

HAWAII EARLY INTERVENTION COORDINATING COUNCIL
Quarterly Meeting
December 9, 2015

O'ahu	State Office Tower, 14 th Floor Conference Room – 235 South Beretania Street, Honolulu Hawaii
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MINUTES

- Members Present:** Senator Suzanne Chun-Oakland, Michael Fahey, Sabrina “Kehau” Golis, Representative Bertrand Kobayashi, Keri Kobayashi, Luke Kusumoto (designee for C. Pisciotto), Bernadette Lane, Lisa Lemon, Jason Maga (Co-Chair), Dr. Bobbie-Jo Moniz-Tadeo (Chair), Leolinda Parlin, Toby Portner, Colonel Daniel Roy M.D., Peter Trang, Danette Wong-Tomiyasu
- Members Absent:** Jill Arizumi, Dr. Daniel Buehler, Ashley Anne Diaz, Patricia Dong, Dr. Stanton Michels, Carrie Pisciotto, Aesha Shapiro, Julie Walsh
- Ex-Officio:** Sue Brown, Dr. Patricia Heu
- Guests:** Chris Jackson, Douglas Mersberg, Ann Sasuga, Kerrie Urosevich
- Staff:** Danelle Cheng (recorder), Stacy Kong, Clayton Takemoto

TOPIC	DISCUSSION	DECISION/ FOLLOW-UP
I. Call to Order	<p>Moniz-Tadeo, Chairperson, called the meeting to order at 8:39 a.m.</p> <p><i>A. Welcome/Reflections</i></p> <p>Moniz-Tadeo led council in introduction activity.</p> <p><i>B. Review Agenda</i></p> <p>Agenda reviewed. Item IV- e. “Program Measures Dashboard” to be moved under III – “Council Business”, prior to d. “Proposal to Reassess Data Dashboard”.</p>	

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	<p><i>C. Review & Approve Minutes from September 30, 2015 HEICC Quarterly Meeting</i></p> <p>Minutes reviewed. No additions or corrections. Moved and seconded to approve minutes. Minutes unanimously approved.</p>	
<p>II. Community Update</p>	<p><i>A. Parent Sharing of Their Child’s EI Journey – Ashley Anne Diaz</i></p> <p>Ashley Anne Diaz was unable to attend meeting due to flight issues from Kauai. Parent Sharing postponed until next meeting.</p> <p><i>B. Agency Sharing – DOE Homeless Concerns – Toby Portner</i></p> <p>Portner shared a power point presentation regarding DOE’s implementation of 1987 McKinney Vento Homeless Education Assistance Improvement Act. Purpose is to provide stability in an unstable situation. Outlines the responsibilities for state coordinators and local liaisons. Implemented differently in each state. Provided an overview of the act. Shared statistics. Yearly average of approximately 2,500 identified homeless children enrolled in school. Lots of movement from school to school. Low proficiency scores in reading, math and science across the nation and locally. Less than a third graduating from high school or obtaining a General Equivalency Diploma (GED). Definition of homelessness is based upon primary nighttime residence. There is a designee at every school who conducts intake and follow up.</p> <p>There are 4 general requirements under the act: 1) Identification. In Hawaii a form is filled out upon school enrollment. 2) Immediate enrollment. Homeless children are guaranteed enrollment at homeschool and school of origin. Only tuberculosis (TB) clearance required to enroll. Problem is easy access to health records. They eventually will need to provide records but TB clearance will allow them to attend class right away. 3) Access to Comparable Services (free meals, transportation, etc.). 4) Outreach Resources. 20 Homeless Concerns Liaisons (HCLs) with knowledge about available community resources assigned to complexes statewide. Complex Area Superintendents can increase HCL hours based on need. Under the Family Educational Rights and Privacy Act (FERPA), school staff are allowed to be informed of their students’ homeless status.</p>	

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	<p>Portner has started afterschool web based learning programs for homeless students to support their academic success. She is currently looking for volunteers. Questions taken. There is an interagency council on Homelessness. Unsure of DOE's role on that. Do not know the percentage of homeless children with disabilities. Cannot sort data by homeless status. Suggestion made to perhaps have a homeless status checkbox on IEP form to collect that data. What efforts are being made to connect younger children to Early Intervention Services? Not many that Portner is aware of. Portner is willing to take information back to DOE. Head Start / Early Head Start Family Advocates have met with HCLs in the past to provide awareness and to do cross referrals. That could be a good place to start.</p> <p><i>C. Update on Early Learning Advisory Board – Mike Fahey</i></p> <p>Fahey reported that the Early Learning Advisory Board (ELAB) is looking at its future role. Representative Tokumi is looking at proposing a bill that will align the current ELAB's focus on a commitment to holistic education, health and family engagement. The board's governance and authority to hire, evaluate and terminate the Executive Director presents challenges. There could be some conflicts of interest now that office is attached to DOE. Size of board makes it difficult to administer. Proposal that separate commission of no more than 5-7 members who reflect areas of the early learning system and do not reflect key stakeholder interests be created to make recommendations to the Governor on who should be appointed as Executive Director, ensure that accountability and responsibilities are carried out in accordance to current statute, and oversee administration of funds allocated to ELAB. ELAB proposed to continue to remain an advisory to the Executive Director and Action Strategy Coordinator.</p> <p>Fahey shared plans for an Interdisciplinary Early Childhood Professional Development Center (PDC). Karen Worthington gave presentation at last ELAB meeting. Will attempt to coordinate, catalogue and align professional development opportunities for Hawaii professionals working with young children across health, safety, development and learning. Fahey will provide copy of PDC Business Plan to Cheng along with Karen Worthington's email for those who would like to give feedback.</p>	<p>Cheng to receive copy of PDC plan and Karen Worthington's email address for council members from Fahey</p>

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<p>III. Council Business</p>	<p><i>A. Council Priority Setting and EIS Alignment – Stacy Kong</i></p> <p>Kong presented. Legislative priorities generated from previous council meeting were shared at EIS. As many of the priorities are areas EIS is already working on, it was determined to be a good idea to share what EIS priorities are and where they align with council generated priorities.</p> <p>A State Systemic Improvement Plan (SSIP) must be developed in accordance to Office of Special Education Programs (OSEP) directive. Our SSIP focus is to improve outcomes in the area of social emotional development. Kong shared handout “Hawai’i Early Intervention SSIP Priority Areas”. Consists of 4 Action Strands: 1) Interagency Collaboration for Parent Support and Education; 2) Professional Development and Technical Assistance; 3) Fiscal; 4) Monitoring and Accountability. Kong shared where HEICC Priorities might align with Action Strands (see handout). SSIP Implementation Workgroups will be formed to support each strand and activities.</p> <p>Under Strand 2, questions raised in regards to Social-Emotional Assessment Workgroup. Is the Battelle Developmental Inventory (BDI) supplemental assessments going to be used for eligibility determination or program planning? Are providers struggling with eligibility determination or program planning? Work group will be addressing these issues. Staff training is needed. Data shows that children are being found eligible using BDI. Parlin advised caution regarding how we talk about evaluating the BDI in relation to eligibility determination. BDI is solid as children are being identified, but we need to clarify that staff training is needed in conducting parent interview to obtain information for program planning and increasing parent’s knowledge base. Also need to look into, once social emotional needs are identified, how that is being incorporated into treatment planning. Kong shared that is an area of need that has been identified and that additional training is being looked into.</p> <p>Brown provided clarification that HEICC Priority regarding “Videos for families Part B & C – What to Expect” was in regards to transition but also in regards to follow-up on the number of families who don’t accept services. Creation of videos to show what Early Intervention “is” was very effective in the past. Kong shared that states have been requesting a national campaign about early intervention and what that is, that everyone could use.</p> <p>Change in terminology from transdisciplinary to “Primary Service Provider Model”. Evidence based practice that EI is using to deliver services. Someone is identified on team to</p>	<p>.</p>

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	<p>implement Individualized Family Support Plan (IFSP). Determine what other staff/consultants are needed to support that primary service provider. Looking at bringing in National Experts to train staff in the Primary Service Provider and Coaching Model.</p> <p>Clarification given regarding HEICC Priority of Mentors in transdisciplinary/primary service provider model. After training to have people support staff in implementation. To model and provide feedback. Kong shared that through Professional Development Workgroup would seek to build mentoring approach into system. Will need funding as need people to be able to provide that mentorship to providers. Need to look at how we can build that into our infrastructure. Dathan Rush and M’lisa Sheldon were chosen to provide training as they recognize mentoring approach as well. Will be putting in funding requests to get contract in place.</p> <p>5 HEICC Priorities falls under Action Strand 3 – Fiscal. Staffing workgroup will be looking at vacancies and utilization of staff. We are not paying staff enough. Not comparable to DOE salaries. We have vacancies which result in gaps in service. We need to look at how we are utilizing staff. We are currently not using the Primary Service Provider Model the way it was intended. We need to look at frequency and intensity of service and adjusting as families progress. Going to collect more data around gaps. It is a real issue statewide. EIS has begun receiving official complaints.</p> <p>Action Strand 4- Monitoring and Accountability. Focus is development of a web-based database. Current database is very outdated.</p> <p>Questions taken. Haven’t put a specific timeframe on outcomes. Will have training surrounding social/emotional support for parents. Brief summary of SSIP status distributed. SSIP Implementation Workgroup sign-up sheet circulated.</p> <p><i>B. Legislative Update – Dr. Patricia Heu</i></p> <p>EIS is requesting funding for the relocation cost of moving from South King Street to the Kamamalu Building downtown. A possible bill related to Early Intervention is a Birth Defects Bill. There is currently a birth defects program which provides surveillance for infants with birth defects up to one year of age but law does not permit information to be shared with health provider. This bill would allow for that. Resources could also include</p>	

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	<p>Early Intervention Services. This would be a way to increase number of referrals to Early Intervention. Two Bills that EIS will be following relate to deaf and hard of hearing. The Executive Office of Early Learning and DOE Special Education are involved with these bills and as it involves IFSPs EIS will also be following them.</p> <p>C. Update on Recommendations for HEICC Reappointments and Vacancies</p> <p>Cheng shared that currently there are 3 vacancies on the council. There are persons in line for vacancies. We are awaiting Kerrie Urosevich’s appointment. Aesha Shapiro our representative from the Big Island has been recently appointed. She will be able to attend our next meeting.</p> <p>D. Program Measures Dashboard (taken out of order on agenda)</p> <p>Cheng shared first four measures which relates to EI Referral Line Data. Measure #1 - Referral line contact numbers have been declining over the years as information contacts have decreased. Measure #2 - Types of contacts have remained stable. Measure #3 - Number of referrals has increased. FY16 - Qtr. 1 shows an increase over previous years. Measure #4 - Breakdown of Referral Agents. Primary care providers refer the most followed by parents. As of October 2015 we are collecting referral agent information from the neighbor island programs. Takemoto shared Measures #5-10. Measure #5 - Increase in timely multi-disciplinary evaluations (MDE) this quarter over previous quarter. Drop in late initial evaluations due to program reason. One program’s staffing situation improved which led to improvements in this category. Measure #6 - Family Reason for Late MDE. Numbers about the same. Measure #7 - Eligibility by Category. Percentage of those found not eligible has increased from the past two years. Measure #8 - Data reformatted to show quarterly average rather than total numbers for the year. Increase in number of referrals led to corresponding increase in number of eligibility determinations. Those found not eligible has increased but would have been found not eligible regardless of the change in eligibility criteria. Measure #9 - Slight increase in numbers of children with IFSPs. Measure #10 - Numbers are similar to FY 15 quarter average. Brown reminded council of previous request to include number of program vacancies on data dashboard. A staffing vacancies report has been developed to collect this data from programs but has not been compiled into a report yet.</p>	

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	<p><i>E. Proposal to Reassess Data Dashboard</i></p> <p>The issue of gapping of services statewide has been brought up at previous council meeting as well as in SSIP alignment discussion. Moniz-Tadeo asked if council would like to start tracking that data. Would we like to see what programs are unable to provide services because of vacancies? Maga emphasized that in order to justify priorities of salaries and adequate payment of staff we will need data to support that it is a problem. We have gaps in services, we have vacancies so therefore the reason we think we have these vacancies is because we aren't paying staff enough. Dashboard provides us with data regarding referrals and eligibility but we don't have data regarding what happens once children are in the program. EIS is beginning to receive complaints due to gaps in service. We need to be more proactive. Discussion opened.</p> <p>Roy shared that in his experience on a positive note programs are telling parents what can be done to mitigate situation and are being forthright about it. Parent shared that is not always the situation. Urosevich asked question regarding Dashboard Measure #4. Are referral agents such as social service providers and home visiting who do screening referring to the medical home and not directly to EI? Cheng responded that as data shows we have received just a few. Urosevich suggested this could be an area for outreach. Does EIS track the type of services needed? In EIS database services being provided on IFSPs are collected. Battelle Developmental Inventory (BDI) Database collects data on types of delays. Data is available and can be compiled.</p> <p>Parlin articulated previously voiced recommendations; Gaps in care by domain, vacancies by program. Brown provided caution that collecting data can be time consuming. Moniz-Tadeo shared that a year ago a gap workgroup had been convened by EIS to look at how to most efficiently collect gap data. Very individualized to child and complex to collect. Confusion surrounding how to calculate data. Valuable information but difficult to track. Piloted by one program. Conclusion was that it was not feasible to continue to collect data based on staffing issues. Takemoto shared the long term solution to this problem would be a new database. If we were to try to collect this data now, it will be very labor intensive. Over the last two years EIS collected sample gap data. Kusumoto suggested perhaps there was a way to automate it more and embed it with something already submitted.</p> <p>Roy asked how are frequencies and services determined by providers when writing the IFSP? Perhaps needs to be looked at. Moniz-Tadeo shared that the way this is determined varies by</p>	

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	<p>program. There are guidelines to determine frequency of service that are followed but everything must be individualized. At any time can update IFSP to make those changes. Takemoto shared that programs are told to recommend what child needs regardless if there is staff to provide it. Under the primary service provider model the goal is to support families to learn skills to support their child. If child is not making progress it could be because family does not know what to do. Parlin suggested reconvening the gap group including herself, someone from billing and Lloyd (Children with Special Health Needs Branch Research Statistician). Most gap in care reports come from billing. Recommend tracking grievances and appeals by level both through HEICC and State level. Are we fulfilling what we committed to?</p> <p>Trang suggested maybe care coordinators can filter data before it gets to program manager. Moniz-Tadeo replied that care coordinators do not always know when a therapist has been in to provide direct service. Trang invited to join gap workgroup. Senator Chun Oakland shared that there was technology shared at a Homeless Conference where shelter vacancies could be seen immediately by outreach workers. Wonders if similar technology could be used by EIS. Wonder if we could use the technology we already have and apply it accordingly. Lori Tshako Administrator at Hawaii Homeless Programs Office, could be a resource. Wish we could use technology we already have and apply it accordingly. Office of Information Management Technology (OIMT) looks overall at the State technology requests and finds unused capability that other Departments can benefit from. Perhaps can explore what that Homeless Technology is and see if OIMT can modify it so EIS can benefit.</p> <p>Mersberg asked how do you determine what a vacancy is? Parent Child Development Centers contract service hours. 1,000 hours per year = 1 full time staff position. Looking at vacancies based on service hours may not reflect what program needs are. Need to come up with a way to look at program need and not just positions. The collection of gap data is a barrier. Perhaps can look historically at ways to justify staffing patterns more easily. Staffing patterns can be determined from periods when fully staffed. Kusumoto pointed out that we need to keep in mind areas of growth, which does not always get calculated into contract. In areas of growth we are now seeing programs that are understaffed or dealing with the challenge of distance to provide services. Staffing patterns are a complicated picture. Every program looks at staff utilization differently. Senator Chun Oakland suggested that DOH look at Department of Business Economic Development and Tourism (DBEDT) data to look at projected population growth. DOH should be accessing data and project per capita.</p>	<p>Suggestion made to reconvene EIS Gap Workgroup to include Parlin, billing unit representative and Children with Special Health Needs Branch Research Statistician.</p>

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	<p>Have we taken a look at outcomes? From a legislator’s point of view when we are investing taxpayer money we need to ensure that what we are funding is resulting in positive outcomes for children. Is there a measure to determine what our current services are and the outcomes for children? There is an action strand on the SSIP which deals with monitoring and accountability. There is an exit evaluation and child outcomes summary that shows the growth that children have made. Perhaps can be put on dashboard. That’s a short term measure. It would be helpful to know the long term outcome. Currently no mechanism to do that. Chun-Oakland shared there is a mechanism to do that if we authorize the schools to report back progress of children. We should be developing partnerships with educational institutions.</p> <p>Moniz-Tadeo summarized discussion. We want to look at gaps in service and vacancies by program and to look at geographic areas of growth and distance to provide services. To consider program need and not just vacancies. Look at public reporting by programs. Tracking of grievances and appeals at state and program level. Looking at child outcome summary. Reinstating Gap Workgroup.</p> <p><i>D. HEICC Wiki Space Transition to EIS Website</i></p> <p>Cheng shared discussion that transpired at Executive Committee Meeting around who would have access to HEICC Wiki Space. The Wiki Space is a sharing site with potential for misuse if comments feature is accessed. Office of Information Practices (OIP) will allow us to have site if members are instructed in acceptable use. This discussion led to decision that DOH EIS Webpage is a better repository for this information. HEICC will have its own page and official council information will be posted there. HEICC Wiki Space could be utilized for new members as a reference site.</p> <p>Template of DOH EIS HEICC page was distributed. Revisions can be made. If there are any comments or suggestions let Heu or Cheng know.</p>	<p>Council requesting data regarding gaps in service and vacancies by program. Requesting data to track grievances and appeals at state and program level. Council would like to look at child outcome summary and reinstate Gap Workgroup.</p>

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<p>IV. Early Intervention Section Update</p>	<p>A. Part C Update</p> <p>Handout prepared by Early Intervention Section Supervisor, Robles was shared by Heu. DOH / DHS Memorandum of Agreement (MOA) was submitted by December 1, 2015 deadline. There is a DOH/DOE MOA which was also due by December 1, 2015 which is being reviewed by Attorney General’s Office. Kong is working on State Performance Plan and Annual Performance Report, one part is due in February 2016 and another in April 2016. Heu and Robles will be working on the Part C Grant Application due on April 21, 2016. It does involve 60 day notice and public posting of application. Cheng will provide information to HEICC when it is posted.</p> <p>B. Budget</p> <p>This year there are no budgetary concerns and no deficit is anticipated. We do have funding available for Primary Service Provider Training with coaching mentioned as part of SSIP Action Strands. We are also anticipating funding for the EIS Database Project Manager.</p> <p>C. Vacant Positions</p> <p>We do have some vacant positions and changes. Handout shows listing of vacant positions that are available for external recruitment. If council members have anyone in mind for these positions, please refer them to the website.</p> <p>D. Initiatives and Activities</p> <p>Cheng shared copies of new Early Intervention Referral Form and Instruction Sheet with council. Name change from Hawaii Keiki Information Service System (H-KISS) to the Early Intervention Referral Line. Referral Sources have changed names over time. Changes made to dropdowns in accordance to OSEP requirements. Addition of Newborn Hearing Screening Results also included to help them with their loss to follow-up efforts. Legal guardian (CWS Social Worker) information is now required by referral line before sending to program.</p> <p>Chun-Oakland asked why we are not asking for email addresses. Moniz-Tadeo explained that after consent is given by parents to move forward with early intervention process, at intake</p>	<p>Cheng to provide information to HEICC when Part C Grant application is posted.</p>

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<p>V. Public Comment</p> <p>VI. Announcements</p> <p>VII. Future Meetings</p> <p>VIII. Adjourn</p>	<p>meeting parents are asked if they would like information emailed. Chung-Oakland also inquired, In regards to “My signature provides consent for the Department of Health Early Intervention” not for more than referral source? Why don’t we use this as an opportunity for giving more than consent for referral source? Why aren’t we saying for anything that would benefit child? Concerned regarding children receiving services in a timely manner. Moniz-Tadeo stated that perhaps it goes back to HIPPA and there has to be a Protected Health Information Consent Form (PHI) to share information with pediatrician. Suggestion that there needs to be a discussion with Angela Tokuda deputy for DOH at the AG’s office so we can broaden this. PHI gives much more expansive permission. Only intent of referral form is to refer a child. We are under FERPA so needed signature to communicate to pediatrician. Takemoto asked what did Senator want shared. Form needs to be broad enough that it Captures the various circumstances where the information needs to be shared for the benefit of the child. Concerns were noted and will be taken back to administrative team for discussion.</p> <p>Takemoto presented on EIS Database project. Have been working with technical advisors. Will be contracting a project manager who will look at operations and come up with a plan.</p> <p>Brown requested more information regarding public complaints. Heu stated that we could present information in data dashboard. Most complaints have been resolved or are the process of being resolved. They are diverse in nature. We will share on dashboard at next meeting.</p> <p>Happy Holidays!</p> <p>No announcements.</p> <p>March 30, June 29, August 31, November 31, 2016. Locations to be determined.</p> <p>Moniz-Tadeo adjourned the meeting at 11:31 p.m.</p>	<p>Senator Chun-Oakland’s concerns regarding broadening of consent for information sharing to be taken back to administrative team for discussion.</p> <p>Information regarding public complaints to be shared on data dashboard of next meeting.</p>

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