#### From NICUs to Child Care

Engaging Community Partners and Enhancing Services to Families



2023 OSEP LEADERSHIP AND PROJECT DIRECTORS' CONFERENCE



# 2023 OSEP Leadership and Project Directors' Conference



#### **DISCLAIMER:**

The contents of this presentation were developed by the presenters for the 2023 OSEP Conference. However, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

(Authority: 20 U.S.C. 1221e-3 and 3474)



#### Meet Team Maryland





Erin Simmons, Ed.S.

Part C Coordinator

Section Chief, Early Childhood Special Education

Maryland State Department of Education

Brenda Hussey-Gardner, PhD, MPH

**Professor** 

University of Maryland School of Medicine

Chair of the MD State Interagency Coordinating Council



#### Presentation Outline

- 1. MD's PRide Project
- 2. Connecting Families and Partners through Online referral
- 3. Connecting Families and Partners through Community Portal
- 4. Child Care Partnerships



#### Maryland's PRIDE: PRemature Infant Developmental Enrichment



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2023 OSEP LEADERSHIP AND PROJECT DIRECTORS' CONFERENCE

#### Disclosure: Funding Support for PRIDE

- Funding received from the Maryland State Department of Education, 1994-1996
- Funding received from the Baltimore City Health Department, 1996-Present
- Funding supports part of Dr. Hussey-Gardner's salary





#### History

- Began in 1994
- Collaboration between UMSOM and BITP
- To provide a concerted effort of identification, evaluation, and service coordination for BITP eligible infants in UMCH NICU, and/or who attend UMCH NICU Follow-Up Program



#### Current Team

- Program Director/ Developmental Specialist
  - Brenda Hussey-Gardner, PhD, MPH
- Service Coordinators
  - Melanie Miller, MEd
  - Jena Conners, BS



#### Goals

1

**Expedite infant** referral

2

Facilitate timely acquisition of El services

3

Eliminate duplication of evaluations

4

Provide service coordination embedded within child's NICU and NICU Follow-Up care



#### **Process**



- Attend multidisciplinary NICU rounds or collaborate with social worker
- Make referral near NICU discharge
- Conduct eligibility evaluation & develop IFSP



#### **Process**



- **NICU Follow-Up**
- SC attends NICU Follow-Up with PRIDE families
- Baltimore City residents not in BITP, with newly identified concerns, referred to BITP at appointment, introduced to service coordinator, eligibility evaluation conducted in conjunction with appointment and IFSP written



#### **Process**



 Provide ongoing service coordination inclusive of monthly developmental monitoring and anticipatory guidance

# Program Evaluation

Maryland's PRDE: Evaluation of an Early Intervention Program Embedded Within a NICU and NICU Follow-Up Program. Xiaofang,<sup>1</sup> Xiaoli<sup>1</sup>, Valentine<sup>2</sup>, Hussey-Gardner<sup>3</sup>

<sup>1</sup>University of Maryland, Baltimore County; <sup>2</sup>Baltimore City Health Department, <sup>3</sup>University of Maryland School of Medicine Published in the Journal of Early Intervention online 6.23.23. <a href="https://doi.org/10.1177/10538151231179113">https://doi.org/10.1177/10538151231179113</a>

- Compared children in BITP with PRIDE & without PRIDE
- Deidentified data obtained from BITP online database from 7/1/2008 to 6/30/2018
- Participants included all children born prematurely who received medical assistance
- Study reviewed by IRB at UMSOM & deemed not human subjects research necessitating consent

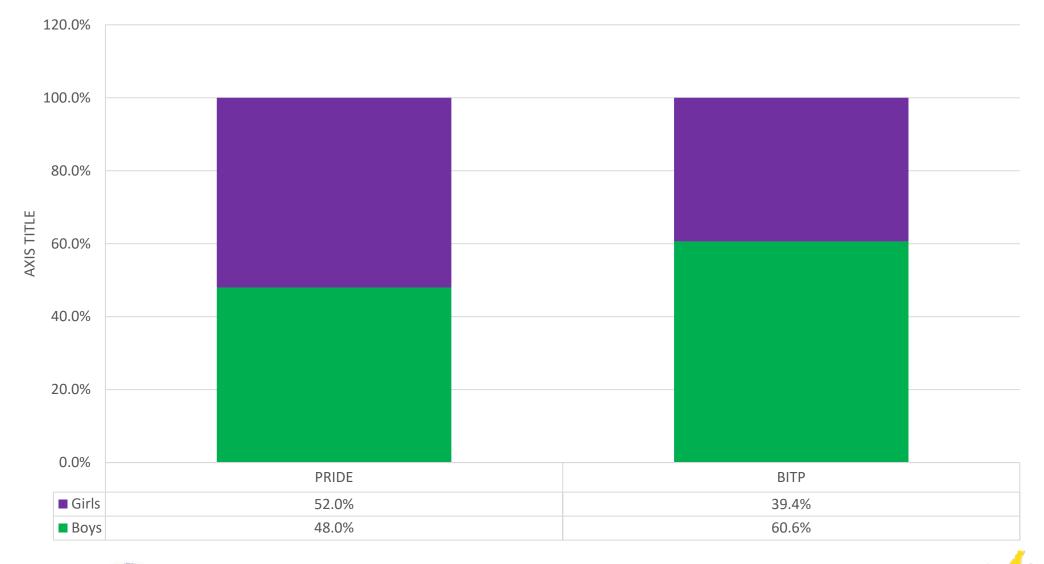


	PRIDE (n = 271)	BITP (n = 685)
	• • •	or M(SD)
Gender	11 (70)	(3D)
Boys	130(48.0) <sup>b</sup>	415(60.6) <sup>a</sup>
Girls	141(52.0) <sup>a</sup>	270(39.4) <sup>b</sup>
Gestational age (week)	28.25(3.33) <sup>b</sup>	31.22(4.06) <sup>a</sup>
Source of referral	20.23(3.33)	31.22(4.00)
Parent	5(1.8) <sup>b</sup>	371(54.2) <sup>a</sup>
Other/Professional	266(98.2) <sup>a</sup>	314(45.8) <sup>b</sup>
Age at referral (month)	6.54(6.49) <sup>b</sup>	14.57(10.43) <sup>a</sup>
Eligibility	0.54(0.45)	14.37(10.43)
25% developmental delay	38(14.0) <sup>b</sup>	346(50.5) <sup>a</sup>
Atypical development	22(8.1)	43(6.3)
Diagnosed high probability condition	211(77.9) <sup>a</sup>	296(43.2) <sup>b</sup>
Length of stay in the program (days)	752.68(375.60) <sup>a</sup>	483.26(329.61) <sup>b</sup>
Status	, 32.00(0, 3.00)	103.20(323.01)
Active	30(11.1)	69(10.1)
Parent withdrawal	10(3.7) <sup>b</sup>	82(12.0) <sup>a</sup>
Attempts to contact were unsuccessful	66(24.4)	179(26.1)
Moved to another jurisdiction	28(10.3)	75(10.9)
Moved out of state	2(0.7)	15(2.2)
Completion of IFSP prior to reaching age 3	25(9.2)	72(10.5)
Eligible for IEP at age 3	110(40.6) <sup>a</sup>	193(28.2) <sup>b</sup>
Completion of IFSP after age 3	13(11.8)	29(15.0)
Transition at age 3	71(64.5) <sup>a</sup>	77(39.9) <sup>b</sup>
Transition after age 3	12(10.9)	29(15.0)
Transition beginning school year following 4th birthday	14(12.7) <sup>b</sup>	58(30.1) <sup>a</sup>



# Results:

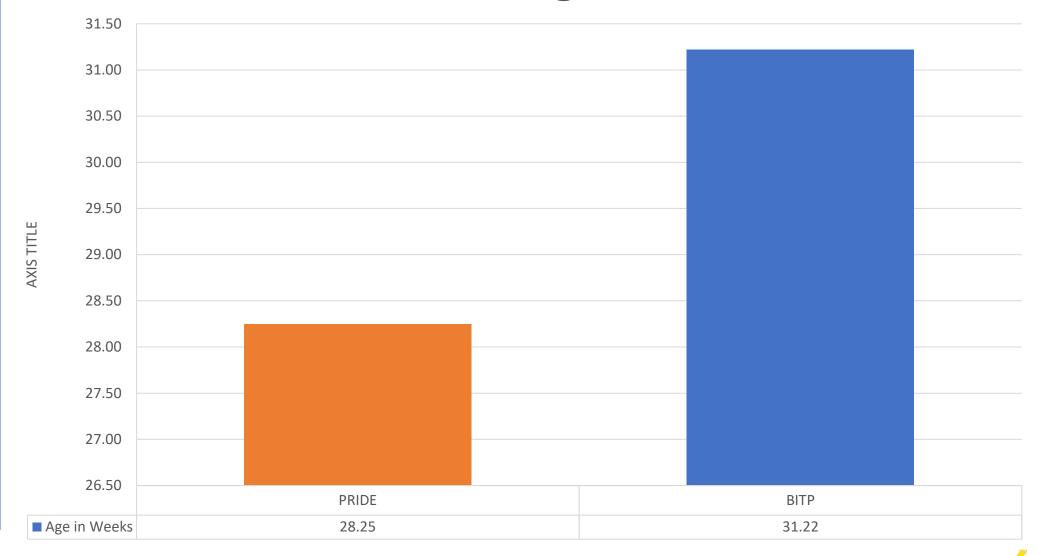
#### Gender





# <sup>a,b</sup> Percentages or means were significantly different at p<.05

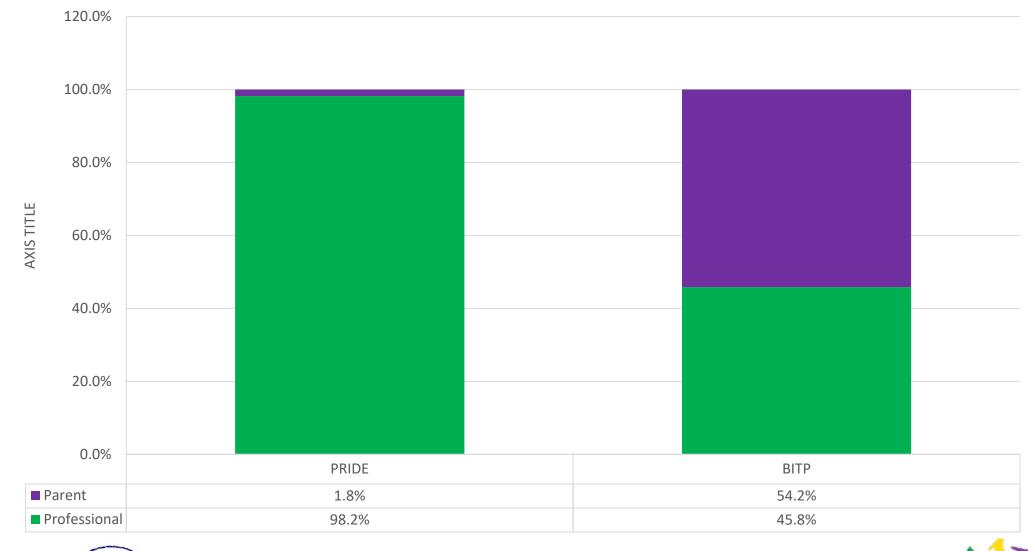
#### **Gestational Age at Birth**





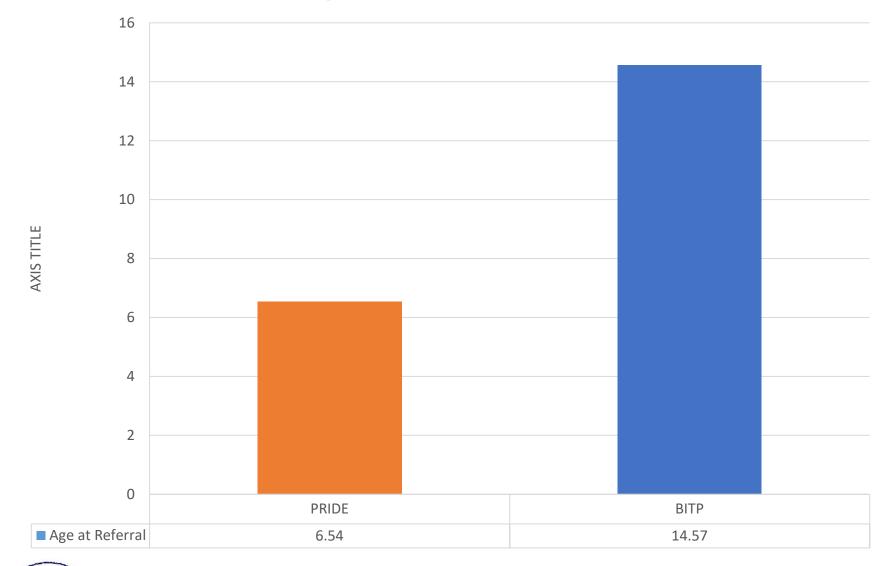
# Source Results:

#### **Referral Source**





#### Age at Referral



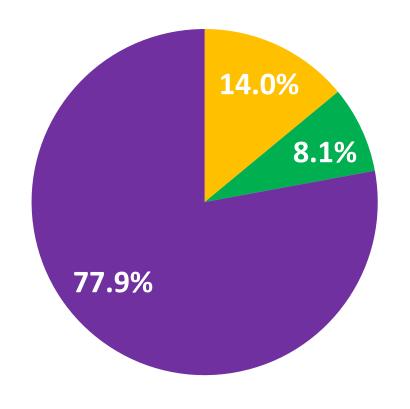


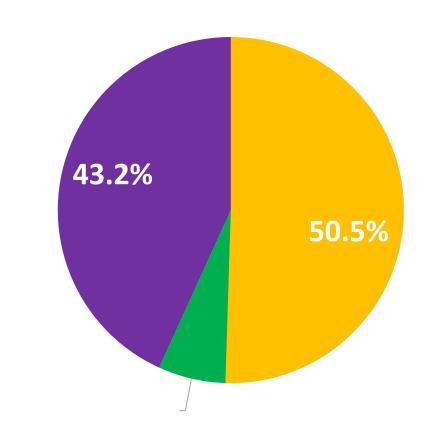


#### **PRIDE Eligibility**

#### **BITP Eligibility**



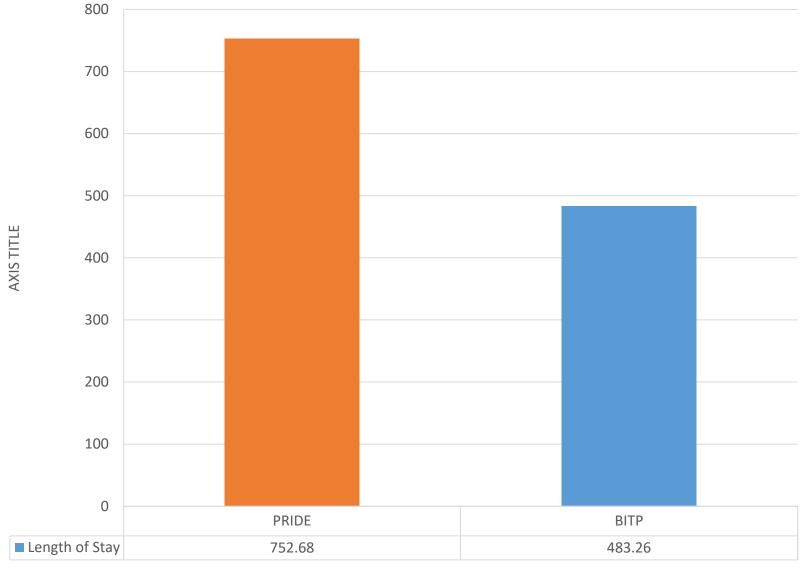






# a, b Percentages or means were significantly different at p <0.05

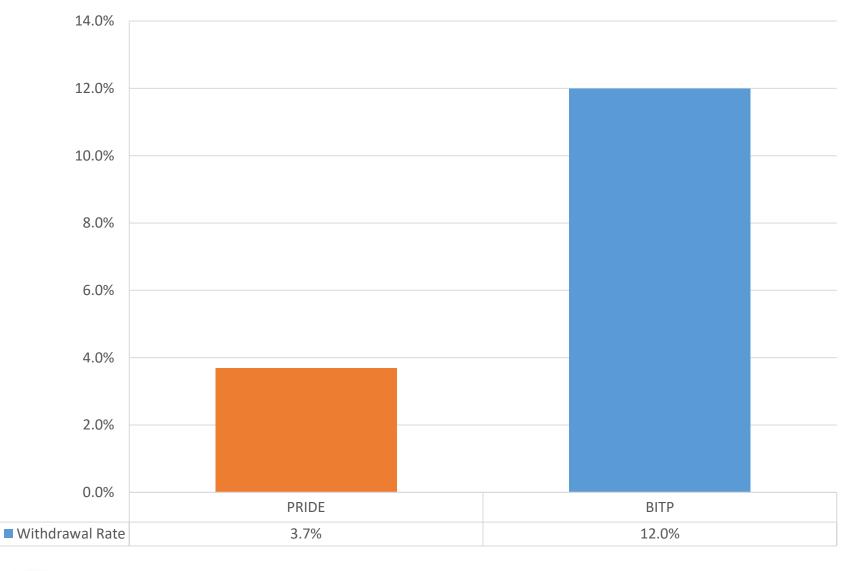
#### **Length of Stay**





a,b Percentages or means were significantly different at p<.05

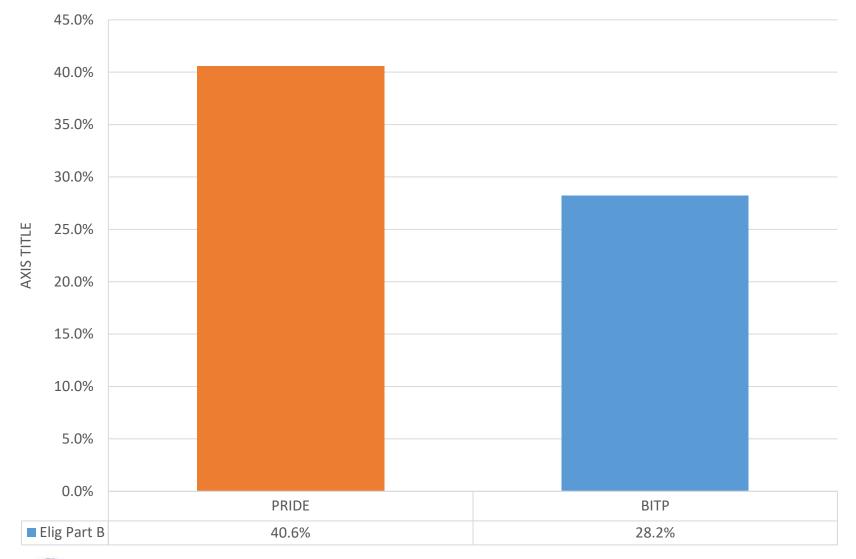
#### **Parent Withdrawal Rates**





# Results

#### **Eligibility for Part B Services**





## Supplemental Analysis: Differences Between Groups on Part B Eligibility

Eligibility Differences among Eligible for Part B Services at Age 3

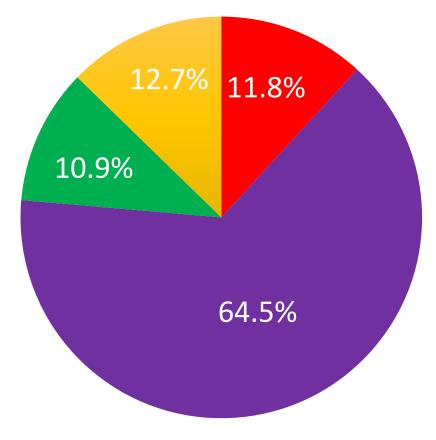
	PRIDE	BITP
	n (	(%)
Eligible for IEP at age 3	(n = 110)	(n = 193)
25% developmental delay	17(15.5) <sup>b</sup>	107(55.4)
Atypical development	4(3.6)	5(2.6)
Diagnosed high probability condition	89(80.9)a	81(42.0) <sup>t</sup>

*Note.* <sup>a,b</sup> Percentages with different subscripts were significantly different between two programs at p < .05.

- Compared to one another
  - More children in BITP who were eligible for Part B were eligible for EI because of a 25% delay
  - More children in PRIDE who were eligible for Part B were eligible for EI because of a high probability condition
- No group difference in eligibility by atypical development

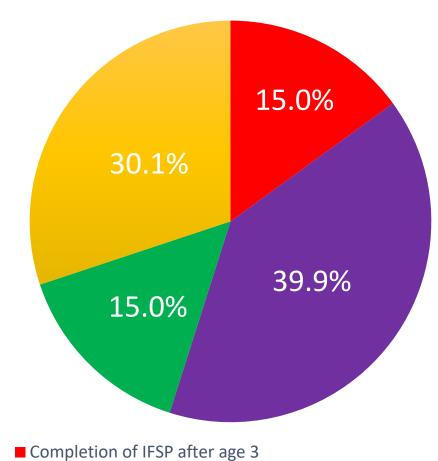
# a,b Percentages or means were significantly different at p<.05 Results:

#### **PRIDE Eligibility**



- Completion of IFSP after age 3
- Transition at Age 3
- Transition After 3
- Transition beginning School Year Following 4th Birthday

#### **BITP Eligibility**





■ Transition at Age 3

■ Transition After 3

■ Transition beginning School Year Following 4th Birthday



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Source of referral			
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Age at referral (month)		6.54(6.49) <sup>b</sup>	14.57(10.43) <sup>a</sup>
Eligibility			
25% developmental delay		38(14.0) <sup>b</sup>	346(50.5) <sup>a</sup>
Atypical development		22(8.1)	43(6.3)
Diagnosed high probability condition		211(77.9) <sup>a</sup>	296(43.2) <sup>b</sup>
Length of stay in the program (days)		752.68(375.60) <sup>a</sup>	483.26(329.61) <sup>b</sup>
Status			
Active		30(11.1)	69(10.1)
Parent withdrawal		10(3.7) <sup>b</sup>	82(12.0) <sup>a</sup>
Attempts to contact were unsuccessful	No Difference	66(24.4)	179(26.1)
Moved to another jurisdiction		28(10.3)	75(10.9)
Moved out of state		2(0.7)	15(2.2)
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## Supplemental Analysis: Differences Between Groups for Unable to Contact

Characteristics for C	Children Who	Could Not Be	Contacted
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,	PRIDE	BITP
	(n = 66)	(n = 179)
	n (%) or $M$ (SD)	
Source of referral		
Parent	$0(0)^{a}$	85(47) <sup>b</sup>
Other/Professional	66(100) <sup>a</sup>	94(53) <sup>b</sup>
Age at referral (month)	$6.02(6.02)^{a}$	13.21(9.98) <sup>b</sup>
Eligibility		
25% developmental delay	6(9)	15(8)
Atypical development	7(11) <sup>a</sup>	85(48) <sup>b</sup>
Diagnosed high probability condition	53(80)a	79(44) <sup>b</sup>
Length of stay in the program (day)	516.03(296.07)a	363.24(210.35)b

*Note.* Percentages or means with different subscripts were significantly different between two programs at p < .05.

- Source of referral
- Age at referral
- Eligibility criteria
  - Atypical
  - High Prob
- Length of stay in El



#### Conclusions

- PRIDE streamlines & expedites access to services resulting in younger referral age
- Early formation of trusted relationship with service coordinator may minimize parent withdrawal and lead to longer length of participation
- Higher percentage eligible for Part B in PRIDE may be related to more severe medical conditions as noted by higher rate eligible via high probability condition and younger GA at birth
- Higher rate of transition to IEP at 3 in PRIDE may be associated with information sharing in NICU Follow-Up and continuity of care by Developmental Pediatrician
- Sustainability of PRIDE attributed to
  - It's the right thing to do for families as it streamlines access to El and embeds El within the child's medical system of care
  - It's fiscally responsible as it saves EI money by utilizing evaluations routinely conducted in the NICU and NICU Follow-Up
- Study provides initial evidence to support program replication & expansion, but more research is needed



Highlight from UMMS Maryland's Health Matters article, Spring 2022. -By Daniel Brantley

#### **GROWING THE VILLAGE**

Because Anna Benshoof was 40 years old and pregnant with triplets, her pregnancy was high risk from day one. Her provider put her on bed rest, then required she stay at the hospital for ongoing monitoring.

At twenty-five weeks and four days, Beshoof was given an ultimatum: "Deliver today or die." On October 11, 2012, her triplets were born. Sadly, two—Theodore and Zachary—never made it home. On February 4, 2013, Nicholas did, weighing 6 pounds 5 ounces and wearing an oxygen mask.

"I knew nothing about what babies should or shouldn't be able to do," Benshoof said. "I needed people to tell me what milestones he should be hitting and to help him hit them. That's what PRIDE did."

Days after Nicholas's homecoming, physical therapists came AT YOUR SERVICE knocking. Occupational therapists weren't far behind.

The therapists helped Nicholas grow stronger and develop finemotor skills. They also helped him learn to eat solid foods. Along

the way, they taught Benshoof and her husband, Bruce, how to help their young child. From Benshoof's perspective, this education was vital to helping her son develop.

BEYOND THE PRIDE When Nicholas graduated from PRIDE in March 2016, he was walking, playing with toys and eating solid foods. Though he wasn't speaking yet, that skill came soon enough. Now in third grade, Nicholas talks all the time, especially about Harry Potter.

Impressed with the power of early intervention, Benshoof became a parent member of the State Interagency Coordinating Council and co-chair of the Baltimore City Interagency Council. In these roles, Benshoof educates parents about the need for and availability of early intervention services.

She encourages parents to reach out for help. After all, she said, "It takes a village to raise a kid."





Highlight from *UMMS* Maryland's Health Matters article, Spring 2022. -By Daniel Brantley

#### A NEW EXPERIENCE

It was Carmela Williams's fourth pregnancy, and all was well—until her March 5, 2020, delivery. Then, her blood pressure dropped. Her unborn baby's heart rate plummeted along with it, dictating an emergency C-section.

For 28 minutes after her birth, baby Aleshia's oxygen level was at 80% oxygen. The lack of oxygen caused hypoxic ischemic encephalopathy, a condition that can result in severe developmental delays.

"I was confused," Williams said. "Aleshia was born full-term, so I couldn't wrap my head around what was going on."

#### TO THE NICU

To help Aleshia thrive, she was transferred to the NICU at University of Maryland Children's Hospital. During Aleshia's second and final week there, Williams met Aleshia's service coordinator, Hayley Anthony.

When Williams had questions, Anthony provided answers. Anthony also attended follow-up NICU

appointments with Williams. And made sure Aleshia's at-home care ran smoothly.

With moderate to severe hearing loss, Aleshia needed intervention from day one. Anthony and Maryland's PRIDE made sure she got it.

#### HELP AT HOME

"Aleshia is the youngest of my four children, and I've never needed these extra services," Williams said. "I wouldn't have known where to begin without PRIDE."

One of the main services PRIDE provided was speech therapy. Now, Aleshia knows sign language. She can hear well when wearing her hearing aids, and she loves singing at the top of her lungs.

"If I had to do all this on my own, it would have been a nightmare," Williams said. "Maryland's PRIDE really takes down the stress level that all NICU parents experience."



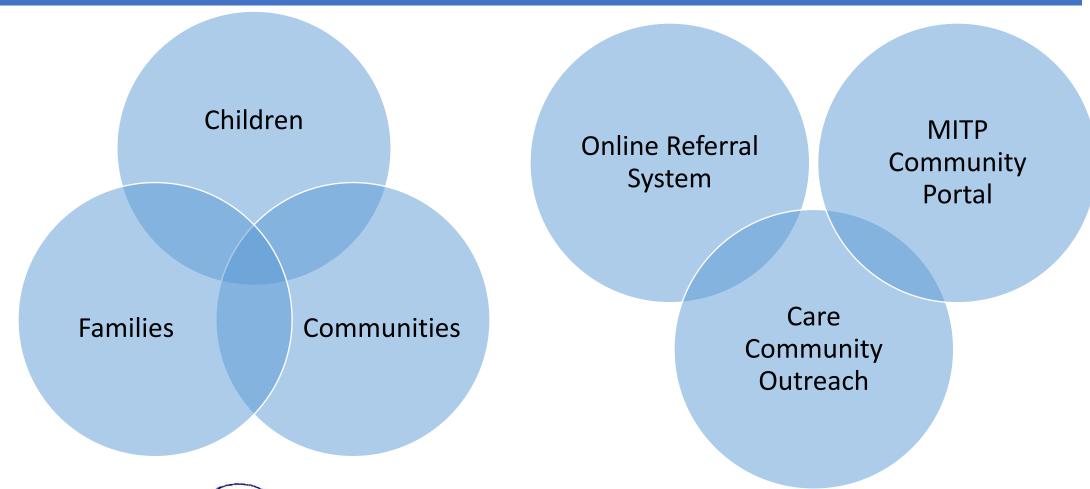


### Connecting Families and Partners

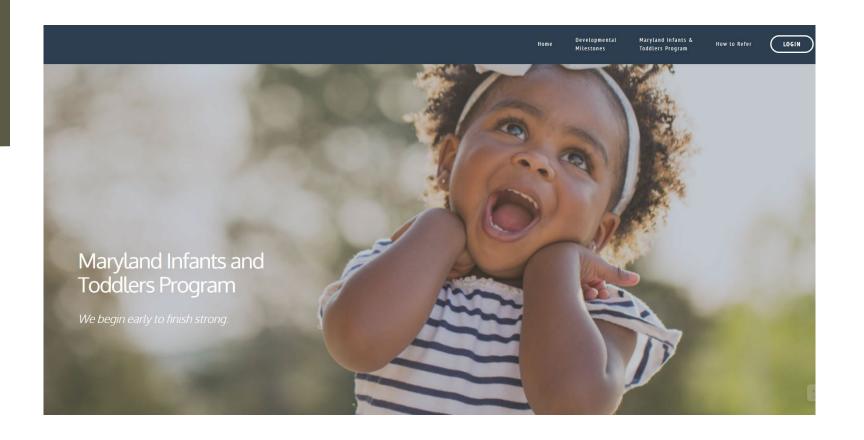


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# Maryland Infants and Toddlers Program (MITP)



#### MITP Online Referral System





- Ability for referral source to add supporting documentation such as medical records, test results, videos, etc.
- Parents may include images and videos of their child's development
- Parent consent

#### Supporting Documentation

Question 1 of 1

Please attach any related documents or images you wish to share which might help in the evaluation of the referral.

Known compatible file types are: pdf, doc, docx, jpg, png, bmp, and img. File size limit is 30MB.

No supporting documentation has been attached to this referral.

Add File

#### **Optional Parent Consent**

With signed parent consent, we can share eligibility determinations with you. The Infants and Toddlers Program staff will make every attempt to obtain this consent. However, if you have a signed Consent to Release available and would like to share it with us, please upload here.

I have uploaded the signed Consent to Release.

○ Yes ○ No ● N/A





Draft

- Status of referral report informs referral source
- Referral source receives an email notification for all referrals marked as Unable to Process

Status

**Submitted** Referral has been successfully submitted from the Online Referral system.

**Received** Referral has been received by the jurisdiction.

**Processed** Referral has been reviewed; parent will be contacted.

online referral, etc. Referrer will receive a prompt to log back into the system to

view the specific reason(s).

Unable to Contact After multiple attempts to contact the family through a variety of ways, the local

Infants and Toddlers team was unable to get in touch with the family and the

referral has been closed.

**Eligible** Child has been evaluated and found eligible for Part C services; parent may now

choose to accept services through an Individualized Family Services Plan.

**Not Eligible** Child has been evaluated but does not meet the eligibility criteria at this time;

however, the child may be re-referred with additional or future concerns.



X



- Dashboard and reports give feedback to referral source
- Data over time
  - % children eligible
  - % declined to move forward
  - % unable to process

#### Maryland Infants and Toddlers Program Dashboard 6 **Draft Referrals** 15 Submitted Referrals 21 Children



- Dashboard and reports give feedback to referral source
- Eligibility status of referred child; Service Coordinator information

ID	Referred Individual	Referral Record	▼ Referral Record Status (i)
115	Huck Finn Birthdate: September 4, 2021	Submitted: August 18, 2022 Created: August 18, 2022 Last Updated: August 18, 2022	Eligible  Service Coordinator: Coord15 User1- pkelleycte@gmail.com- Eligibility Determination: Diagnosed Condition - Chronic lung disease (CLD) Periventricular Leukomalacia (PVL)
		Status Details: Active Status Updated: September 15, 2022 4:00 PM	
124	Peter Peter Pumpkin Eater III Birthdate: August 12, 2020	Submitted: August 18, 2022 Created: August 18, 2022 Last Updated: August 18, 2022	Processed  Status Updated: September 15, 2022 4:00 PM
116	Encyclopedia Brown Birthdate: July 4, 2021	Submitted: August 18, 2022 Created: August 18, 2022 Last Updated: August 18, 2022	Not Eligible  Service Coordinator:  Status Updated: August 18, 2022 8:00 PM
117	Wendy Sue Darling Birthdate: June 7, 2020	Submitted: August 18, 2022 Created: August 18, 2022 Last Updated: August 18, 2022	Unable to Contact  Service Coordinator: Status Details: Inactive - Attempts to contact unsucessful  Status Updated: August 18, 2022 8:00 PM



MITP Community Portal





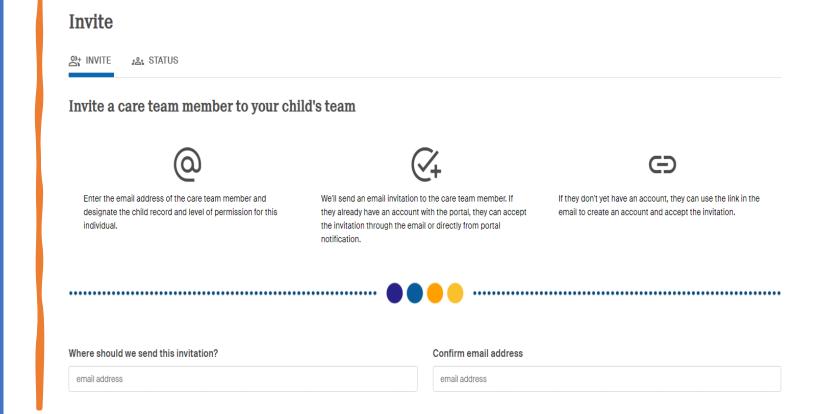




### Community Portal:

Family Features

 Family can invite any member of their care team/child's community to participate in the portal



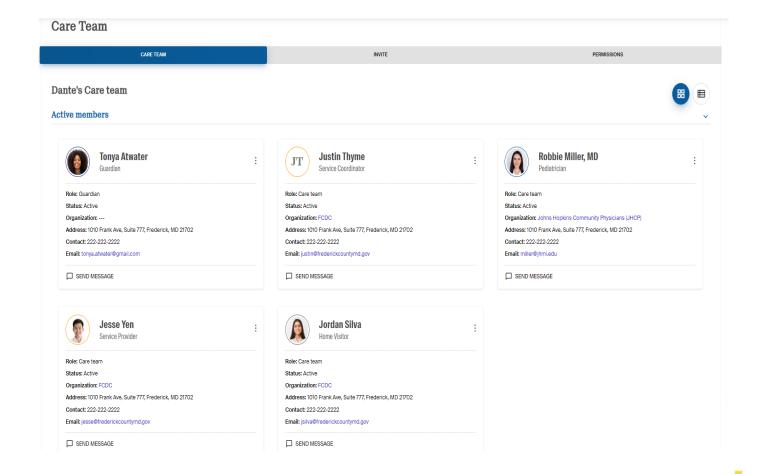




## Community Portal:

Parent Features

Family controls access and permission levels of each community member



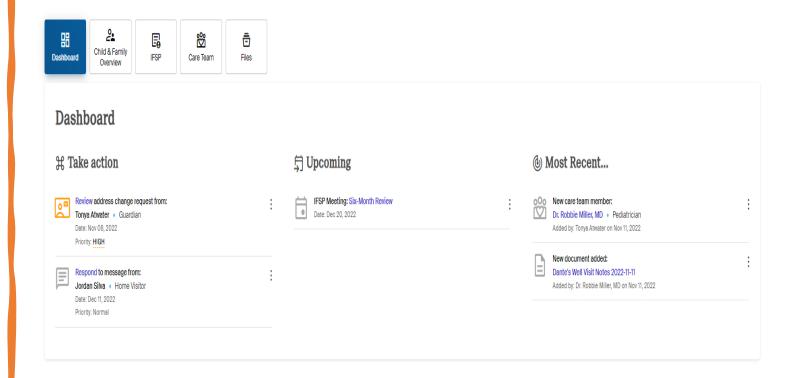




## Community Portal:

#### Care Team Features

- Reminder to send notes in advance of an IFSP meeting
- Upload feature for notes/messages to family, SC or provider



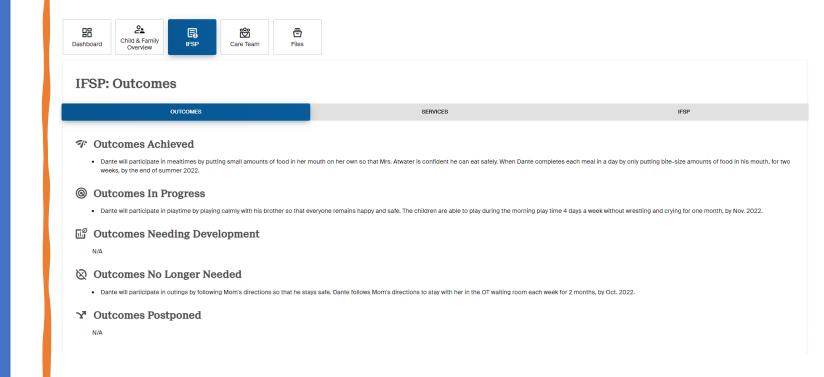




#### Community Portal:

#### Care Team **Features**

IFSP components: Progress towards outcomes and description of services received



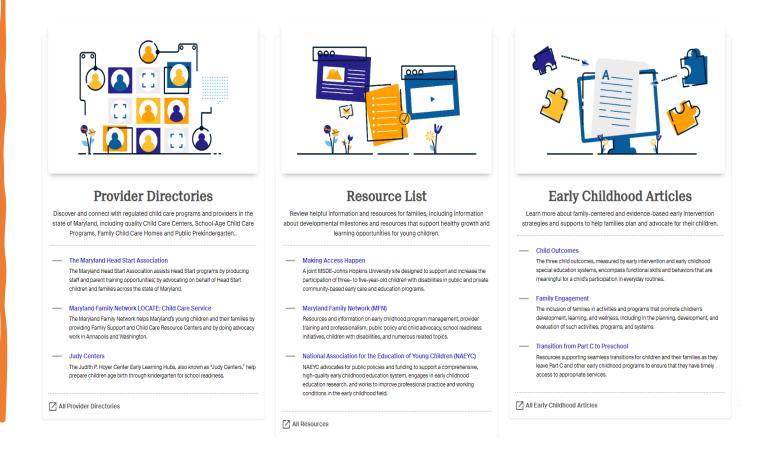




#### Community Portal:

#### Highlights & Special Features

- Resources: Provider Directories, Early Childhood Articles
- Calendar Feature, Email and Text Notifications for family and Care Team





#### Child Care Partnership

Under new State law, beginning July 1, 2023, each year a childcare program must make information about the Maryland Infants and Toddlers Program and the Local Lead Agency responsible for administering the Program available to the parent or guardian of a child under the age of 3 years. This information can be provided via personal message (including email), a document acknowledging parent or guardian receipt, or text message.

If the parent or guardian requests, the childcare program shall assist the parent or guardian with scheduling a time and convenient location for the Local Lead Agency to provide the appropriate screening.

Anyone can submit a referral to the Maryland Infants and Toddlers Program available for eligible children younger than 36 months who live in Maryland.

> referral.mditp.org 1-800-535-0182





The Maryland State Department of Education does not discriminate on the





supporting young children with developmental delays or disabilities and their families



#### Discussion & Questions



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#### Resource Spotlight

- Individuals with Disabilities Education Act (IDEA) website
  - Brings together IDEA information and resources from the Department and its grantees.
  - https://sites.ed.gov/idea/
- IDEAS That Work
  - For information from research to practice initiatives funded by OSEP that address the provisions of IDEA and ESSA. This website includes resources, links, and other important information relevant to OSEP's research to practice efforts.
  - https://osepideasthatwork.org/





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(Authority: 20 U.S.C. 1221e-3 and 3474)