

Perinatal Health Committee of the Child Fatality Task Force
Meeting Minutes
November 2, 2009
1:30-3:30pm
Legislative Building - Dial-in Option Available

Participants: Tom Vitaglione, Anna Bess Brown, Steve Kendall, Joe Holliday, Sarah Verbiest, Senator Bingham, Senator Purcell, Senator Allran, Rep Falwell, Gardner Culpepper, Julie DeClerque, Suzanne Lynch, Russ Fawcett, Jim DeVente, Jeff Livingston, Rob Thompson, Julie Leggett, Belinda Pettiford, Kate Berrien, Laura Louison, and Janice Freedman

The meeting began with an update on new budget cuts that relate to perinatal health services.

- 1) The Perinatal Outreach Program was terminated effective October 30, 2009 with a 5 day contract notice. The various institutions that housed the regional coordinators are coping in different ways. Some are finding other types of work for the coordinators to do while others did not have enough notice to transition these nurses into other positions. UNC is trying to find alternate funding and match dollars to keep the two state coordinator nurses available to support the initiatives to eliminate elective deliveries prior to 39 weeks and to reduce catheter associated blood stream infections in hospitalized infants. The regional coordinators were responsible for providing education, technical assistance and quality improvement support to health care providers across the state. This project did not meet the mandated requirement that they provide “direct services.” This program had been funded by the state at \$800,000 with an additional \$800,000 in federal dollars, which will now be lost as well.
- 2) The Child Fatality Task Force continues to monitor the status of maternity care coordination and child service care coordination very closely. There is a 39% rate reduction that remains “on the books” at this time which would have effectively shut down services to over 32,000 low income pregnant women and terminated over 1000 outreach workers. However, Lanier Cansler has shifted that to a 19% reduction, which health departments have agreed to accept. Hopefully this change will be officially announced and posted in the Medicaid Bulletin. It is important that we continue to monitor these services, as they are essential to our ability to care for pregnant women.
- 3) The Healthy Start Foundation received about \$800,000 from the state, which will keep them operational.
- 4) The Bed Locator Line (PALS line) funding was terminated. The group supporting the line has offered an additional two weeks of pro bono services in order to give the state an opportunity to determine where to direct providers. This line was used to find beds in high-risk facilities for pregnant women who were in labor and needed to be cared for in special facilities as well as for finding intensive care nursery beds for critically ill infants. Their annual operating cost is \$56,000. They also did not meet the definition of “direct services.” The legislators on the committee were very concerned about this cut and its direct impact on infant mortality. They asked that the Child Fatality Task Force send a letter to Lanier Cansler asking him to restore this service this year in order to allow the physicians and hospitals some time to determine an alternative way to place high-risk mothers and babies.

- 5) The Family Resources Line (1-800-FOR BABY) line was also terminated as of 11/30/09. This line serves as a call center for 8 different groups, including the children's health insurance program and the perinatal substance abuse treatment locator line. They receive over 40,000 calls annually from North Carolina mothers, families and health care providers. They also did not meet the qualification for "direct services." This cut included the state's perinatal substance abuse coordinator who focused on linking mothers with needed services and in providing training and technical assistance to sites in North Carolina regarding screening and treatment. In order to receive federal dollars the state must have a 1-800 line. They are looking into having calls forwarded to the NC Care Line, although currently that line does not have the infrastructure or capacity to absorb such a high volume of calls. The total cost for the Resource line was \$780,000, with a portion of those dollars coming from the federal government.
- 6) Julie Leggett of the ARC shared concerns about significant cuts in services to families with children ages birth to 3 who have severe physical and developmental disabilities. Seven regional centers that provided direct care to these families have been closed as of the end of October. The ARC has concerns about the way that cuts have overlapped in such a way that some families have now completely lost all core services. This outcome was the unintended result of the way cuts were applied.

The forecast for the short session does not look favorable. The budget situation will likely be worse and tax revenues are less than projected. A major issue remains the criteria put in place regarding which infant mortality prevention projects (or public health programs in general) are fundable. There are also challenges with the way in which the criteria, specifically direct services, were defined and applied. The process of requiring departments to make massive cuts with this direction is having the (perhaps) unintended consequence of destroying systems of care. It is this core infrastructure that is of particular concern as is the need to step back and evaluate the full impact of the cuts on a variety of levels.

Conversation around the committee's strategy for the short session was instructive. The legislators at the meeting offered some key thoughts.

- It is important to demonstrate the linkages of these cuts with each other, indicating how systems of care are affected.
- It is essential that we pay attention to analyzing and describing the impact of these cuts on health and economics in North Carolina. We need to make a business case for these services and this care.
- We need to put a face on these cuts to avoid the "unknown / unloved" phenomenon.
- Consider all branches of government and influence.
- Provide information to legislators in a way that it is understandable and relevant to them. Educate about terms such as "perinatal" and provide clear and concise information.
- Develop a list of the core elements of perinatal care that are considered to be essential. Use this list of core elements as the point of advocacy instead of attempting to pit one maternal and child health program against another.

- Members of the House and Senate look to the Medical Society, Pediatric Society and other major practice organizations for direction. We need to educate and engage these groups.
- With limited resources and major cuts being applied to many groups of people across North Carolina, it is important for advocacy groups, particularly those that focus on children, to share strategies and work collaboratively.

The following timeline was suggested.

- A summary of the cuts and their potential impact will be developed for the November 9, 2009 Child Fatality Task Force meeting.
- This document will also be shared with other groups of stakeholders and advocates. At present, the full scope of these cuts is not widely known or publicized. This is largely because many of the cuts have only recently been implemented. We may want to consider sharing this information with the media, mothers groups, health care providers and other groups. The information should not be presented as “blaming” rather as taking stock of what happened and garnering public support for mothers and babies.
- Convene a subcommittee meeting to create a list of the core elements of perinatal care – rough draft of the elements in December and meeting in early January to finalize
- Present the core elements at the January Child Fatality Task Force meeting and begin the education process with legislators and committee members.
- Education process for Legislators begins in January to familiarize them with the core elements.
- Partnership with other advocacy groups beginning in February to be part of a larger, collective strategy for the short session.

The Perinatal Health Committee will meet again in early January, prior to the next Child Fatality Task Force meeting. If members are interested in helping develop the core elements please contact Joe Holliday at 919-707-5711 or Sarah Verbiest at 919-843-7865.