

HAWAII EARLY INTERVENTION COORDINATING COUNCIL
Quarterly Meeting
May 29, 2019

O‘ahu	1010 Richards Street, Honolulu, 96813, Basement Conference Room
Hawai‘i	81-6493 Mamalahoa Hwy, Kealahou, HI (via zoom)

MINUTES

Members Present: Jason Maga (Chair), Bobbie-Jo Moniz-Tadeo (Vice-Chair), Bonyen Colunga, Michael Fahey, Kehau Golis (Designee Stacy Brown via zoom), Senator Jarett Keohokalole, Aaron Kimata (Designee Dayna Hironaka), Nagisa Kimura, Bernadette Lane, Lauren Moriguchi, Leah Muccio, Amy Tamashiro, Sharon Thomas, Kerrie Urosevich

Members Absent: Ku‘ulei Arceo, Lindsay Heller, Adam Huillet, Representative Bertrand Kobayashi, Lisa Lemon, Dayna Luka, Doug Mersberg, Sandra Pak, Toby Portner, Danette Wong Tomiyasu

Ex-Officio: Patricia Hue

Guest: Daintry Bartoldus, Sarah Hardin, Christine Jackson, Luke Kusumoto, Summer Rothwell, Mari Uehara

Staff: Aya Aoki, Clayton Takemoto

TOPIC	DISCUSSION	DECISION/ FOLLOW-UP
1. Call to Order	<p>Chair, Mr. Maga, called the meeting to order at 9:05 a.m.</p> <p><i>a. Introductions</i> Out-going Chair Mr. Maga, Vice-Chair Moniz-Tadeo, retiring member Fahey were recognized and appreciated by the council for their contribution, as this is the final meeting of the state fiscal year 2019 (July 1, 2018 – June 30, 2019).</p> <p>In-coming Vice-Chair Urosevich, new Executive Committee members Colunga and Thomas were welcomed and appreciated by the council. Moniz-Tadeo will serve as the Council Chair for FY20 (July 1, 2019 – June 2020).</p> <p><i>b. Review Agenda</i> Agenda reviewed. No additions or comments.</p>	

	<p><i>c. Review Minutes from February 27, 2019 Quarterly Meeting</i> Minutes were reviewed and approved.</p>	
<p>2. Early Intervention Section Update</p>	<p><i>a. Part C Update – Patricia Heu, Clayton Takemoto</i> [Refer to Early Intervention Section Update handout]</p> <p>Part C application is submitted to Office of Special Education Programs (OSEP). Part C grant for FFY2019 remains the same level from the prior year at \$2,301,492.</p> <p><i>b. Budget</i> Budget request to move three positions to General Funds and request for new Hearing Specialist position were not approved. EIS will re-submit request next year and seek other ways to establish another Hearing Specialist position or resubmit the request.</p> <p>12 of the 15 Purchase of the Service (POS) program contracts have been modified and executed to distribute \$2.7 million as discussed earlier. For the other three programs, there were some delays in the process of negotiating the new contract, but they are in the pipeline to be executed.</p> <p>For the DOH State Early Intervention programs, shortage differential increase was introduced for OTs and SLPs.</p> <p><i>c. Positions</i> Vacancies continue to be a major challenge. The POS Contract EI program total position number was lowered as the previous number included DOH CCs that are assigned to the POS EI program.</p> <p>The state vacant positions can be viewed at the website link listed in the handout.</p> <p><i>d. State Systemic Improvement Plan (SSIP)</i> Takemoto provided workgroup updates.</p> <ul style="list-style-type: none"> - <u>Professional Development</u>: Finalizing training and mentoring plan. - <u>Fiscal/Staffing</u>: Gathering recruitment opportunity information. - <u>Fiscal/Tele-practice</u>: Updating training in partnership with UH. 	

- Data for Program Improvement: Finalizing a tool for providers to assess Child Outcomes Summary process.

e. Initiatives and Activities

Web-based EI data system contract being routed for signatures.

f. Program Measures Dashboard with Complaint Summary

[Refer to HEICC Program Measures at A Glance Dashboard handout]

Referral (Measure 1-4) data has been constant. Slight decrease in timely MDEs and IFSP (Measure 5-6), with most common program late reasons being Vacancy and Schedule Full, which could also be related to vacancies. Eligibility category (Measure 7) has not changed. There has been an increasing trend over years in ‘Unable to Contact’ the families after eligibility is determined (Measure 8). The average number of children with IFSP per quarter and Children Exiting from EI services data have been consistent (Measure 9-10).

Maga pointed out that the main reasons for delays in service continue to be related to staff vacancies. He commented that while there seems to be some improvements in filling positions due to budget increase/shortage differentials, it takes time to recruit staff, and as council, we should continue to monitor the staffing situation. Budget increase being one strategy, we will need to continue exploring other strategies as well. Staffing surveys indicated that overall EI staff like the job, while some pursued to move on to private sector and other jobs due to financial pressure. Urosevich suggested to look into recruitment and retention strategies from other states. Takemoto explained tele-practice as one of the strategies to fill the issue of vacancies.

g. General

Kapiolani Medical Center will end their contract on 9/30/19. KMC will focus on their mission, which is medical and will continue their medical program, which is KMC EIP program. EIS posted a Request for Proposals (RFP). The revised due date for RFP is May 17, 2019.

[Refer to Early Intervention Funding Strategies handout]

Maga explained the background discussion held at the Executive Committee regarding the Early Intervention Funding Strategies handout, including the salary study.

	<p>Heu explained that the DOH shortage differential was not specific to Early Intervention, but based on the difficulty recruiting these positions across states by various sections in the Department.</p> <p>Fahey asked if the denial of the three positions requested to move to the state general fund was at the DOH level or legislature. Heu shared that it was at the legislature level, and that was generally the case for new state positions this year.</p>	
<p>3. Community Update – Early Childhood Action Strategy</p>	<p><i>[Refer to Early Childhood Action Strategy HEICC Update powerpoint]</i> <i>- Kerrie Urosevich</i></p> <p>The mission of Early Childhood Action Strategy (ECAS) is to bring together government and non-governmental organizations to align priorities and improve programs for children prenatal to age eight.</p> <p>ECAS is organized in six cross-disciplinary teams, identified through the Executive Office on Early Learning (EOEL)’s strategic planning process in 2012. ECAS takes a grassroots, bottom-up approach where each of the teams (i.e. content experts from public and private partners) develops priorities and activities.</p> <p>The following four goals are common to all six teams. Goal 1: More babies are born healthy Goal 2: More children develop on-track Goal 3: More children enter kindergarten school ready Goal 4: More children are proficient learners by 3rd grade</p> <p>ECAS supported seven bills in the legislative session 2019, of which, four bills passed. They are –</p> <ol style="list-style-type: none"> 1. Establishing a licensure for midwives 2. Increasing children’s access to pre-K classrooms 3. Expanding telehealth services 4. Strengthening the zero to three court <p>These bills were strategically selected by six teams and policy support team to maximize the impact on advancing children’s priorities with limited resources.</p> <p>The following are identified priorities and status of each team. <u>Team 1: Healthy & welcomed births</u></p>	

Goal: To reduce pre-term birth and infant mortality
The team is working on various interventions in preconception stage, pregnancy and delivery, and infant health and safety areas. Early Intervention is affected in all of these areas and Urosevich discussed the importance of partnership.

Team 2: Safe & nurturing families

Goal: To support healthy brain development by reducing family violence
The team is implementing the Phase II activities to ensure that partners develop capacity to help the families that are potentially in distressed situations. Activity includes training for partners and a centralized hotline, allowing easy access for families to various existing hotlines. The project implementation is expected to take at least for five to seven years, and securing sustainable funding is an issue.

Team 3: On-track health & development (Stacy Kong and Keiko Nitta, DOH)

Goal: To increase the number of young children who are developing on-track
Team came up with Early Intervention screening and referral guidelines, making sure anyone who encounters potential cases for Early Intervention knows how to follow up with referral. They are also trying to streamline various social & emotional development interventions by providing guidelines and training.

Team 4: Equitable access to programs & services

Goal: To increase access to programs and services for infants and toddlers
Team is trying to expand early childhood program availability for infants and toddlers. Team is advocating to private companies, as having or not-having quality childcare impact retention of staff. One component is also to focus on dad's involvement in each of ECAS projects.

Team 5: High quality early learning programs & services

Goal: To increase quality across the array of programs for young children
Developed family partnership guidelines for providers and families, based on family feedback. DOH, DOE and other partners are supporting Comprehensive System of Professional Development (CSPD), with an initial focus on children with special needs.

Team 6: Transition & alignment between early childhood programs

Goal: To support early development and seamless transitions between early child
childhood programs

	<p>STEP team has lost its structural support, so this team is trying to boost the community level support and community input into state-level planning. Team also supports an early literacy pilot program to help increase usage of words at home.</p> <p><u>Q: Who are the team members?</u> A: They include staff from Department of Human Services, Department of Health, and non-profit organizations. Teams utilize family input, through statewide focus groups.</p> <p>Urosevich explained that Early Intervention can be involved in any of these teams and activities and encouraged anyone interested to contact her. She shared that in particular, access to programs for infants & toddlers by Early Intervention children (under Team 4) has been a major challenge, which HEICC may want to follow-up.</p>	
<p>4. Council Business</p>	<p><i>a. Legislative Update – Dr. Patricia Heu</i></p> <p>Legislative bill HB252 related to the licensing of Speech Language Pathologists has passed. Currently, one year of clinical experience is required after obtaining a degree for SLP, during that time, insurance reimbursement cannot be made. This new provisional license for SLP intends to help this situation and hopefully, encourage more SLP practitioners to come back to Hawaii after the degree.</p> <p>Heu shared that relating to the children who have suspected exposure to drugs, EIS recently updated the biological risk eligibility list to include those children, based on documented exposure. The child/family still needs to go through EI referral process.</p> <p>Urosevich asked when HEICC will start reviewing next year’s legislative bills to determine which ones to support, as early planning and action is a key. Maga shared that previously, identification has been left to DOH, however council is open to other ideas.</p> <p>Moriguchi commented on the bill related to expansion of access to public pre-K, shared by Urosevich. This bill allowed funding to open ten new public pre-K classrooms sometime between 2020-22 School Year, as well as extension of funding support to 18 existing charter school pre-K program. The bill also provided funding for additional staffing needs at EOEL to support expansion of pre-K under DOE.</p> <p>Urosevich asked a question on how EI graduates typically find pre-K options. Moniz-Tadeo and Maga explained that this is part of the EI services and parents can consider</p>	

DOE option or if not interested, other community program options. Colunga added that there is a section in IFSP to discuss transition options and EI team discusses with parents every time. Moriguchi shared that if a child is eligible for a DOE special education pre-K program, team develops Individualized Education Program (IEP) and discusses the most appropriate Least Restrictive Environment (LRE) placement for the child. The council discussed that there are only limited private school options for EI graduates and they come with high costs, so many of EI families choose DOE or the HeadStart program. The council also discussed about the age-gap, i.e. EI services end on the child's 3rd birthday, and DOE public pre-K (general education for all children) starts at age 4, while DOE special education is available starting at age 3. Moriguchi shared that DOE pre-K classrooms/facilities can be contracted out to private providers servicing 3-4 year olds, including special needs children.

In terms of early learning program information, Moriguchi shared that DOE and EOEL websites have information. Urosevich shared that the Aloha United Way (AUW) 211 referral line (online or phone call) has education program information for families. Heu shared that the collaborative Sharing Our 'Ulu website also has information.
<https://health.hawaii.gov/cshcn/files/2019/06/SharingOurUluResourceList6-5-19.pdf>

Maga shared that Early Intervention service on transition process by communicating all these options and helping through the decision process was very helpful as a parent.

b. Early Learning Board- Mike Fahey and Lauren Moriguchi

Fahey appreciated Kerrie Urosevich becoming HEICC representative at the Early Learning Board (ELB), starting July 1, 2019. ELB meets monthly, except for summer months.

Fahey shared that ELB has established sub-committees, including Finance. These sub-committees are chaired by ELB members, but anyone can serve the committees. If anyone is interested, contact Urosevich or Moriguchi.

The second sub-committee is related to Governance that tracks vacancies, policies established by the board, and overseas processes.

The third sub-committee is on pre-school development grant, which is likely temporary, to recommend the usage of federal grant on pre-school development.

Moriguchi added that under the pre-school development grant, the committee (i.e. State Advisory Committee (SAC)) will be advising EOEL and Department of Human Services on different activities related to this grant. One of the activities is the early childhood state plan, which was signed by the Governor and state department heads in January 2019. The next phase of this is the strategic implementation plan of key priorities. There are workgroups working on this process, including on transition, family knowledge and engagement, access to more resources, availability, workforce, and health support. The work will initiate in June until November 2019 and conclude in December 2019. Jackson shared that the grant targets vulnerable populations, and transition from Part C to Part B being one of the priorities. Moriguchi shared that EOEL is trying to achieve broad representation from various Departments, UH, non-profit, and others in the workgroups.

*c. HEICC Priorities – Jason Maga
[Refer to HEICC Priorities handout]*

Sustainable funding and staffing (recruitment and retention) remain the major concerns and priorities for HEICC. Maga shared some possible strategies other than budget increase, including Medicaid reimbursement, creating agreements with local universities for students participating in EI programs, and creating incentives for Hawaii resident students, based on earlier discussion.

Maga suggested including in one of the priorities to explore how to increase parent participation in HEICC, as parent input being such an important aspect of the council. Recently, member parents shared that travel costs (need to pay upfront before reimbursement and mileage expense not covered) and time away from work being the two major challenges they face.

Colunga suggested that one possibility may be to invite EI Care Coordinators (CCs) to join HEICC meetings to share voices from parents, as EI parents tend to be very overwhelmed and cannot afford time. Moniz-Tadeo shared that the EI program concern logs, filled monthly by program managers, may be another source to analyze parent concerns, especially since this information is readily available. Kusumoto suggested developing a simple (e.g. Survey Monkey), anonymous exit survey for parents for all programs to use. Urosevich reminded that successful stories from parents are also informative. Jackson shared that one possibility may be to take extra time with parents, explaining the agenda,

Chairs and EIS to follow-up and explore options to better support parent participation at HEICC.

	<p>clarifying any questions they might have outside of council meetings, so they are more informed and comfortable.</p> <p>Tamashiro asked a question on how parents are recruited. The council responded through EI programs and partners. She offered to try invite some of her patients who may be interested in HEICC.</p> <p>In terms of support for the EI data system, Maga suggested to ensure stakeholder/user consultation in the development process. Council discussed exploring the possibility of linking the EI data system with the DHS Medicaid data system.</p> <p>Maga encouraged members to share items to be included in the HEICC priority documents, as it will be constantly updated.</p> <p><i>d. HEICC/Exec Committee Appointment and Vacancies</i></p> <p>Maga shared that in FY2020 (July 1, 2019-June 30, 2020), Bobbie-Jo Moniz-Tadeo will be taking the Chair position and Kerrie Urosevich will be taking Vice-Chair position, based on the election held at the February meeting.</p> <p>In the Executive Committee, Bonyen Colunga is replacing Jason Maga, and Sharon Thomas is replacing Mike Fahey.</p> <p>Aoki shared that the council continues to search for more parents to join the council (3 parent vacancies). She shared that she and/or Robles are willing to offer meetings or other introduction measures to interested parents. Aoki reminded Lane to submit a reapplication document to Boards & Commissions.</p>	<p>Aoki and Tamashiro to follow up on parent recruitment.</p> <p>Next Executive Committee to discuss possibilities of linking EI data system with Medicaid or other concerned data system.</p> <p>All council members to explore recruitment of potential parents who may be interested in becoming HEICC members.</p>
<p>5.Public Comment</p>	<p>Uehara shared that previously, she faced complaints from EI parents on the shift to the PSP & Coaching model from the traditional medical therapy approach, while more recently, parents seem to have a better understanding of coaching purposes and practices. She shared that the use of coaching seems to vary depending on the providers. Coaching skills are critical for pediatricians and other medical providers generally and she emphasized the importance of providing training on coaching skills to all pediatricians and other medical staff, and ensuring that medical professionals approach parents as true partners and capable</p>	

	<p>caregivers. Uehara also shared that in order to obtain parents’ input, exit survey would be too late and we would need to try obtaining input while they are still in the service.</p> <p>Moniz-Tadeo commented that coaching practice is a work in progress, both on the provider side and parent side. It depends on the comfort level and approach that each individual can take. We also need to keep in mind how to work with English as a Second Language families in coaching.</p> <p>Kusumoto commented that only four out of eighteen EI programs have received official training on the PSP Coaching model and while everyone is trying to move to this direction, programs are at the different stages in terms of implementation and how comfortable they are with it. For some providers, there are some misconceptions such as with this new model they are not allowed to provide therapies as before or not allowed to touch children. Takemoto shared the challenge of constant training needs due to high staff turn-over rates. Moniz-Tadeo shared that younger new staff tend to be more open with this approach, as they learn this principle in college, while changing practice of experienced staff who may be more familiar with traditional medical/clinical approach has been challenging, which resulted in resignation of staff. She shared the extensive training needs related to PSP & Coaching model, which takes at least six months, along with on-going support beyond that period.</p> <p>Kusumoto shared a letter with his concern on POS and DOH provider salaries and potential impact on recruitment, and requested council’s attention on this matter. Uehara asked a question if salary levels are the same between DOH and DOE programs. The council discussed that generally, DOE rates are higher, with potentially lower hours of work, due to school summer holidays.</p>	
<p>6. Announcements</p>	<p>Jackson shared an upcoming event invitation.</p> <p>The Head Start Family Engagement and Cultural Responsiveness Conference will take place at the Sheraton Waikiki the week of October 28th.</p> <p>Please use the following link to download a workshop presenter form to complete and submit if interested in being a presenter.</p> <p>For any questions, please contact Christine Jackson - Christine.jackson@notes.k12.hi.us - or Ed Condo (event planner) @ econdon@region9hsa.org</p>	<p>Aoki sent an email to the council members on this event on May 31, 2019.</p>

	https://www.region9hsa.org/learn/family-engagement-cultural-effectiveness/	
7. Future Meeting	<i>[Refer to 2019 HEICC Meeting Schedule handout]</i> The next Quarterly Meeting will be on August 28, 2019, 9am – 12pm.	
8. Adjourn	Meeting was adjourned at 11:15am.	