

**HAWAII EARLY INTERVENTION COORDINATING COUNCIL**  
**Quarterly Meeting**  
**October 29, 2014**

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

**Members Present:** Senator Suzanne Chun Oakland, Michael Fahey (Chair), Representative Bertram Kobayashi, Robin Kobayashi, Lisa Lemon, Jason Maga, Dr. Stanton Michels, Dr. Bobbie-Jo Moniz-Tadeo, Colonel Daniel Roy M.D., Dr. David Sakamoto, Patricia Sheehey, Julie Walsh, GG Weisenfeld, Barbara Yamashita

**Members Absent:** Jill Arizumi, Wendy Correa, Patricia Dong, Leolinda Parlin (Vice Chair)

**Ex-Officio:** Dr. Patricia Heu, Haaheo Mansfield

**Guests:** Sue Brown, Dr. Daniel Buhler, Kenneth Fink, Chris Jackson, Keri Kobayashi, Douglas Mersberg, Carrie Pisciotto, Toby Portner, Haley Saba, Ann Sasuga, Peter Trang

**Staff:** Stacy Kong, Clayton Takemoto, Danelle Cheng (recorder)

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>DECISION/ FOLLOW-UP</b>
<b>I. Call to Order</b>	<p>Fahey, Chairperson, called the meeting to order at 8:37 am.</p> <p><b>A. Welcome/Introductions</b> Council members welcomed. Introductions were made.</p> <p><b>B. Review Agenda</b> Chair Fahey asked that agenda item II. “Discussion of Proposed By Law Amendments” be taken out of order in order to ensure quorum for possible action. Several council members could only attend the meeting for a limited amount of time.</p> <p><b>C. Review Minutes from July 30, 2014 HEICC Quarterly</b> No additions or corrections to minutes. Motion to approve minutes was made and seconded. Minutes approved unanimously.</p>	



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	<p>also helps the parents and family as a whole. Questions were taken.</p> <p>Discussion was held regarding possible risks that were recognized. Dr. Iwaishi suggested that the council look at how early intervention can help families through these critical first years by empowering parents. Walsh urged us to remember to look at how early intervention supports the long term needs of children and their families.</p> <p>Lemon spoke to issue of needing to show medical necessity in order for insurance to cover services. Need to continue to file claims. Dr. Iwaishi shared that every health plan has member advocates that will help with denials and appeals. Senator Chun-Oakland questioned whether EI contracted providers were aware that Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Medicaid is required to provide coverage for PT, OT &amp; Speech services even if children are not eligible under EI criteria. Pisciotto answered that families are urged to go back to their physician when they are found not eligible as they need show medical necessity in order to get coverage. Dr. Roy stated there is a need to train general pediatricians on insurance reporting. Senator Chun-Oakland asked if there is a list of what therapies are covered. Dr. Iwaishi responded that she could get the Senator a list. Lemon shared that there is a website with that information that also includes a section on how to appeal denials. Senator Chun-Oakland expressed frustration that there is information, but practitioners and parents don't know to access it. Through our councils advocacy perhaps we could provide a cheat sheet for physicians. We need to create a system that allows practitioners and parents to know this information.</p> <p><b><i>B. Report on Early Learning Advisory Board (ELAB) Activities</i></b></p> <p>Fahey reported that with the election of our new governor on November 4<sup>th</sup>, the director of the Executive Office of Early Learning (EOEL) will be resigning. We don't know when or if our new governor will appoint a new director and release the budget that supports EOEL. EOEL has private funding from the Omidyar Group. The Omidyar Group has been supporting the early childhood action strategy and has agreed to continue supporting the action strategies throughout the transition. Good Beginnings Alliance (GBA) has also agreed to assist during the transition in any way they can. In statute the EOEL will be moving to the Department of Education (DOE) in July 1, 2015. It will be attached administratively.</p>	<p>Dr. Iwaishi to provide Senator Chun-Oakland with a list of therapies covered by insurance.</p>

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<p><b>IV. Council Business</b></p>	<p><i>C. Early Head Start Change in Eligibility Requirements – Chris Jackson</i></p> <p>There are three Early Head Start Grantees that receive federal funding; Family Support Hawaii which services West Hawaii, Maui Family Support Services that serves Maui County and Parents and Children Together (PACT) Early Head Start here on Oahu. Head Start and Early Head Start targets families at or below the poverty level. Head Start and other early childhood programs are now holding on to more late born four year old children who cannot enter Kindergarten because of the age change. This has made it more difficult for children who are transitioning out of Early Head Start programs at the age of three. Eligibility requirements differ dependent upon the needs of the service area’s community and between center and home based services. On Oahu both center and home based programs hold on to their children until they can transition them out or until the end of the school year. Parent policy councils must approve new priorities for selection. EI service providers should have conversations with their Early Head Start programs as it differs from program to program. Interagency agreements with the Early Intervention Section are in place to coordinate service delivery.</p> <p>Both Head Start and Early Head Start are based on income qualifications and age. There is also a mandate to serve 10% of children with special needs, which can be outside of the income guidelines.</p> <p>Head Start and Early Head Start Programs are not operating currently in the area of the Hawaii Island lava flow. Temporary transition preschool sites are being set up. Hilo Early Intervention Program is in discussions with the Department of Health regarding how services can be continued with no interruption.</p> <p><i>A. Update on HEICC Recommendations, Reappointments and Vacancies</i></p> <p>Cheng reported that we have seven vacancies on the council. Eighteen spots are filled. We have almost 100% of our position vacancies lined up with persons willing and able to fill them. Either their applications have been submitted or they are in the process of submitting their application.</p>	

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<p><b>V. Program Update</b></p>	<p><b>B. Volunteers for HEICC Executive Committee</b></p> <p>Fahey will be approaching some members to serve on the Executive Committee. We are looking for volunteers. If you are interested in volunteering or nominating someone to serve on the Executive Committee contact Cheng.</p> <p><b>A. State Systemic Improvement Plan (SSIP) – Stacy Kong</b></p> <p>Kong shared a power point regarding Office of Special Education Programs (OSEP’s) new SSIP requirement for states. We are currently in Phase I of the SSIP which looks at data analysis to identify some of the issues that our system is facing, coming up with a measurable result for our infants and toddlers with special needs, developing coherent improvement strategies and a theory of action.</p> <p>Anecdotal data from programs indicate that the Battelle Developmental Inventory, Second Edition (BDI-2) does not identify children that need social emotional support or Intensive Behavioral Support (IBS) Services. This is an example of some of the things we’ll be looking at. When data was explained at the Stakeholder meeting in May, there was some confusion. In response, a webinar was developed to allow people to listen to the data again and ask questions. Cheng to be given the link to this webinar to share with council members.</p> <p>There are challenges to analyzing our data. Our data system is antiquated. We have multiple data bases which are not linked, which makes it difficult to extract data.</p> <p>The focus area that was identified was “Social Emotional Skills”. This area was chosen as data showed that we were not doing well in this area and it is also a hot topic, so we’ll have a lot of resources and support available. It is also in alignment with other state initiatives in the early childhood community and mental health services is very costly. We strongly believe it is critical in overall child development. Everyone was on board with our focus area of social emotional skills.</p> <p>An infrastructure analysis was conducted at the May Stakeholder Meeting. Key points were identified. A root cause analysis to find out what was possibly causing some of the issues</p>	<p>Fahey to approach members to volunteer on the Executive Committee.</p> <p>.</p> <p>Kong to share link to the webinar of the data shared at the May Stakeholder Meeting.</p>

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	<p>was also conducted . Based on this root cause analysis and the infrastructure analysis, a hypothesis was developed. Next steps were shared. Evidence based improvement strategies will be developed at the next Stakeholder Meeting in December along with a theory of action.</p> <p>Kong asked for ideas from the council regarding how we can get families involved in the SSIP Process. Suggestions were taken. Kong also asked for feedback regarding what the council would like addressed in terms of social / emotional development and early intervention. Feedback was given.</p> <p>Kong shared information regarding the different work groups at EIS (Documentation, Evaluation Outcomes Report, Gaps, Family Directed Assessment, Tele-health, Comprehensive System of Personnel Development, Child Find. A sign-up sheet was circulated to ask for volunteers to participate in various work groups.</p> <p><b><i>B. EIS Budget, Positions &amp; Vacancies, Program Measures</i></b></p> <p>Dr. Heu reported that the Department of Health (DOH) is currently working on the budget to submit to the legislature. The budget is status quo for now. There may be further budget adjustments based on the new governor’s policies and priorities. Regarding positions, the EI Supervisor Position is now established as a General Professional VII Position and we are in the process of internal recruitment within the DOH. We have seven positions in the process of selection. Four other positions are awaiting decision and recommendations after interviews. We have eight positions awaiting applicants from the Department of Human Resources. A list of open recruitment positions was shared with the council. A few other positions to be established pending reorganization.</p> <p>Takemoto reported on Program Measures (data dashboard). Measure 1 is consistent with the previous quarter. Measure 2 continues to be a slight increase in referrals directly to EI programs. Contributing to this is that Hawaii Keiki Information Service System (H-KISS) no longer needs to get verbal consent before sending referrals to programs. Drop in information only calls. Takemoto to follow up with H-KISS about why this is happening. Measure 3 shows referrals are up. Measure 4 shows a continued increase in referrals being made by primary care providers. Has gone up to 51%. Measure 5 not much change, there continues to be around 5% late due to program reasons. One of the contributing factors</p>	<p>Takemoto to follow up on why information only calls to H-KISS is dropping</p>

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<p><b>VI. Public Comment</b></p> <p><b>VII. Announcements</b></p> <p><b>VIII. Future Meetings</b></p> <p><b>IX. Adjourn</b></p>	<p>has been there have been some major staffing challenges in certain geographic areas that has continued over the past several years. Measure 6 shows a drop in the percentage of cancelled appointments and no shows. Measure 7 for the first quarter about 18% which is consistent with FY14. Measure 8 shows that 57 children in the last quarter were found not eligible due to change in eligibility criteria 10/21/13. Measure 9 is a correction of previous data that shows the number of children with Individualized Family Support Plans (IFSPs) decreasing per quarter. We're keeping an eye on this data. Measure 10 is the number of children exiting from EI and the reasons for exiting. The number of children found not eligible after re-evaluation has been dropping.</p> <p>A request for Part B data was made. Kong said that Part B data can be made available after looking at data for the year.</p> <p>Clarification to Measure 4 offered by Kong. We will be changing how this data is being collected. The current H-KISS referral form does not have all of the options notated to collect this data.</p> <p>Question raised as to the impact of referrals going directly to programs rather than initial consent being obtained by H-KISS on eligibility.</p> <p><b>C. Summary of Meeting</b></p> <p>Fahey provided a summary of the meeting.</p> <p>No additional comments.</p> <p>No announcements.</p> <p>Next meeting will be held on December 15, 2014 from 1:00 – 4:00 p.m. at the Ala Moana Hotel. EI Stakeholders Meeting will be held on the same day, prior to HEICC meeting.</p> <p>Fahey adjourned the meeting at 11:37 p.m.</p>	<p>Kong to look into compiling Part B data after looking a data for the year.</p>

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