

**Virginia EHDI Program Advisory Committee Meeting
Minutes**

Friday, December 6, 2019

The VA Network of Consultants (VNOC)/ Partnership for People w/ Disabilities:

Technical assistance and support:

From **September 2, 2019 to November 27, 2019**: More than **70** calls/email requests for technical assistance were received and addressed/processed; **7** were directly from parents. Several requests become direct consultations through the Virginia Network of Consultants (VNOC) described under VNOC. In addition, TAC-DHH disseminated **49** announcements during this quarter; **39** of these announcements went to parents. (There are currently **209** parents on the TAC-DHH database.)

VA Network of Consultants for Professionals Who Work with Children Who are D/HH (VNOC):

VNOC service requests are reported following the school year calendar, August 1 to July 31. For the 2019-20 school year (beginning August 1), 16 VNOC consultation requests have been requested/are in process.

Regional Trainings:

See-the-Sound Visual Phonics (Decoding strategy for early reading skill development)

For the 2019-20, school year to date, 3 STS-VP trainings have been completed (47 people). From 2006-present, more than 1,896 people have received training in STS Visual Phonics through TAC-DHH/VNOC sponsored trainings.

Statewide Professional Development:

Literacy DHH-101 (October-November 2019) –Session 2 of the two month online Community of Practice on evidence-based strategies for children who are d/hh ended on November 22. The 40 CoP participants included TODHH, SLPs, Educational interpreters and other special education professionals.

D/HH Literacy Intervention Project: A cohort of 23 (20 TODHH and 3 SLPs) received full training in two early literacy interventions in June 2,019 and are completing a pilot project using *Foundations for Literacy* and/or *Fingerspelling Our Way To Reading*. The DHH-LIP cohort connects through an online discussion forum, and met in October for the first of quarterly distance group meetings. At the end of the 2019-20 school year, the TAC-DHH will submit a report to the VDOE Office of Special Education Instructional Services.

- community practice that went out to the whole database; if you are interested, go to center for literacy and deafness for information and webinars that breakdown literacy practices for children who are d/hh.

-ODUP 2020 will happen in June (14th annual conference)

-20 teacher of the Deaf and Hard of Hearing in VA working with 2 different interventions; literacy programs

Additional Activity:

Program Support:

Assistance to VA Hands & Voices, the Parent-Child-Advocate Program, Hearing Journey and Families to Families to disseminate specific d/hh related event announcements.

Upcoming:

Opening Doors-Unlocking Potential 2020 (June 2020)

Early Intervention:

The Infant & Toddler Connection of Virginia (ITCVA) action report series focuses on efforts underway to improve the long-term sustainability of Virginia's Part C early intervention system. You've told us about the fiscal challenges and provider shortages you are facing on the local level. We hear you, we understand you, we appreciate your hard work, and we are working on your behalf every day to address these challenges. These are challenges we have faced and successfully addressed before in the ITCVA, and we can do it again by working together and focusing on actionable strategies to make improvements.

Actions to address Medicaid managed care challenges:

- The EI-MCO Workgroup that was convened by the Virginia Association of Community Services Boards (VACSB) met in November and will meet again on December 17th. During the November meeting, solutions to the following challenges/areas of confusion were finalized and confirmed by the MCOs and local system managers: ability of all MCOs to process claims with the Medicaid ID number instead of the MCO member number, when/how a child's MCO would change, expectations of care coordinators in CCC-Plus, role that care coordinators can play in securing interpreters (with enough notice), keeping an up-to-date list of MCO contacts for EI for both CCC-Plus and Medallion-4 on the DMAS website and adding contacts for requesting interpreters. DMAS will create a chart that covers all of the process topics discussed through the VACSB workgroup with each MCO's specific procedures detailed.
- DMAS reported a significant decrease in the number of clean claims not processed within the required 14-day timeline from September (144) to October (5).
- DMAS staff, an MCO representative and two local system managers have worked together to draft a template for the new roster process that will eliminate the need for local lead agencies to submit monthly rosters to each of the MCOs and will provide the

information MCOs need to efficiently process claims. This is expected to be ready for implementation via Excel within a month or two and will eventually become an electronic database process.

- Based on requests from CCC-Plus care coordinators, DMAS will be doing an additional training on early intervention. Based on discussion at the November work group meeting, DMAS also will plan a webinar for CCC-Plus and Medallion-4 care coordinators on standard expectations for collaboration and communication with early intervention service coordinators.
- DMAS will be developing training for Part C local lead agencies on the DMAS QMR process.

Actions to address provider shortages:

- Representatives from Virginia's Early Intervention Professional Development Team and ITCVA state office will be meeting in early December with representatives from New York to learn more about an academic partnership they've established between the state and city universities and the New York City Bureau of EI. The partnership addresses early intervention preparation in college and university OT, Speech, Special Education and Social Work programs.
- The Early Intervention Professional Development Team has added activities to their work plan to address the goal of growing our EI workforce. Planned activities include developing resource materials for local system managers and college/university faculty to share practices and strategies for workforce development and providing information to local system managers on ways to collaborate with faculty (e.g., how to connect with and promote EI in colleges/universities in your area, what's needed in order to have a student in your EI program, etc.).
- The Early Intervention Professional Development Team recently held a Higher Education Faculty Institute to make faculty aware of available resources on the VEIPD website (and how to use those resources in their courses), provide updates on current EI initiatives in Virginia, and solicit input on what colleges and universities need from us. Participants represented 6 universities and 5 community colleges.
- Reflecting that the personnel issues we are facing in Virginia are common nationally, the U.S. Department of Education Office of Special Education Programs (OSEP) has identified "ensuring that states have the support necessary to attract, prepare and retain service providers and special education leaders" as one of its three focus areas for the coming year.

Actions to address broader fiscal picture:

- ITCVA is finalizing membership in the stakeholder work group that will explore new ways to organize Virginia's service delivery system to maximize the use of available fiscal and personnel resources. We anticipate holding the first meeting of this work group in January.
- ITCVA submitted our annual report to the General Assembly last week. Each year, this report covers not only the required data on numbers served, services provided, revenue and expenditures but also the overall fiscal outlook for early intervention. All of the fiscal and personnel challenges that have been identified at the state and local level, including insufficient reimbursement rates, difficulties with the transition to Medicaid

managed care, program growth that is outpacing funding growth, personnel shortages and increasing instances of non-compliance, are discussed in the report. This report will be posted shortly to the Supervision and Monitoring section of our website, www.infantva.org.

Bonus: Strategy to try at the local level

Consider how the use of Certified Occupational Therapy Assistants, Physical Therapy Assistants and Early Intervention Assistants can meet child and family needs, as well as system needs. If you have questions about how this can work or you're interested in talking with a local system that has experience using assistants, please contact your Technical Assistance Consultant or Monitoring Consultant. *Have a strategy to recommend? Please send it to Kyla Patterson, k.patterson@dbhds.virginia.gov.*

Newborn Screening (Dried Blood-Spot and CCHD):

- Newborn screening DBS is in the process implement FMA XALD June 2020; we are working on completing pilot of utilizing red cap to communicate with providers across the state of all specialties.

Virginia Hearing Aid Loan Bank:

- No new updates

Children and Youth with Special Health Care Needs (CYSHCN):

Medical home and transition updates discussed during meeting. Our medical home and transition modules have finally been published. It is a partnership with UVA and the link is:

<https://promotinghealthycommunities.org/>

- Take modules for free; encouraging for practice patient safety medical homes
- Transition modules focused on pediatric care to adult life for people in general and with CYSHCN

Center For Family Involvement @ VCU-Family to Family

For the period October 19, 2019 to December 6, 2019:

- Face to Face Meeting with 1-3-6 FE and staff from Dept of Health was held in Richmond on October 19, 2019. Djenne-Morris, Family/Professional Consultant from BEGINNINGS for Parents of Children Who are Deaf or Hard of Hearing, met with the 1-3-6 FE to further explore the engagement of families in EHDI activities.
- Two families were referred by the EHDI program to the 1-3-6 Family Educators
 - o One was under a year old, one was two years old
 - o Both were males
 - o One infant had exposure to Opioids

- Final vote about options for the LEAD-K bill (SB 1741) by the Joint Commission on Health Care study was held on November 14, 2019.
~ Result: Option #1 - no action on the Lead-K bill.
- Two Learning Community Meetings were held : ~ October 28, 2019 - Northern VA LC Meeting ~ November 8, 2019 - Blue Ridge LC Meeting
- CFI staff met with EHDI staff to plan an early 2020 Trauma Informed Care training (January 30th is a repeat of the intro training held April 2018. January 31 is a more advanced training for those who attended the intro training.)
- CFI staff supported the EHDI staff writing of the new MCHB EHDI grant proposal.
- The 1-3-6 family educators and staff met with Ms. Morris to better support families with children who are Deaf +

VA School for the Deaf & Blind (VSDB):

December 7, 2019 – “’Twas The Night Before Christmas” The Barter Theatre, Abingdon, VA. Interpreted for students who are deaf/hard of hearing and described for students with blindness/visual impairment by _____; pre-session allowing students to become familiar with the set, props, and characters; and afternoon Career Awareness session on “It’s Not Just Acting - The Many Careers in Theater” in collaboration with the VA Dept. for the Blind and Vision Impaired.

“I will not be able to attend, as I will be in Abingdon preparing for a VSDB family Outreach event that will be held at the Barter Theatre on Sat, Dec. 7 in collaboration with VA H & V, DBVI, and VAAPVI.” –Debbie

Audiology Daniel Shearer- As of December 3rd, the VSDB audiology outreach program has scheduled 87 total appointments this calendar year, including 78 new families. This includes approximately 23 newborn hearing screenings or follow-up ABRs. This is an increase over the 63 new families that were scheduled in 2018 (14 NBHSs/ABRs), and families will continue to be scheduled throughout December prior to VSDB's winter break. Tentative goals for 2020 include providing remote, in-person services and more consistent summer availability, as well as coordinated services with more statewide agencies and healthcare providers.

Department of Education:

The Virginia Department of Education (VDOE) provides grant funding to support the following educational programs for children who are deaf, hard of hearing and deaf-blind in Virginia public schools:

- Educational Interpreter Professional Development
- Radford University Deaf and Hard of Hearing Program
- Technical Assistance Center for Children Who Are Deaf and Hard of Hearing/VNOC
- Virginia Department for the Deaf and Hard of Hearing
- Virginia Hearing Aid Loan Bank
- Virginia Project for Children and Young Adults with Deaf-Blindness
- Virginia School for the Deaf and the Blind
- Virginia School for the Deaf and the Blind Outreach Programs

The VDOE released Superintendent’s Memo # 257-19 on October 25, 2019: *Resources for Serving Students with Sensory Disabilities*. School divisions must annually post information to their websites and inform parents of the educational programs and services that are available for children with sensory disabilities in Virginia. The following guidance documents were revised and posted at the VDOE website:

Guidelines for Working with Students Who Are Deaf and Hard of Hearing in Virginia Public Schools (Revised September 2019)

http://www.doe.virginia.gov/special_ed/disabilities/sensory_disabilities/hearing_impairment/guidelines_working_with_deaf.docx

Virginia Communication Plan for a Student Who Is Deaf or Hard of Hearing (Revised September 2019)

http://www.doe.virginia.gov/special_ed/disabilities/sensory_disabilities/hearing_impairment/va_communication_plan.docx

Deaf-Blind Project:

Update: Each year, state projects serving children who are deaf-blind report on children identified in their state. The [count](#) serves as the common vehicle to meet federal grant requirements for both the state/multi-state and national technical assistance projects. Students reported to the child count do not have to be totally deaf and totally blind, nor do they have to have been identified as deaf-blind on the division’s December 1, 2018 child count. We will begin our annual updating of the Deaf-Blind Child Count in February, however, we accept referrals throughout the year. If you need more information, please contact Ira Padhye at iapadhye@vcu.edu or 804-828-2052.

VA Dept. for the Deaf and Hard of Hearing (VDDHH):

Executive Management

Statewide Interagency Team (SIT) comprises of four agencies, the VDDHH, the Department of Aging and Rehabilitative Services (DARS), the Department for the Blind and Vision Impaired

(DBVI) and the Valley Community Service Board. The SIT hosted a town hall meeting on August 10 in Abingdon. The town hall meetings is part of SIT ongoing effort to develop a needs assessment and identify new priorities. There will be two (2) more town hall meetings scheduled for the rest of 2019:

Oct 19 –

Martinsville Nov 2 –

Staunton

Administrative Assistant – A job bulletin and recruitment campaign resulted in several applications for the Administrative Assistant position. The first round of interviews narrowed the applicant pool. After consultation with the interview panel, Virginia Melville was appointed as the new Administrative Assistant. She brings experience as receptionist as well as some sign language fluency. She reports to Rhonda Jeter, Business Manager

VDDHH Advisory Board - On Wednesday August 7, VDDHH hosted its' quarterly meeting of the 9-member advisory board. The agenda included board and agency reports. The board also focused on reviewing and discussing the strategic plan.

Virginia Relay

Virginia Relay Manager – After 2 months with VDDHH, VA Relay Manager David Bahar had accepted a similar job in Maryland, citing a closer commute from his Maryland home. Previously, he was commuting 2 hours each way between his home and VDDHH central office. VDDHH posted another job bulletin and initiated another recruitment campaign for a new Virginia Relay Manager. Unfortunately, there were no applicants with the minimum qualifications. It was decided to wait until January before reinitiating recruitment again.

Technology Assistance Program

Request for Proposal (RFP) - VDDHH contracts with various nonprofits including those specializing in deaf services and other Centers for Independent Living (CILs) to provide TAP and Community Services. These contracts will expire on December 31 and cannot be extended. VDDHH staff drafted the statement of need, redefined regional boundaries by eliminating the legacy 'planning districts', and reclassified TAP Specialists to Deaf/Hard of Hearing Specialists as acknowledgement that they perform duties related to both TAP and Community Services. In collaboration with the Department of Aging and Rehabilitation Services (DARS) procurement staff, a Request for Proposal (RFP) was released. A pre-bid conference was held at VDDHH to answer the questions that prospective bidders had about the RFP.

Interpreter Services Program (ISP)

Judicial Conference and Clerks Conference Training – The ISP Manager provided training on court access for persons who are deaf and hard of hearing at the Judicial Conference (8/28/19) and the Court Clerks' Conference (9/17/19). This was the first time that such a presentation has been provided at these conferences. With 30 minutes on the schedule, the focus in both sessions was on understanding the role of the interpreter, access for persons who do not know sign

language and cooperation between the courts and VDDHH. Both presentations were well received and may be repeated on at least a biennial basis.

Developing Training for Court Sign Language Interpreters – On September 25 and 26, the ISP Manager attended training provided by the Supreme Court of Virginia for spoken language interpreters. The intent is to use the training model used for spoken language interpreters to develop a similar training for sign language interpreters. The ISP Manager will be working with the ADA Coordinator at the Supreme Court of VA to develop a training for all sign language interpreters who wish to work in Virginia Courts. That training may involve information about the operation of courts in Virginia, basic court vocabulary and the role of the interpreter in the courtroom and outside of the courtroom.

Shift from ISP Contract to Services Agreement – Implementation of the new ISP Services Agreement was delayed while the ISP Manager was out on Family Leave. All current contract interpreters have been notified of the upcoming change to a Service Agreement and have been encouraged to ensure that their eVA and SWAM registrations are up to date. The current contract does not expire until June 2020. The Service Agreement should be distributed before December 1, 2019.

Department of Professional and Occupational Regulation (DPOR) Study on Whether to Regulate Sign Language Interpreters – VDDHH provided technical and logistic support to the DPOR regarding its' public hearings including locations, stakeholder relations, accommodations, and marketing. The Director made a vlog explaining the study and importance of public comments. During September, DPOR held four public hearings in Norfolk, Fairfax, Richmond and Roanoke to invite public comments about the quality of interpreters and its' adverse impact it may have had on deaf people's daily lives. VDDHH staff attended all of the public hearings except Roanoke

Community Services

Virginia Commonwealth University/Partnership for People with Disabilities/I-CAN!

Accessibility Project – VDDHH agreed to support the I-CAN! Accessibility Project' grant initiative which is a abuse prevention project titled, "Ensuring Accessibility to All Survivors." VDDHH reviewed its' objectives and advised regarding content of the needs assessment survey that would be user- friendly to Deaf and Hard of Hearing consumers, now awaiting for approval from Institutional Review Board. VDDHH also distributed the needs assessment survey for professionals who work with DHH consumers.

Support Service Provider Pilot Program – VDDHH hosted several SSP Work Group meetings and submitted a Letter of Interest (LOI) to the Virginia Board for People with Disabilities (VBPD) regarding their "Creating Inclusive Communities" grant opportunity. The maximum award potential is \$300,000 including in-kind contributions; the Letter of Interest was accepted, received a VBPD invitation to submit a grant proposal. Started drafting the grant application in September with a submission deadline on October 31.

Joint Committee on Health Care (JCHC) Study on SB1741 - Regarding the legislation addressing “Language Development for Children who are Deaf or Hard of Hearing” (aka the LEAD-K bill), 2 stakeholder sessions were conducted by the Joint Commission on Healthcare. VDDHH also participated in interagency subgroups to discuss potential systems approaches to satisfying specific aspects of the bill: “Entry point for Information,” “Implementation Considerations,” “Agency Roles,” and “Data Sharing”, providing feedback and recommendations. VDDHH attended JCHC open session for presentation of final analysis and recommendations.

VA Hands & Voices:

We are so proud to be wrapping up our third year since reinstating the Virginia chapter of Hands & Voices.

In 2019, we held 16 social events across five regions in Virginia. We exhibited around the state seven times and presented about our accomplishments four times. We have reached well over 100 families by connecting them in person and have connected hundreds of other parents and professionals through our website and Facebook page.

In October, our organization formed an alliance group at the Walk 4 Hearing sponsored by Hearing Loss of Association of America (HLAA), Washington D.C. and raised funds for our chapter. We plan to walk again next year!

In November, we were exhibitors at Minds of All Kinds at the Science Museum of Richmond and VSDB Family Resource Fair in Staunton. Our materials were also displayed at the Hampton Roads Hears Conference, sponsored by Children's Hospital of the King's Daughters in Newport News. Lastly, we hosted our first social event geared towards tween/teens at Launch Trampoline Park in Midlothian. There was a great turn out with varying ages and communication modes and a great time was had by all.

Looking forward in December, you will find us December 6 at the Children’s Museum in Richmond for their Special Nights featuring the Legendary Sensitive Santa (who knows ASL). Civic Access will be providing the interpreter for this event. On December 7, we are collaborating with VDSB and Outreach Services and gathering at the Barter Theater in Abingdon to see the play *’Twas the Night Before Christmas*. To wrap up the year, our newest Board Member, Dessie Berry will be taking the lead on an event at Arts on the Horizon in Alexandria to see the ASL interpreted play *Squeakers and Mr. Gumdrops*. This is geared towards children ages 0-6 and we are offering free tickets to the first 17 people who register.

We will begin our 2020 Membership Drive soon and look forward to continuing to provide unbiased resources and social opportunities for families and professionals of deaf and hard of hearing children throughout Virginia.

Telehealth

These articles are about Apple and what they are doing towards better understanding hearing health. There is a great concern globally on the loss of hearing from wearing headphones, earbuds etc. so Apple has launched a ground breaking study through their phones and wearables to better understand hearing health.

However it was the last article that I really liked about airpods also being hearing aids. Did not know that and maybe you all did but thought it was worth sharing.

<https://www.computerworld.com/article/3442099/how-apple-is-building-a-world-class-digital-health-ecosystem.html>

<https://www.apple.com/newsroom/2019/09/apple-announces-three-groundbreaking-health-studies/>

<https://www.cNBC.com/2019/01/20/how-to-turn-airpods-into-hearing-aids.html>

The AirPods Live Listen feature uses the microphone on your iPhone and then pipes the audio right into your AirPods. So, if you're hard of hearing, instead of asking someone to speak up or sitting out of a conversation entirely, you can put your iPhone on a table — or even hold it close to someone's mouth — and the AirPods will amplify what's being said.

I love this feature because the people I run into in your field of hearing loss often speak of how teenagers refuse to wear their hearing aids and all the issues that causes at school. But what teenager does not want to wear airpods?? It may not be the best solution but it is a possible partial solution to those teenagers who just refuse to wear a hearing aid.

Kathleen Menesses; UVA Training Module Presentation

- Provided information regarding VA EHDI training for providers and best practices associated with screening monitor and management of hearing loss
- Success of best outcomes for family
- Modules are free for users with the grant funding from the Virginia Department of Health
- Parents, professions, and all should use the module and incorporate information within daily lives and practices
- Edits, changes, and updates are made in live time by Kathleen's team
- Kathleen is seeking any feedback to utilize training
- EHDI content lives in newborn screening platform
- The EDHI modules can be found by going to www.promotinghealthycommunities.org and then to the EDHI module, or by going to www.newbornscreeningeducation.org, then Course Catalog, then scrolling to the EDHI module
- Accredited information for physicians, nursing, etc.
- UVA is looking at healthcare transitions especially for special needs population

Marcus Allen Hearing Aid Challenges/Discussion

- Program is funded by a pool of grants, use it for uninsured population
 - o Able to buy medications, hearing aids, etc. for people who cannot afford
 - o Pay at the Medicaid rate
 - o Buy hearing aids and buy at the Medicaid rate, on recent calls, VCU expressed concerns with getting hearing aids paying for hearing aids at the Medicaid rate.
 - o After you get hearing aids and they must get fitted after with multiple visits after; struggle is that they get hearing aids and providers at following appointments are having difficulties to take the Medicaid rate
 - o Marcus is buying hearing aids for low income families that are unable to pay for them; compile a list of audiologists that accept the Medicaid rate
 - o Paying for a max of 4 visits a year; fitting +going back for troubleshooting up to three times
 - o Are you covering ear molds? It does cover the ear molds; after we purchase of hearing aids, we pay for hearing aid, mold, and do so in the Medicaid rate
 - o Payer of last resort, by tax payer funds- much more difficult to try to negotiate finances with outside insurance companies
 - o United Healthcare Children's Foundation- if they have insurance that will not cover, they will cover
 - o Care connections with children partners with VA Hearing Aid Loan Bank and DoE and bought many hearing aids for the loan bank- but we try to buy the hearing aids for the young person
 - o The ear community provides hearing aids for children with Atresia
 - o VCU has implant program for children for hearing aids
 - o VDDHH can share resources amongst the program to partner with Marcus; Hearing Aid packet that Eric talked about earlier has information and referrals for all ages; assistance for hearing aids

Discussion of JCIH Changes

Global benchmark and rational

- Falling best practice for standards of EHDI
- Under newborn screening, necessity for audiology oversight of hearing screening program
- Equipment calibration across all screening devices
- Highlights from The Joint Committee on Infant Hearing
- Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs
- A review and reminder of the importance of early diagnosis of hearing loss following best practices.
- Recognition of the value of implementation standards for EHDI information systems.

- Recognition of the frequency, and impact, of delayed-onset and/or progressive hearing loss in infants and the need for continued surveillance of auditory and speech-language development in all infants, regardless of outcome of newborn hearing screening.
- States who meet the 1-3-6 benchmark (screening completed by 1 month, audiologic diagnosis by 3 months, enrollment in early intervention by 6 months) should strive to meet a 1-2-3 month timeline.
- Newborn Screening
 - o Endorsement of the necessity for audiology oversight of hearing screening programs.
 - o Recognition of the critical need for the ability to calibrate screening equipment using a uniform and validated standard across all screening devices.
 - o Recognition of the need for manufacturers of screening equipment to provide data on the proportion of children who are deaf or hard of hearing who pass the screening but are subsequently found to have a variety of degrees and types of hearing loss.
 - o An endorsement, for well-born infants only, who are screened by automated auditory brainstem response (AABR) and do not pass, that rescreening and passing by otoacoustic emissions testing is acceptable, given the very low incidence of auditory neuropathy in this population.
 - o An endorsement of rescreening in the medical home in some circumstances. If the rescreening is performed in the provider's office, the provider is responsible for reporting results to the state EHDI program.
 - o Diagnostic Audiology and Audiological Interventions
 - o A review of current research on the physiologic/ electrophysiological methods for diagnostic audiologic evaluation of hearing in infants.
 - o A reaffirmation of the importance of fitting hearing aid amplification using objective, evidence-based protocols to ensure maximal audibility.
- Early Intervention and Family Support
 - o Reaffirmation of the need to provide families with individualized support and information specific to language and communication development to support children who are deaf or hard of hearing by providing exposure to language models at the earliest possible age to ensure optimal cognitive, emotional, and educational development.
 - o Recognition that some families may benefit from infant mental health supports. Infant mental health is a field of research and practice that focuses on optimizing social, emotional, behavioral, and cognitive development of infants in the context of the emerging relationships between parents and infants.
- Medical Considerations
 - o Reaffirmation of the need for otologic/medical evaluation and management of the newly identified infant to be carried out as soon as possible following confirmation, in an effort to address potentially reversible conditions, discover associated medical disorders that can impact the infant's general health, and identify conditions that can impact communication strategy choice.

- Recognition that Congenital Cytomegalovirus has a larger impact than previously recognized.
 - Updated risk indicators for congenital hearing conditions, including a new table with specified intervals for audiology evaluation.
 - Consideration of reduction in the FDA-approved age for cochlear implantation to less than 12 months.
- Open Discuss of 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention
- Gentamicin- 5 days or more; 48 hours until they find out that they are not septic. This cuts the difference in following up with a larger population vs the actual population p. 30
 - P. 12 – Pediatric Diagnostic Audiology- there are providers who cannot or won't refer out, they did not used to be listed in EHDI PALS but now they are. There is no way to suggest that these providers should not be. There is only one training program in the state, which makes it difficult to find pediatric audiologists in the state.
 - Risk indicators on page 19
 - P2 4th bullet: Issue with protocol A. Greenwood: children who failed ABR, we are not just missing auditory neuropathy, unilateral hearing loss, neurological disorders, potential lesions in the brain stem, not in favor in our Virginia protocols. p. 9
 - Kara Norcross, Christine Eubanks, Casey Morehouse, Judy Alonzi, Ashleigh Greenwood, Mona Iskander will meet regarding updates to JCIH protocols.

Texting updates/ Technology

Open Discuss of 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention

- Sight concern – don't like seeing pictures of children during procedure
- Solid group of midwives that are participating in learning communities
- Doula group
 - Population we want to target- potential audience we can link with because they seem to be excited about inclusion
 - Parent- relatively easy question CFI can help put this out there and see
 - Liking can drive, popularity
 - Concerns: I don't want to exploit the child in their futures, they wont know until they are growing up, parent would have to have some sort of waiver if it involves them in EHDI they would have to sign a form.
 - Sharing retweeting is big deal, contest to develop a graphic is share this contest, come up with the graphic
 - Specialized frame around the picture; earbuds, pictures after! Frame thing- I give because
 - Two things: Messaging the idea that you cannot address what you do not know. If your child has any degree of hearing loss, you cannot address it

- What are the unintended consequences of a wait and see approach; that is their right, but are they aware? IS there a way for us to get messages out there?
- Muffled babies rather
- Negative- scenario it can make it seem negative, tender time, love idea of the video and the text; keep it positive make it specific of what the action is, do this 20 second, side by side, negative initial, mother and child communication with child back and forth side by side mode of communication
- How you are going to communicate with your baby
- In the application there was a day where they talk about the newborn hearing screening, but nothing further
- If the family does not have cell phone service or capability
- GIF or graphic that is not streamed but something on a phone GIF

Tentative AC Meeting for 2020

March 6, 2020

June 5, 2020

September 4, 2020

December 4, 2020