

HAWAII EARLY INTERVENTION COORDINATING COUNCIL (FINAL)
Quarterly Meeting
July 30, 2014

O'ahu	Shriners Hospital for Children, 1310 Punahou Street, Makai Auditorium, Honolulu, Hawaii
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MINUTES

- Members Present:** Jill Arizumi, Senator Suzanne Chun Oakland, Michael Fahey (Chair), Representative Bertram Kobayashi, Robin Kobayashi, Lisa Lemon, Jason Maga, Dr. Stanton Michels, Bobbie-Jo Moniz-Tadeo, Leolinda Parlin (Vice Chair), Dr. David Sakamoto, Patricia Sheehey, Julie Walsh, GG Weisenfeld
- Members Absent:** Rebekah Conger, Wendy Correa, Patricia Dong, Charlene Robles, Barbara Yamashita
- Ex-Officio:** Dr. Patricia Heu, Haaheo Mansfield
- Guests:** Chris Jackson, Michelle Maga, Tod Robertson, Colonel Daniel Roy M.D., Ann Sasuga, Kathryn Sthay, Lisa Suganuma, Peter Trang, Danette Wong Tomiyasu
- Staff:** Clayton Takemoto, Danelle Cheng (recorder)

TOPIC	DISCUSSION	DECISION/ FOLLOW-UP
I. Call to Order	<p>Fahey, Chairperson, called the meeting to order at 12:33 pm.</p> <p>A. Welcome/Introductions Council members welcomed. Introductions were made. Members who were newly confirmed (Jill Arizumi) and reappointed (Dr. Stanton Michels) were recognized.</p> <p>B. Review Agenda Co-chair Parlin suggested that an item C. Summary of Orientation Session be added to day's agenda. Discussion regarding whether under Sunshine Law it was allowable to modify agenda. We will follow-up with Attorney General's Office regarding this issue.</p> <p>C. Review Minutes from April 30, 2014 HEICC Quarterly Motion to approve minutes was made and seconded. Motion carried unanimously.</p>	

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<p>II. Community Update</p>	<p>A. <i>Presentation on Home Visiting Program</i></p> <p>Tod Robertson, Statewide Home Visiting Network Coordinator shared a power point overview of the Home Visiting Program. Historical perspective was given. Began as the Healthy Start Program which originated in Hawaii about 20 years ago. This program was based on the Healthy Family America (HFA) model and available statewide. The two components of the program were Hospital Early Identification and Home Visiting. The economic downturn happened and things changed.</p> <p>In 2012 DOH created the Hawaii Home Visiting Network. This program is offered on every island but is no longer statewide. It includes Parents As Teachers (PAT) and Home Instruction for Parents of Pre-school Youngsters (HIPPO) models along with some promising practices. As of July 1, 2014 Early Headstart is no longer a part of the Hawaii Home Visiting Network.</p> <p>A needs assessment looking at environmental risk factors was conducted in 2012 and communities with the highest risk factors were identified. Waianae is the highest followed by Hilo/Puna. Three types of models are provided in Home Visiting. HFA is for children birth to three whose primary focus is child abuse and neglect prevention. An accreditation standard must be followed by each HFA program. PAT is from birth to three and HIPPO is a program for children aged three to five. HIPPO is a school readiness and achievement orientation model. The two components of the program remain Hospital Early Identification and Home Visiting (weekly hour long home visits).</p> <p>Tod shared general characteristics of families enrolled in the Home Visiting Program during this past 2013 fiscal year. Priority populations are set for those receiving Maternal, Infant, and Early Childhood Home Visiting (MIECHV) monies. 59% have low income as their qualifier. 476 children were enrolled in the program. 99% of the caregivers are female. 77% of caregivers are single, never married.</p>	

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	<p>Differences between Healthy Start Program and Hawaii Home Visiting Network were shared:</p> <ul style="list-style-type: none"> • Statewide vs. Every Island • One model vs. Three evidence-based models. Fidelity to models is being looked at by Dan Yoshimoto, Research Analyst for Hawaii Home Visiting Unit. • Have become outcome oriented • Data Focused • Continuous Quality Improvement Teams • Enrolling families with children three years old for inclusion in the HIPPY program • Utilizing two promising practices <p>All three programs are not available in every area. The referral process to access Early Intervention Services through the Hawaii Keiki Information Service System (HKISS) was explained. Ages & Stages Questionnaires (ASQ) are administered at required intervals. If there is a standard deviation they will wait for next interval and reassess. During that interval they will refer child to their Child Development Specialist in the HomeVisiting Program who will work with that child and the family. If the re-administration of the ASQ shows that a standard deviation still exists then the child is referred to HKISS or directly to the Early Intervention Program on their island. Referral data from Fiscal Year 2013 was shared.</p> <p>Comments were shared regarding how the comparison between Healthy Start and the Home Visiting Program was both good and bad. Questions were asked and answered. Can aspire to have a data management system that everyone can use to measure common outcomes agreed upon by everyone. The process of selecting models for Hawaii was discussed.</p> <p><i>B. Report on Early Learning Advisory Board (ELAB) Activities (taken out of order)</i></p> <p>Fahey shared that ELAB has a new vice chair, Christina Cox, President of KCAA Preschools. Weisenfeld shared two funding opportunities for the state. The first is an Early Headstart childcare expansion grant. Early Headstart Programs could partner with childcare programs to create more infant/toddler slots. Could bring up some conversations about how we could support some of the discussions happening at HEICC council meetings within these grants. GG will be asking for more input from the council in the future.</p> <p>The second funding opportunity is a preschool expansion grant for four year olds. Will be asking for \$40 million over a four year period. The first three years of funding can be used to</p>	

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<p>III. Council Business</p>	<p>build up our workforce of teachers and potential teachers. Will need input from the council regarding what this workforce will need to know, to help them prepare to meet our needs.</p> <p>DOE pre-K programs are moving forward. Working on infrastructure and aligning what the DOH does very well, with what the DOE does really well. A retreat will be held for ELAB members on September 11, 2014. They'll be talking about how best to structure the work of the advisory board.</p> <p>Questions were taken. The grant application will most likely be due before the outcome of the Constitutional Amendment is known. Slots can be funded within the DOE and charter schools. Money has to go into a public institution. If the Constitutional Amendment passes more pathways will be created. There will be an opportunity to make changes. Preschool Open Doors and Childcare Connection Department of Human Services (DHS) funds go directly to families. Grant funds will not go directly to families. It will be used to establish classrooms. DHS currently cannot give money to programs with specific regulations or linked to educational outcomes. Federal funds need to be applied for via the Governor's office.</p> <p>C. Jason & Michelle Maga Sharing of EI Journey</p> <p>Daughter Anya Maga was born with a cleft lip and palate along with a chromosomal disorder. She was born in 2009 and is five years old. The Magas shared their experience with Early Intervention. Fahey announced that each parent on the council will have an opportunity to share about their family's experience with Early Intervention. Concern raised by Sheehey regarding the gap in service over the summer that the Magas described. Anya did not qualify for "Extended School Year" (ESY) services. Sheehey offered to take any concerns that parents may have to the Special Education Advisory Council (SEAC).</p> <p>A. Update on HEICC Recommendations, Reappointments and Vacancies</p> <p>Jill Arizumi was recognized for her appointment, and Dr. Stanton Michels was recognized for his reappointment to the council. Dr. Daniel Roy submitted his paperwork to apply for appointment. Lisa Sukanuma and Peter Trang are parents who attended the morning orientation session and are interested in applying for council positions.</p>	

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<p>IV. Program Update</p>	<p>B. Status Report on Bylaw Subcommittee</p> <p>The Committee has not physically met, but discussions have been held with the Executive Board. We can't change the way that we do quorum. Dr. Heu shared that the bylaws were written in 2008. It was based on the Individuals with Disabilities Education Act (IDEA) and what's required for interagency councils. Last year the council updated the composition of the Council's membership. It is time to revisit the bylaws and make it consistent with the state law in terms of wording and the number of members. Dr. Heu gave other examples of how bylaws need to be updated to reflect state law. The Bylaws Subcommittee will meet before the next HEICC meeting.</p> <p>C. Summary of Orientation Session</p> <p>Updates of the morning orientation session were given. The Chairpersons wanted to document some of the discussions that were held at the orientation, so they could be brought up at a future council meeting. Peter Trang (parent) had shared concerns regarding inconsistencies in quality and procedures that he encountered between two EI programs (one purchase of service and one state run) in their implementation of the same Individualized Family Support Plan (IFSP). An online electronic data base for IFSPs was discussed.</p> <p>Members broke into small groups to discuss what kind of support council members felt they needed in order to meet their roles and responsibilities. Recommendations on how we can support individual members was also discussed by groups. Small group notes to be given to Cheng to include with Orientation materials. Fahey reported on what some of the groups had come up with, and had individual group members share.</p> <p>A. Report on EIS Budget</p> <p>Dr. Heu reported that The Early Intervention budget for this last fiscal year was \$19.7 million. Our budget is a combination of state funds and federal funds. Over the past years, there has been a variation in the amount of money received. This last fiscal year ending in June 2014 we did not have a deficit. Mansfield cautioned that this is not necessarily a good thing as there are many vacancies, which means you can't respond to the needs that are</p>	<p>Bylaws subcommittee to meet before next HEICC meeting on 10/29/14.</p>

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	<p>there. During the last fiscal year we received an additional \$1.27 million from the legislature. This fiscal year we also have an additional \$1.23 million going forward.</p> <p>In terms of Federal Dollars, as of July 1, 2014 we had \$2.15 million awarded. This is almost \$93,000 higher than previous years. This was allotted in the area of System Support. This may be used to support data system development. We are not web-based and we would like to be. We would like to study what other states are using. There are two national technical centers where we can get assistance, the Center for IDEA Early Childhood Data Systems and the IDEA Data Center. Stacy Kong and Clayton Takemoto are in the process of getting feedback from them on how to proceed. Suggestion made to start with the Department of Health's Chief Information Officer first.</p> <p>Representative Kobayashi shared for future edification and budget requests for this coming year that the House's position regarding the EI data system was based on it being a one time funding request. Higher priority was given to the Hi'ilei funding request as that was a request for yearly ongoing funding. Legislative preference is for demonstration of ongoing commitment versus one time funding requests.</p> <p>Kobayashi advised, if you ask for nothing you are guaranteed nothing. Asking for additional money is always something you should consider.</p> <p><i>B. EIS Positions and Vacancies</i></p> <p>Dr. Heu reported that we have had several positions filled in the last three months. A Nutritionist, Psychologist and HKISS staff position have been filled. Seventeen positions are now in the interview and selection process. Seven social worker positions are included. Other vacant positions are Speech pathologists, Public Health Administrative Officer, Account Clerk and two Public Health Supervisors. As positions are filled others become vacant.</p> <p>Four positions are awaiting approval to fill and five positions are awaiting reorganization. Five positions are in the process of being reconfigured. One of these positions is the EI Supervisor position. DOH recommended that the position go to a higher level (Public Health Supervisor III). The position is currently at Department of Human Resources. It will take approximately four to six weeks. Heu acknowledged the administrative team</p>	

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	<p>Takemoto, Kong & Ing Uemura for keeping things going at EI.</p> <p>Parlin in turn recognized Dr. Heu for her hard work and for going above and beyond her duties to support the EI Program. Parlin then asked whether or not programs informed EIS regarding their vacancies. Heu replied, that EIS does receive variance reports. Parlin wondered if Purchase of Service (POS) program vacancies could also be reported along with the State vacancies. She voiced concerns regarding what is happening on the Big Island with perhaps a disproportionality in risk factors occurring, along with the number of vacancies of the provider organizations. By keeping an eye on these numbers, then we may be able to build some support around it. HEICC could be a place to look for different resources.</p> <p><i>C. EIS Program Measures at a Glance</i></p> <p>Takemoto reported (see data dashboard) that HKISS data from FY 14 Measure 1 shows that referral contacts have gone down quite a bit. HKISS not consistently taking down contact data due to short staffing, could be part of the reason for this decline. Measure 2 – referrals to EI Program up to 87%. Referrals are being made directly to the program. Measure 3 – EI program referral numbers went up a bit. Measure 4 – Increase in primary care provider referrals. Parent referrals have dropped. Perhaps doctors are making more referrals themselves rather than leaving it up to parents. Measure 5 –Timely Multi-Disciplinary (MDE) referrals have been consistent the last two fiscal years. “Program Reason” for MDEs not being timely has gone up. Staffing issues have contributed to this. In some geographic areas more than others. Measure 6 – Hasn’t changed much. Drop in percentage of cancellations and no shows. Measure 7 – Last FY the number of kids found not eligible is about 19% versus 13% and 12% in previous years. This reflects the change in eligibility criteria which started in October 21, 2013.</p> <p>The new data tables (A, B & C) were explained. Table A “Summary – Status of Referrals to EI Programs Prior to IFSP”, show the increase in children found not eligible who would have been found eligible previously, is 9.4%. Table B “Children with IFSPs” This shows the monthly average of kids with IFSPs for the quarter. Number went down 5%. Table C “Children Exiting from EI Services” shows the number of children that discharge before receiving an IFSP and the various reasons they drop out.</p> <p>Question asked whether these children who are being found ineligible currently under the</p>	<p>Variance reports from programs can be shared at next meeting if council desires.</p>

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	<p>new eligibility criteria are receiving support and reassessment at a later point in time. At the eligibility meeting one option is for care coordinator to follow-up with the family in three months to see how things are going. Family has the option to re-refer. Another option is to enroll in the Hi'ilei program who would then support them by screening and helping with the process of re-referral if necessary. Imua Family Services has developed their own follow-up program through their non-profit side.</p> <p><i>D. EIS Program Activities</i></p> <p>Cheng shared regarding Public Awareness Activities. An article was developed for Hawaii Parent Magazine. This article features an interview with Jason Maga (Parent Representative) and their journey through EI with their daughter Anya. This article is an over view of the Early Intervention Section and the services we provide. The working partnership with the University of Hawaii at Manoa Graphic Design Program has been finalized. Next Spring as a part of the Art 469 class syllabus, students will be working on a public awareness campaign for us. Work will be done pro bono. Students will be developing a poster and a brochure that we can then print and distribute to schools, etc. We will be including the Department of Education's "Operation Search" information on our brochures and poster.</p> <p>At our previous meeting GG Weisenfeld had offered to place a link to our EIS website on the Executive Office of Early Learning (EOEL) Website. It is possible to do a page for the HEICC on our website. The HEICC Executive Council can decide what we would like to place on this page.</p> <p>Dr. Heu reported on the Annual Performance Report and State Performance Plan. Data is provided to the Office of Special Education Programs (OSEP) (handout "Part C & Part B 619 Data Display: Hawaii 2012-2013" shared). Overview of children served by EIS compared to national data. Data pulled from child count date on December first. We serve 3.42% of the state's population which is higher than the national average of 2.77%. Under "Infant and Toddlers Outcomes – Summary Statement 1" The outcome of "Positive Social-Emotional Skills" is the lowest area at 56.3%.</p> <p>In the area of compliance, OSEP has determined that we are once again in the area of "Needs Assistance" (refer to "Hawaii Part C Compliance Matrix") due to several of the</p>	

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	<p>indicators (Timely Service Provision, Timely Transition Conference, Timely Correction, Longstanding Noncompliance) receiving low ratings. Programs are in the process of making corrections or receiving additional assistance.</p> <p>Dr. Heu shared “Part C Early Intervention-State Systemic Improvement Plan-Supporting Infants and Toddlers Social Emotional Development” handout. This is a new OSEP requirement for all states to develop a State Systemic Improvement Plan (SSIP). Our state has selected the area of Social Emotional Development related to data shared previously that shows we aren’t doing as well in this area. We are in the beginning of a five year process. Stacy Kong (Quality Assurance Unit Supervisor) is available to report at the next council meeting.</p> <p>A Legislative resolution was passed that requests the State Auditor to study the impact of a mandate for insurance coverage of orthodontic services for children with cleft lip and palate. Council member Jason Maga was thanked for providing testimony. State Auditor is currently gathering information. Another legislative resolution requests that the State Auditor study the impact of a mandate for insurance coverage for hearing aids. The Children with Special Health Needs Branch is responding to requests for information from the State Auditor relating to both resolutions.</p> <p>Update given regarding “Hi’ilei Hawai’i”. Informational handout distributed. Overview of program given. Samples of resource materials shared with enrolled families was made available for council members. Those children who continue to need follow-up based on ASQ screening are referred to Hilopa’a Family to Family Health Information Center. These services are voluntary and at no cost to families.</p> <p>Data is received from EI programs regarding children leaving EI services who need follow-up. For the eight month period since the change in eligibility 10/21/13, Hi’ilei received 459 data forms. Sixty four families chose to have follow-up by Hi’ilei. Seven needed closer follow-up by Hilopa’a.</p> <p><i>D. Summary of Meeting</i></p> <p>Fahey provided summary of meeting.</p>	<p>Invite Stacy Kong to report on the SSIP at next council meeting.</p>

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<p data-bbox="92 396 254 461">III. Public Comment</p> <p data-bbox="92 643 317 708">IV. Announcements</p>	<p data-bbox="451 402 774 428">No additional comments.</p> <p data-bbox="451 659 1619 834">Parlin shared handout regarding Quest Integration. Effective January 1, 2015, there will be one Quest Program under Quest Integration. Five health programs to choose from. In a few weeks the open enrollment period will begin. DHS through Quest Integration will continue to support a group called “at risk” for disability. Special health care needs population (child & adult) will receive service coordination through Quest.</p>	
<p data-bbox="92 932 226 997">V. Future Meetings</p>	<p data-bbox="445 932 1528 997">October 29, 2014. We’ll decide on future meeting dates at next executive committee meeting.</p>	
<p data-bbox="92 1037 264 1070">VI. Adjourn</p>	<p data-bbox="445 1024 1619 1089">Meeting was adjourned by Fahey at 3:24 p.m. The next HEICC meeting will be on October 29, 2014.</p>	