

HAWAII EARLY INTERVENTION COORDINATING COUNCIL
Quarterly Meeting
February 28, 2018

O‘ahu	1010 Richards Street, Honolulu, 96813, Basement Conference Room
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MINUTES

Members Present: Jason Maga (Chair), Bobbie-Jo Moniz-Tadeo (Vice-Chair), Michael Fahey, Lori Goeas, Sabrina Kehau Golis, Keri Kobayashi, Bernadette Lane, Lisa Lemon, Dayna Luka, Doug Mersberg, Lauren Moriguchi, Mary Jo Noonan, Sandra Pak, Toby Portner, Sharon Thomas, Doug Imig (designee of Kerrie Urosevich), Danette Tomiyasu

Members Absent: Daniel Buehler, Ashley Anne Diaz, Senator Josh Green, Adam Huillet, Representative Bertrand Kobayashi, Craig Perez

Ex-Officio: Charlene Robles, Patricia Hue, Matthew Shim

Guest: Sue Brown, Dayna Hironaka, Ann Sasuga

Staff: Stacy Kong, Clayton Takemoto, Jiovanna Morley, Aya Aoki

TOPIC	DISCUSSION	DECISION/ FOLLOW-UP
1. Call to Order	<p>Chair, Mr. Maga, called the meeting to order at 8:35 a.m.</p> <p><i>a. Introductions</i></p> <p><i>b. Review Agenda</i> Agenda reviewed. No additions or comments.</p> <p><i>c. Review Minutes from November 29, 2017 Quarterly Meeting</i> Minutes were reviewed. Correction was made on a guest participant’s last name (Finlay) and approved.</p>	
2. Community Update	<p><i>a. DOE Data Sharing: Outcomes/Transition Indicators – Lori Goeas</i> <i>[Refer to Part B SPP/APR Indicators 6, 7 & 12 handout]</i></p> <p>Goeas started presentation by emphasizing importance of Part B & Part C partnership and explaining some data gaps between the two systems that are under investigation.</p> <p>Part B reports on 17 SPP/APR indicators, of which indicators 6, 7, and 12 seem the most</p>	

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	<p>appropriate for discussion with Part C. Similar to Part C, indicator 6 is a compliance indicator, 7 is a performance indicator where State sets the target along with stakeholders, and indicator 12 is SSIP indicator.</p> <p>Indicator 6 shows the percentage of children aged 3-5 in a regular early childhood program and receiving special education and related services (10 hours or more per week) and in separate special education classes. Part B is mandated to increase the percentage of special needs children in the Least Restrictive Environment (LRE), however the recent trend is decreasing.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • The number of LRE early childhood education facilities is limited, which may explain the declining trend. • Creative partnerships on the ground between regular kindergartens and special education teachers may not be reflected in these numbers. • Early Head Start and Head Start classes are included in the graphs. • Early Childhood Special Education is available for 3 & 4 year-olds prior to kindergarten, however Executive Office of Early Learning (EOEL)-led regular preschools are only available from age 4, and the availability is very limited currently. Meaning that many EI graduates' parents will have to face the choice of separate special education preschool or regular preschool with limited or no special education services between the ages of 3 -5, rather than receiving needed special education services in the LRE. <p>Indicator 7 monitors preschool children with IEPs in three areas of outcomes, social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet the needs. Within these three areas, percentages of those who have substantially increased skills and knowledge (71% and up) and those who reached age appropriate (49% and up) are indicated.</p> <p>Indicator 12 shows transition rates (92~96%) from Part C to Part B. There is a discrepancy between Part C & B data on the number of eligible children referred. Delays in referrals data is average days delayed in each complex (the number of children in each complex varies).</p> <p>Discussion:</p>	

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	<ul style="list-style-type: none"> • EI programs always discuss transition plans from the beginning (initial IFSP), while often families change their thinking and decide to transition to DOE at the last minute. • There is an upcoming memo from DOE to encourage private preschools to collaborate and open their doors to special needs children. 	
<p>3. Council Business</p>	<p><i>a. HEICC Reappointments and Vacancies – Aya Aoki</i> <i>[Refer to HEICC Member Categories and Vacancies handout]</i></p> <ul style="list-style-type: none"> • 23 of the 25 council positions are filled. 2 new appointments came through (Doug, Craig). 3 previous designees were appointed (Lori, Sandra, Senator Green). 2 extensions were approved (Lauren, Dayna). 1 reapplication is being processed (Keri). • Executive Committee has recommended Boards and Commissions 2 parent applications from Big Island (Lindsay Heller and Ku’ulei Arceo) for 2 current vacancies. Pending B&C processing and Governor’s Office decision. <p><i>b. Legislative Update</i></p> <p>Robles reported that there is no new bill for EIS other than the web database related bills (HB918/SB405) carried over from last year. We will be notified for these bills if there are any hearings scheduled.</p> <p>Tomiyasu explained the process for the DOH budget bill (HB 1900) is going smoothly and there were not many questions asked. EIS will notify HEICC members when there is another budget hearing is scheduled.</p> <p>Fahey updated on bills that are going forward: HB 2128: requires health insurance policies to cover clinical services for sexual violence and abuse victims with mental disorders. HB2508: appropriation of general fund for infrastructure rental or leasing for charter schools. HB2163: appropriation of fund for EOEL for additional operational funding needs. HB2139: prohibits discrimination in state education based on gender, including gender identity or expression, or sexual orientation. HB2598: requires Department of Labor and Industrial Relations to establish paid family leave for all workers.</p>	

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	<p>HB2305 (obtain correct #): requires establishment of family friendly center for children with hearing needs. SB2925: clarifying licensing exemption of special education teachers providing behavioral analysis/support.</p> <p>Mandy Finlay from HCAN provides weekly updated list to members.</p> <p><i>c. HEICC Priorities Update</i> To be addressed under Early Intervention Section Update.</p>	
<p>4. Early Intervention Section Update</p>	<p><i>a. Child Outcome Summary (COS) & Family Outcome: The Pulse on Hawaii's Part C Early Intervention System – Stacy Kong</i> <i>[Refer to The Pulse on Hawaii's Part C Early Intervention System handout]</i></p> <p>Hawaii is identified as a needs assistance state, meaning the state reports any technical assistance obtained from the federal level.</p> <p><u>1. Timely services</u> (compliance indicator, target 100%) – % of new children and families with IFSPs that started receiving services within 30 days of IFSP. Hawaii falls way below national averages (of about 95%) at below 60% in FFY 2016. Part of this is due to staff shortages. This area also lacks documentation on why delayed. The data is based on a random sample of 10% of children served per program or at least 15 charts. With a web-based database, all children can be monitored. This has been a long-standing non-compliance indicator for Hawaii.</p> <p>Fahey commented that this provides a compelling argument for a budget increase request, showing shortage of staff in EI. Suggestion was made to request OSEP's support in efforts to increase state budget.</p> <p><u>2. Providing services in natural environment</u> (performance indicator, target 90%, annually reviewed at stakeholders' meeting). Above State's target, but below national mean. Staff shortages are also contributing to this indicator, i.e. due to staff shortages, some services are provided at center, rather than at home or community.</p> <p><u>3. EI Outcomes</u> are set by OSEP and same for every state. Outcomes are measured in three areas: social emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet the needs. In each of these areas,</p>	

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	<p>outcomes are reported for those who have substantially increased skills and knowledge and those who became age-appropriate. The data is based on 100% of children with IFSPs who received 6 months or more EI services and those who completed the initial and exit ratings. These outcomes are comparable with Part B outcomes. Child Outcome Summary (COS) was used as part of OSEP determination on federal support in this past year, which is new, based on results-based accountability system. Hawaii decided to include families in the COS rating process, while every state decides differently who participates in the rating. Hawaii also decided on positive Social Emotional skills development as a focus area. Through State Systemic Improvement Plan (SSIP), State is trying to address how to utilize this data for program improvement. Under SSIP, we also have Staffing group addressing staffing shortage issues, along with Tele-practice group. Professional development is another area being addressed in SSIP. OSEP is reviewing if we have a solid infrastructure to serve the needs and if practices have improved. Instruments used are COS forms and BDI (for MDE). Staff vacancies are impacting every indicator, for instance SLPs are hard to recruit and that impacts child's communication skills outcomes.</p> <p><u>4. Family outcomes (35% or so return rate)</u> <u>Understanding family rights:</u> program-based indicators (making sure that family rights are explained, etc.) are high. Need to understand why this is rated low from family's side. Translation to other languages and online surveys were tried before but did not help increase the return rates. Comments were made that family literacy issues may be contributing to low rates of return. Pak shared that DOH mental health section provides incentives (e.g. gift cards) for families to respond to surveys.</p> <p><u>Communicate child needs:</u> Due to staff shortages, families may not be receiving all the services they need.</p> <p><u>Helping their child learn and grow:</u> At demonstration sites (that have adopted a new model of service provision), rates went down. Need to see one more year, because of the changes introduced.</p> <p><u>5. Percent of infants and toddlers birth to 1.</u></p> <p><u>6. Percent of infants and toddlers birth to 3.</u></p>	

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	<p><u>7. Percent with evaluation, assessment and initial IFSP within 45 days of referral.</u> Falling short, again due to staff shortages.</p> <p><u>8. Transition</u> <u>A: Transition Plan completed at least 90 days prior to 3rd Birthday - 93%.</u> Transition is being discussed from the beginning, but often not documented. The data covers all children drawn from the database, but is validated on a sample basis.</p> <p><u>B: Transition Notice (TN) to DOE special education, target 100%.</u> Programs need to send out TN to both State office and home school. Hawaii provides opt out option for parents, while in support of DOE’s Child Find process, Part C provides DOE information to opt-out families for future reference.</p> <p><u>C: Transition Conference (TC).</u> Data improving. High TC decline rates, with the highest reason being families already familiar with transition processes and options.</p> <p>b. Budget – Charlene Robles <i>[Refer to EIS Update & Comparative Rate and Salary Study handouts]</i></p> <ul style="list-style-type: none"> • Both State general funds of \$17.5 mil and Part C Federal Grant of \$2.2 mil stay at the same level from the last year. There is a supplemental request of \$2.7 mil (based on the recommendations from the Salary Study below) which is being discussed at legislation. • Robles presented summary findings and recommendations of the EIS commissioned Salary Study. Generally, the study finds that Hawaii EIS providers’ salaries and rates are either the lowest among the 11 states compared or at the lower end of the spectrum at 8th and lower rank. The \$2.7 mil increase request is approximately to reach the next ranked state level salary or rates. • Noonan raised a question, among the different reimbursement systems, which state’s rates and salaries are ranked high. Virginia, which is using Medicaid rates, seems to be able to provide high rates among these states. • Pak shared that DOH children and youth mental health is being reimbursed from Medicaid as well, and the rates are based on professional or para-professional. State supplements on top of these Medicaid reimbursements, so providers have an incentive to stay contracted through the State, while State gains quality assurance ability. 	

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	<ul style="list-style-type: none"> • Mersberg shared difficulty in hiring qualified staff due to limitation of funding in recent years and welcomed the budget increase proposal to narrow the gap between required funding by programs and provision by the State. • Robles shared a recent revision of qualification requirements for Care Coordinators to include 4-year college degree in general education. <p><i>c. Vacant Positions – Statewide</i> [Refer to EIS Update handout]</p> <p><i>d. State Systemic Improvement Plan (SSIP) Update</i> [Refer to EIS Update handout]</p> <p><i>e. Initiative and Activities</i> [Refer to EIS Update handout] No new initiative. EIS is preparing for proposed web-based database through developing a RFP, hiring a program manager, and pursuing dual channels of possible funding sources – one through the FY2019 budget and another through on-going House and Senate bills.</p> <p><i>f. Program Measures Dashboard with Complaint Summary</i> [Refer to HEICC Program Measures at a Glance Dashboard handout] Robles reviewed the Dashboard measures.</p>	
5.PublicComment	No public comment.	
6. Announcements	<ul style="list-style-type: none"> • Maga shared the revised 2018 HEICC calendar (with one Executive Committee Meeting date change, due to election. No change for Quarterly Meeting schedule.) [Refer to 2018 HEICC Calendar handout] • Aoki shared the Hawaii Developmental Screening and Referral Guidelines for Early Childhood and Community Providers, for the use of HEICC member organizations and partners. [Refer to hand out] • Fahey shared Early Childhood Day at the Capitol event, scheduled on March 21, 2018. 	
7. Future Meeting	The next Quarterly Meeting will be on May 30, 2018.	
8. Adjourn	Maga adjourned the meeting at 12:05 pm.	