organizations are responsible to input their own information and to keep it up to date.
- Virginia Department of Health (VDH) heard about issues and concerns regarding 2-1-1 Virginia from professionals and from the public. In response, they applied for and received a three year HRSA grant (with DSS) to implement social marketing. The focus initially is on resources for the perinatal year.
  - There will be a focus on improving the infrastructure within the 2-1-1 system, including consideration of software to improve organization of the information.
  - Three community outreach liaisons will figure out what is on the system, what should be on the system and will look to see that the information is correct.
  - It is expected that resources will be added for the perinatal year. (The 2-1-1 Virginia system has a goal of providing 3 resources for whatever the individual contacting them requests.
  - Goals include information resources for parents, grandparents and friends and to have links for all 61 Virginia birth hospitals.

### **Infants born to Mothers who are Substance Abusing – Martha Kurgans**

Martha Kurgans reported that she has learned that not all CSBs are receiving information from hospitals about babies born to substance abusing moms. Martha has identified 10 hospitals to contact. She has made contact already with 2 hospitals.

- One of the Project LINK sites developed a referral form for hospitals to use for when referring babies that are born substance-exposed to the CSB. The form is not required, but is provided as a template for hospitals to use if they choose. Martha discovered that there is no reference to NICUs on the form, so she is updating it
- Hospitals are required to make a case management plan and to refer the mother and child to the CSB to implement the plan. It appears that hospitals usually just make the referral.
- One member of this workgroup provided feedback to Martha that their hospital stopped calling the CSB after the CSB told them they don't have enough staff. The CSB told the hospital to tell the mothers to call them.
- Martha reported that 10% of newborns are substance exposed. Many of these babies should qualify for early intervention on the basis of atypical development (rigid, hard to soothe).

- There is a disconnect between the Code of Virginia requirements and what is actually happening. There are a number of regulations and not all are followed. Regulations include:
  - Referral to CPS when child is born substance exposed
  - Referral of substance abusing mother to CSB
  - Requirements for hospitals (to have protocol/procedures) to refer women to the CSBs
  - All CSBs are required to provide services within 48 hours of request of services by substance abusing pregnant women. Also, CSBs are required to provide family focused services for substance abusing pregnant women. They are supposed to call Martha if they cannot serve the woman within 48 hours.

Martha reported that she is surveying the following hospitals by phone:

- Bon Secours – St. Francis
- Bon Secours – St. Marys
- CJW – Chippenham
- CJW – Johnston Willis
- Carillon Roanoke
- Henrico
- MCV
- Inova Fairfax
- Reston Hospital
- Riverside Medical Center
- UVA

Members asked she add the following hospitals

- Sentara Williamsburg
- Bon Secours Regional (Mechanicsville)
- Norfolk (Kim said there is a process in place for referrals to CSB, CPS and part C)

Discussion followed:

- It was suggested that hospitals without the specialty nurseries be surveyed also.
- What is the expectation for children who are transferred to another hospital? Who should make the referral? The response was this is the responsibility of the hospital that is transferring the child.
- Pam Lang reported that their locality receives the referrals from Foster mothers, not from the physicians or hospitals
- It was suggested that “Refer to Part C” be added to the form that hospitals are using for babies who are born substance exposed.
- Referrals should be coming from the hospitals directly to Part C. It is important that the hospital case managers provide information to the mothers about early intervention.
- Data is not available about how many of these babies go home with their mothers versus are placed in foster care

- There is inconsistency with how physicians treat parents who use marijuana. Some babies won't start withdrawing until after discharge.
- It would be great to standardize how these babies are treated across the state.

Challenges/barriers to serving this population include:

- Part C is voluntary
- Many of these moms don't want people in their homes
- May be difficult to locate the baby and mother
- The mothers may not stay with the baby in the hospital and it can be hard to track them down when there is time for discharge

Next Steps

- Martha will continue with contacting hospitals. She will ask who makes the referrals and will provide the names to Beth.
- Martha will add referral to Part C to the form
- Martha will add a link on the Substance Abuse Screening webpage (on DBHDS website) to Part C Early intervention.
- Explore mechanism to determine which local early intervention systems receive referrals from which hospitals and for which hospitals the various local intervention systems provide public awareness.

### **Learning Session for the Medical Home System Improvement Grant**

Margaret reported that the 2<sup>nd</sup> Learning Session for the Medical Home System Improvement Grant will be held April 29 and will focus on connecting medical practices with community resources. The first session in September 2010 focused on screening using validated tools including the ASQ 3 and MCHAT.

**Next Meeting:** May 24, 2011 at the VACSB from 2:00 PM – 4:00 PM.

**\* Please note date change!\***

Agenda for May 24, 2011 Meeting

- NICU Brochure – Stacy Dusing
- Training Committee – Cori Hill
- Babies Born to Substance Abusing Mothers – Martha Kurgans
- Communication with Hospitals - Beth