

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
OFFICE OF CHILD & ADOLESCENT HEALTH ● BUREAU OF EARLY INTERVENTION**



**Early Hearing Detection and Intervention in Mississippi (EHDI-MS)
ADVISORY COMMITTEE MEETING**

August 28, 2020 • 1:00 – 3:00PM

<https://zoom.us/j/469916569> (online only)

PRESENT	MEMBERS	AFFILIATION	ROLE
X (Z)	Ben Wagenknecht (Chair)	<i>State Office of the DHH</i>	ODHH; Family/Adult DHH
	Alyce Stewart	<i>MS State Dept of Health</i>	Title V: Newborn Screening
X (Z)	Ashley Grillis	<i>UMMC, Audiology Clinic</i>	Audiologist
	Augusta Bilbro	<i>MS State Dept of Health</i>	Title V: CYSHCN Program
X (Z)	Caitlin Ramage	<i>Parent</i>	<i>Parent</i>
X (Z)	C.G. Marx	<i>Univ. of So. Mississippi</i>	Audiologist/Personnel Prep
X (Z)	Charlotte Warfield	<i>Magnolia Speech School</i>	Early Interventionist
X (Z)	Courtney Turner	<i>Univ. of So. Mississippi</i>	Audiologist
	Elizabeth Sims	<i>AAP</i>	
X (Z)	Haley Rishel	<i>Univ. of So. Mississippi</i>	Early Interventionist
X (Z)	Jennifer Wiles	<i>Jackson State University</i>	Audiologist
X (Z)	Kaye Carr	<i>SKI*HI Early Intervention</i>	Early Intervention Provider
X (Z)	Kim Ward	<i>Univ. of So. Mississippi</i>	Audiologist/Personnel Prep
X (Z)	Kolesha O' Quinn	<i>State Office of the DHH</i>	ODHH; Family/Adult DHH
	Krista Guynes	<i>MS State Dept of Health</i>	Home Visiting Program; Family/Adult DHH
X (Z)	Laura Gremillion	<i>MSD: SKI*HI Early Intervention</i>	Early Interventionist
	Marilyn Johnson	<i>MS State Dept of Health</i>	Title V: MCH Block Grant
X (Z)	Rebecca Lowe	<i>Univ. of Mississippi, Speech & Hrg</i>	Diagnostic/EI/Personnel Prep
	Sara Brewer	<i>AAP</i>	
X (Z)	Toni Hollingsworth	<i>Univ. of So. Mississippi</i>	Dir of MS Deaf & Blind Project
X (Z)	Valecia Davis	<i>MS State Dept of Health</i>	Part C of IDEA
X (Z)	Valerie Linn	<i>Magnolia Speech School</i>	Early Intervention Provider
X (Z)	Victoria Kivlin	<i>MS School for the Deaf & Blind</i>	Audiologist

Additional Attendees:

Stacy Callender, *EHDI-MS Director*
 Lakeshia Unger, *Hearing Follow-Up Coordinator*
 Shante Lampkin, *Hearing Data Entry Clerk*
 Bevin Glass, *Interpreter*
 Marty Chunn, *Hearing LTF/D Consultant*
 Lara Monico, *Hearing O/T Consultant*
 Barbara Coatney, *First Steps, Pearl River County*
 Donna Sorensen, *Supt. MS Schools for Deaf & Blind*
 Ashton Chatham, *Magnolia Speech School*
 Cassandra Brown, *Director of Maternal Child Health, Greenwood Hospital*
 Erin Brennhofer, *Audiologist & Clinical Manager, Pediatrics Newborn Hearing Screening*
 Anne Williams, *Clinical Audiologist, University of MS, Oxford, MS*

MINUTES

Welcome/Introductions

The meeting was called to order by Ben Wagenknecht, Chair, at 1:00 p.m. All participants were welcomed and introduced themselves.

Review and Approve Minutes

The approval of the minutes from the May 29, 2020 Advisory Committee meeting was postponed until the next Advisory Committee meeting scheduled for November 13.

Public Comments

No public comments were shared.

Program Updates

Funding Updates: EHDI-MS applied for and was awarded a \$10k supplemental award from HRSA to assist the state with COVID-19 response. The plan was to provide Zoom accounts and devices for telehealth/teleintervention services as well as providing additional materials to families. Those with funding needs should contact the EHDI-MS office for more information.

Personnel Updates: There is a vacancy for a Hearing Follow-up Coordinator. New contract positions will be available soon for a new family support program, specifically for family members of children who are DHH and adults who are DHH. At least three parents will be hired for peer support and two adults who are DHH will be hired to serve as role models.

EHDI Data System Update: EHDI-MS will be transitioning from the Natus Data System to EPIC over the next few months. The EHDI-MS staff have been meeting weekly with the EPIC team on design and development of the project. Hospitals already using EPIC will be able to move their records through the system. Hospitals or diagnostic clinics that do not have access will gain access by entering a business associate agreement to gain access through a portal being developed. The program will begin working on data transition in November.

Reporting Update: EHDI-MS has already transitioned in June 2020 from using the MS Health Information Network (MS-HIN) to MOVEit for submitting forms and device downloads. All the data must be submitted electronically through MOVEit until the program transitions into EPIC. Each hospital or diagnostic clinic has an individual folder and assigned personnel to submit forms and data; however, everyone is not using it yet. Those who have report they are finding it easier to submit reports and data. EHDI-MS has received many reports from UMMC and USM. The new system has several features, including secured e-mail and shared folders. Multiple personnel for each hospital and diagnostic clinic can access the shared folders. Files are added by dragging and dropping them in, and EHDI-MS personnel are notified when a file is added. Hearing screening and diagnostic providers who have not yet used MOVEit should contact Stacy Callender at stacy.callender@msdh.ms.gov to get set up with MOVEit.

Work Group Reports

System Building: Stacy Callender reported that the workgroup has met monthly (first Friday of the month from 11a-12p) to work on collaboration with early childhood partners to expand screening to children up to three years of age. The Workgroup will also be addressing a sustainability plan later. The Workgroup has identified four Head Start centers as pilot sites to expanding screening. The Workgroup will use resources from ECHO initiative set up by

NCHAM, national technical assistance center, including training resources and plans for implementation of the protocol. First the group must obtain screening equipment (*see Business discussion below*). The workgroup has laid out a plan to (a) identify expert trainers, (b) formalize their agreement with the pilot sites, and (c) provide training to the pilot site staff. Then the pilot sites will get access to equipment and report the screening results back to the MSDH-EHDI. Protocols have not yet been set but NCHAM does provide guidance on an initial DPOAE screening with a repeat screening two weeks later, if needed. Infants and toddlers who do not pass the repeat screening will be referred to their primary care provider (PCP) for follow-up, including determination if there is an ear infection and to conduct a third screening. If the child refers again, the PCP should refer the child to a diagnostic provider.

Professional Development and Quality Improvement: Lara Monico reported the purpose of the workgroup is to ensure health professionals and service providers are trained on EHDI and engaged on quality improvements efforts. The Workgroup has made rapid progress toward some goals, including a review and update of the EHDI-MS website. The Workgroup has made recommendations for modifications and the addition of educational content to the website. In addition, the Workgroup provided feedback on communication materials and is currently developing a newborn hearing screening roadmap to be used by screeners and educational materials regarding risk factors for late onset hearing loss consistent with the JCIH 2019 recommendations. The Workgroup has reviewed auditory and speech language milestones materials to use on both the website and in educational materials. The Workgroup has begun planning a virtual EHDI-MS conference, tentatively scheduled for February 25-26, 2021. The target attendees include hospital screening staff, audiologists, physicians, early interventionists, service coordinators, speech pathologists and parents. The Workgroup is determining the specific platform and theme. The Workgroup has some tentative internal quality improvement projects planned. In addition, the Workgroup has developed a survey for parents regarding their experience with the newborn hearing screening process to gauge the information given to parents before they go to the hospital and after they have left the hospital, with a special focus on what information they received if their baby did not pass the screening process.

Family Engagement and Support: Marty Chunn reported the Workgroup met July 14 and August 17 focusing on communication to parents. The Workgroup has successfully come up with a handout for parents to be distributed by the birthing hospitals (*see Business discussion below*). The Workgroup is identifying consistent literature, including brochures and pamphlets, and possibly videos to post on the EHDI-MS website to educate families. By November, the Workgroup will begin examining how the EHDI-MS engages and includes culturally, linguistically, geographically, and economically diverse populations. The goal is to ensure all families have equal opportunities to learn, engage, and access providers. The Workgroup has been working with national partners, including NCHAM and FL3, on getting families involved.

Business

New Members and Additional Nominations: Stacy Callender announced new and returning members of the committee. Charlotte Warfield joined the family engagement and support workgroup. It was noted that Holly Crowder was nominated but not on the committee list. Ms. Callender stated she did not see the nomination information but would look for it.

COVID-19 Impact on Screening, Diagnostic Evaluations, and Early Intervention and Response Planning: Early intervention providers have reported that teletherapy have been good for some parents, allowing them to be more engaged in intervention; however, some parents struggle to communicate and are having trouble with technology or the lack thereof. In

North Mississippi, Ole Miss reported they had caught up with the infants missed due to the shutdown, but they are still little behind with toddlers. They hope to be caught up by September. In Central Mississippi, UMMC reported they added new professionals resulting in appointment times for screenings of one month and for diagnostic evaluations of one to two months. In South Mississippi, USM reported reduced capacity for appointments and a huge impact of “no shows” on the numbers of children evaluated. Concern was expressed about possible future shutdowns and months of delays. Again, Stacy Callender reminded the Committee of funding to support COVID response efforts and encouraged the Committee and/or individual providers to submit recommendations or requests.

Early Childhood Plan and Equipment Purchase: Stacy Callender shared three quotes for hearing screening equipment for a recommendation from the Advisory Committee on which devices to purchase to be used by early intervention and for the early childhood hearing screening project. Based on their experience with the reliability and utility of the equipment, several audiologists strongly recommended the EHDI-MS use the GSI Corti DPOAE screening units. They noted at least 70%-75% of children should pass when conducting a hearing in a childcare setting, or something could be wrong (e.g., too noisy). Ms. Callender reported the plan was for early intervention to purchase ten to twelve devices to use across the state. The Committee discussed the need to provide training and technical assistance to early childhood teachers who conduct screenings using these specific devices. Ms. Callender noted the Systems Building Workgroup was determining who would provide technical assistance, either existing internal staff or contractual pediatric audiologists in the region.

Parent and Provider Handouts: A draft version was shared of Parent and Provider handouts developed by the MSDH Office of Communications based on handouts used by Alabama EHDI. The parent handout provides information on the hearing screening and follow-up process. The design features three symbols for pass (green checkmark), pass with risk factors (yellow exclamation point), and fail (red X) which can be used on additional resources. The Provider handout will provide information to pediatricians on the JCIH 1-3-6 goals and facts about hearing and follow-up. The Committee reviewed the handouts. The Family Engagement and PD/QI Workgroups will solicit feedback and resubmit any changes to Communications.

Family-to-Family/DHH Adult-to-Family Support Program and Job Descriptions: The Family Engagement Workgroup shared job descriptions for the new Family Advisors and Deaf/Hard of Hearing Role Models for feedback. The job descriptions included education, experience, and knowledge and skills needed, job activities, and other details including rate of pay and expected hours. The Workgroup reported the need for considerable training for these personnel including becoming knowledgeable about JCIH recommendations. They will help families connect and develop a positive vision for their child. One key characteristic for successful candidates is to be open-minded and unbiased. The individuals hired for these positions will attend Advisory Committee Meetings and participate on the Workgroups. The goal, once the program is fully implemented, is to refer families of infants and toddlers with hearing loss to family-to-family support by six months of age and connect them with role models by nine months of age. Anyone interested in these positions should be referred to Stacy Callender.

Announcements

The next Advisory Committee meeting will be November 13, 2020.

Adjourn

The meeting was adjourned at 3:00 p.m.