

Training and Education Workgroup Minutes
May 17, 2007

Participants: Jill Burge, Kris Funk, Christa Hitt, Sandy Moses, Pam Stuver, Misti Wadell, Christy Williams

I. Group Approved Minutes from April 12th Meeting

II. Update on Parent Survey

- a. Kris reviewed changes to the parent survey based upon feedback from the Infant Mental Health Project meeting as well as the Focus Group at Relief Nursery.
 - i. Defined “trimester” by months
 - ii. Included “CPS” along with “Child Welfare”
 - iii. Defined involvement with CPS “as a parent” to distinguish from childhood involvement
- b. Update on current survey locations
 - i. Kris and Misti conducted a Relief Nursery Focus Group with 7 women. One of the women gave input that she was in the hospital several times during her pregnancy for dehydration due to her substance use and was never asked about substance use or tested. Most of the group agreed that they wish they had been “caught” earlier in their pregnancies. Several of the women also said that the reason they accessed prenatal care was because they wanted their baby to be healthy.
 - ii. Kris distributed 50 surveys to Peacehealth (Anne and Jill) along with Family Advocate Fliers
 - iii. Pam Stuver (Public Health) has agreed to give fliers to public health nurses. Kris gave her 5 about 50 fliers during today’s meeting.
 - iv. Deb Sunderland of Healthy Start has indicated that Healthy Start home visitors could distribute 140 surveys. Kris is working on getting surveys to Deb.
 - v. Kris has a meeting with Birth to Three at the end of the month to discuss how they can assist with parent surveys.
 - vi. Jill plans to contact OMG soon to see if we can distribute surveys in their prenatal practice office.
- c. Data entry process: Kris has arranged with U of O staff to create a data entry excel file and to enter survey data as it comes in.

III. Update on May 10th Screening Meeting

- a. Group reviewed minutes from the May 10th Screening subgroup meeting and made additions to the following questions?:
 - i. **Question #1:** “In general, when you think about good screening practices, what comes to mind? Throw out words that describe good prenatal screening.”
 1. No additions made.

- ii. **Question #2:** “What do we know about best practices in prenatal screening for substance use?”
 - 1. Kris raised Chasnoff’s point about para-professionals rather than doctors completing the screening and engaging in the brief intervention process. Group will discuss this further as we make plans for screening recommendations/process.
- iii. **Next Steps:** Group brainstormed briefly about next steps in the process of creating screening recommendations. Replies follow:
 - 1. Watch Chasnoff Video
 - 2. Look more closely at Chasnoff model
 - 3. Define process for first prenatal visit and subsequent visits:
 - a. What does provider say or ask?
 - b. What information does provider give to patient (packet of materials etc.)?
 - c. What does the whole process look like?
 - 4. Focus on preconception and interconception screening as well (Planned Parenthood and WIC are great places to do this)
 - 5. Define what our pilot screening project will look like
 - 6. Consider including breastfeeding issue
 - 7. Define barriers for pregnant women to accessing services
 - 8. Look for ACOG recommendations to give to Obs (**Pam Stuver** will send them to Kris)
 - 9. Consider identifying an OB who can speak to or “champion” the issue of prenatal screening. One possibility might be Dr. Sig-Linda Jacobsen, an OB from Portland who has participated in the State level Feat Workgroup. Another option to ask Dr. Chasnoff to identify someone in our area from his own work.
 - a. Desiree has already identified two Peacehealth midwives who would be interested in giving their input / perspective to our Screening Group.
- iv. **Misc:**
 - 1. It’s important that we focus in training not just on referral resources, but on how to make a referral.
 - 2. Jill Burge will likely be the new Peacehealth Intake and Screening person, once they define that position. We are in a good position to provide input into how that position is defined.

IV. Discuss Plans for June Meeting / Summer

- a. Workgroup participants are interested in participating in a reorganization process during the June meeting to define task-oriented workgroups for the summer and are willing to meet throughout the summer in task-oriented groups.
- b. We will set summer dates at our next meeting.

V. Screening Recommendations Workgroup

- a. Group agreed to meet from **9-10:30 on Tuesday June 12th**.
- b. **Christy Williams** will check to see if we can meet at DHS and will get back to Kris about this. **Kris** will email group with location.
- c. We will watch the Chasnoff video and begin a more intensive planning process

VI. Meet with Communication workgroup to make plans for a referral/Treatment Matrix

- a. The Communication and Leadership workgroup would like to compile resources that can be used by the SEN team in referring families.
- b. The Training and Education Workgroup would like to create a referral process and resource list for prenatal providers who identify high-risk women during prenatal care.
- c. Participants indicated interest in brainstorming as a large group about available resources and then convening a smaller task group to work on compiling resources and creating referral procedures. Several groups already have resources that we can draw upon (100% Access to Health Care, Healthy Start, White Bird...)
- d. Currently, a matrix is being used by State FEAT Workgroup to outline available services (and service gaps) to SEN and their families in 5 levels of intervention (pre-conception, prenatal, hospital, services to children and services to families).
 - i. **Kris and Liz** can send the matrix to participants to complete before the June meeting. This can then serve as a basis for our initial discussions.
 - ii. Sandy Moses expressed desire to collect information relevant to the Infant Mortality Project goals as well. **Kris, Liz, Sandy and Pam** will discuss how best to do this.