

HAWAII EARLY INTERVENTION COORDINATING COUNCIL

Quarterly Meeting

February 24, 2021

O'ahu	Zoom Meeting
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MINUTES

Members Present: Bobbie-Jo Moniz-Tadeo (Chair), Kerrie Urosevich (Vice Chair), Representative Kitagawa, Danette Wong Tomiyasu, Ku'ulei Arceo, Bonyen Colunga, Sharon Thomas, Daintry Bartoldus, Kimberly Allen, Leah Muccio, Rein Terrado, Brianna Levy, Cheryl Robinol, Nagisa Kimura, Bernadette Lane

Members Absent: Verna Chinen, Kehau Gollis, Douglas Mersberg, Lauren Moriguchi, Amy Tamashiro

Ex-Officio: Charlene Robles, Dr. Patricia Heu

Guests: William Aakhus, Luke Kusumoto

Staff: Amy Rivera

TOPIC	DISCUSSION	DECISION/FOLLOW-UP
<p>I. Call to Order</p>	<p>Chair, Ms. Moniz-Tadeo, called the meeting to order at 9:03 a.m.</p> <ul style="list-style-type: none"> <i>a. Welcome/Introductions</i> <i>b. Review Agenda</i> Agenda reviewed. No additions or comments. <i>c. Review Minutes from November 18, 2020 HEICC Quarterly Meeting</i> Minutes reviewed and approved. 	
<p>II. Early Intervention Section Update (9:30-10:15)</p>	<ul style="list-style-type: none"> <i>a. Part C Update</i> Robles reported Part C Grant application has been posted to Early Intervention Section (EIS) website and will be available for public comment until 4:30 p.m. on April 15, 2021. <i>b. Budget</i> Robles reported no budget updates to report on at this time. <i>c. Vacant Positions – Statewide</i> Robles reported all State general funded positions are under a hiring freeze. EI will be recruiting for two (2) Part C federally funded positions, the Hawaii Early Intervention 	

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	<p>Coordinating Council (HEICC) Coordinator and the Contract Supervisor position. The HEICC position has been announced for internal recruitment and EIS will submit a request to fill for the Contract Supervisor position.</p> <p>Robles shared was not able to update the purchase of service (POS) programs vacancy list due to the vacant Contract Supervisor position which was recently vacated. She shared in quarter one, POS vacancy was at 26%.</p> <p><i>d. State Systemic Improvement Plan (SSIP) Update</i> Robles shared SSIP Stakeholder was held on February 9, 2021 but do not have specific data to report on at this time however, EIS did have a few families that attended and through their participation gave great feedback around telepractice.</p> <p><i>e. Initiatives and Activities</i> Robles shared EIS released a Request for Proposal (RFP) for Early Intervention Services by geographical area. Proposals for the 15 contracted EI Program areas across the state were due on January 4, 2021. EIS completed the evaluation review of proposals and Notice of Award were mailed on February 1, 2021. Program contracts for fiscal year 2022 will begin on July 1, 2022 to June 30, 2023 with the option to extend. All current contracted agencies for each geographical area remain the same. EIS is currently working with awardees on finalizing budgets which includes a 10% cap on indirect cost.</p> <p>Robles shared EIS purchased the Developmental Assessment of Young Children – 2 (DAYC-2) as the temporary evaluation tool to be administered remotely to determine eligibility. A train the trainer approach will be used, and training is scheduled for March 1, 2021. Statewide implementation is scheduled for April 1, 2021 however, EI Programs may start using the tool as soon as program staff are trained.</p> <p>Robles shared EI Programs will be offering in-person visits as an option from April 1, 2021. EIS has met with COVID-19 Task Force and Program Managers and has updated the guidance document for in-person visits. EIS provided all contracted EI providers with the COVID-19 vaccination survey link and with the assistance of Division Chief, Matt Shim, providers are being included in Tier 1b. EI Program Agencies in Hawaii, Kauai, and Maui counties continued to have the option to offer in-person visits. Imua Family Services, Maui County continues to offer in-person visits as an option. They worked closely with Maui</p>	

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	<p>District Health Office to identify areas where in-person visits needed to be suspended due to an outbreak.</p> <p>Robles shared the EIS Guidance for EI Service Delivery Method During the Pandemic (effective April 1, 2021) purpose is to provide guidance for EI services that aligns with the State Reopening Strategy and the State’s Reopening Status, as well as the Department of Health (DOH) Disease Outbreak Control Division School Guidance which provides information for moving from remote home learning to in-person learning. The Disease Outbreak Control Division School Guidance will be applied to how EI services will be provided. Once finalized the EIS Guidance for EI Service Delivery Method During the Pandemic Effective April 1, 2021 will be posted to the EIS website.</p> <p>Robles shared EI service delivery method will be based on guidance from the DOH, Disease Outbreak Control Division on learning models for schools. The four EI service delivery methods are in-person visits, telepractice, blended (combination of in-person and telepractice), and phone. EI services will move toward a less restrictive level when both daily case count and percent positivity in the less restrictive level are met for two (2) consecutive weeks. The program will inform families of the movement to a less restrictive level and determine if there will be any changes in the service delivery. EI services will move back to a more restrictive level when the daily case count falls in a more restrictive service delivery method for two (2) weeks. The program will inform families of the movement to a more restrictive level and make the appropriate changes. When an outbreak in a specific area occurs, EI service may move to a more restrictive level of service and the data that is available will be used to guide the decision.</p> <p>Robles shared EI service options and guidance may change at any time based on new information from Center for Disease Control and Prevention (CDC), the State, local County, and DOH Disease Outbreak Control Division. Families will be informed when changes are made to EI service delivery. All families enrolled in EI services will be provided this guidance document and it will also be made available on the EIS website. The guidance document will be posted to EIS website two (2) weeks prior to April 1, 2021. The programs were also asked to start communicating with families about the resuming of in-person visits.</p> <p>Robles shared 24-hours prior to the visit and prior to the provider entering the home for an in-person visit, the family will review the Wellness Questions and inform the provider if there is a “yes” response to any of the questions. If there is a “yes” response any question will require</p>	

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	<p>the family and provider to either reschedule the in-person visit or use telepractice for the reschedule session.</p> <p>Robles shared there is safe practice guidelines in place that everyone needs to adhere to once in-person visits resume. For the safety of all (family and provider), all safe practice (i.e., wearing a mask and 6-feet physical distancing) requirements will be followed during an in-person visit. Anyone age two (2) years or older who is present during the session will be required to wear a face mask that covers their nose and mouth. CDC indicates that children younger than two (2) years old are listed as an exception as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.</p> <p>Robles shared whenever possible we have asked that only one (1) provider go into the home however, they may be times when a second provider is needed, in that case the conversation should include the family and make sure the family is okay with having an additional person in the home. EIS is also restricting the family’s representation of the visit, preferably only allowing two (2) adults (family members) at the most and the child at the session. EI understand families may have other children(s) at home because of distant learning but ask that any child that needs to be present wear a mask and maintain 6-feet physical distance and whenever possible, prefer that they be in another room. If anyone in the family home or the provider becomes ill or appears sick, the session will end.</p> <p>Robles shared providers were asked to have additional protective wear like face shield if the child is unable to maintain their mask and if they have trouble maintaining the 6-feet distance. If family or provider prefers to use gloves, they may do so, as necessary. In-person visits will be held in a ventilated area, if in the home with windows open or outside.</p> <p>Robles shared for providers additional safe practice guidance have been provided. They will replace their disposable face mask between visits, will clean and disinfect all items taken into a home, including face shields. They are to discard any gloves worn at the end of each visit and have the appropriate storage bag(s) (e.g., small trash bag) needed to store used items that need to be cleaned and disinfected or discarded. Providers will keep a secured record of dates/times in the office and in-person visits.</p> <p>Robles shared additional resources were added for the families and providers to access.</p> <ul style="list-style-type: none"> • Department of Health, Disease Outbreak Control Division https://health.hawaii.gov/coronavirusdisease2019/resources/school-guidance/ • How to Protect Yourself and Others 	

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	<p>https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html</p> <ul style="list-style-type: none"> • COVID-19 Resources in Various Languages https://hawaiiicovid19.com/resources/#multilingual-resources • COVID-19 Protective Handwashing https://hawaiiicovid19.com/wp-content/uploads/2020/03/Fact-Sheet-Hand-Washing_031820.pdf • Guidance for Wearing Masks https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschools-childcare%2Fcloth-face-cover.html <p>Arceo asked for the program that have already provide in-person visits, how has it been with staff, are they open to going into the home?</p> <p>Moniz-Tadeo shared when Imua officially resumed in-person visits, there was a lot of concerns and some hesitation from staff. It was a slow transition because a lot of the families still wanted telepractice. As Imua went through the process, the staff were able to express their concerns and was provided all the PPE they needed to ensure they felt safe and comfortable when they went into the family’s home. In the beginning it was rough but got easier as they continued, and it is about being honest and transparent with the families. The staff has been a little more assertive with being forthcoming with the information and making sure the families follow the procedures. The staff got good with knowing what CDC was recommending and what Maui’s county specific guidelines were and would share that information with the families if needed. There are still some concerns as Maui’s numbers has been increasing in certain clusters, housing areas, certain population areas and for those the program will go back to providing telepractice.</p> <p>Moniz-Tadeo shared within Imua’s organization there is a health checker and if staff does not pass the health checker, they are not allowed to go into the office or provide any in-person visits or attend anything in person. Imua also has an electronic tracking with a QR code with a Google document with the staff. As soon as the staff gets to the family’s home, they are entering in the QR code and they are listing the clients information so, should there ever be a situation where Imua has to do contact tracing, it is already there on the form that Imua can provide to the DOH.</p> <p>Arceo shared this information will be helpful to programs that will be starting up to resume in-person visits and there is an example.</p>	

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	<p>Robles expressed very grateful that Imua had decided to resume in-person visits back in August and have met and learned a lot from them to help build EIS guidance.</p> <p>Robles shared development of new data system and development of the training guides continues.</p> <p><i>f. Program Measures Dash Board with Complaint Summary</i> <i>[Refer to the HEICC Program Measures Dashboard]</i></p> <p>Robles shared EIS evaluation for eligibility is called a Multidisciplinary Development Evaluations (MDE). Since March 2020, EIS has been delivering services remotely due to the pandemic. Programs have not been able to administer the MDE tool in its entirety to determine eligibility therefore not being able to capture real data. EIS eligibility criteria are a negative one (1) for two (2) or more areas and a negative 1.4 in one (1) area, without using a tool that can give the data, EI cannot say the evaluations is completed.</p> <p>Robles shared the other process is to complete the Individual Family Support Plan (IFSP) but because of similar challenges and not having the scores from the evaluation, EIS is only completing an interim IFSP. Programs have 45 days to complete MDE and IFSP but because both are not being completed in its entirety there is no official data point, therefore EI cannot effectively report on it.</p> <p>Robles reported for Measure #1, FY21, this past quarter (October-December), there is an increase in contacts and towards the bottom you can see the quarter to quarter change however, if you look at FY20 and compare, we are below the 800 mark in contacts.</p> <p>Robles reported for Measure #2, 96% of its referral are to the programs. EI does get referrals from the Public Health Nursing Office, calls are received from parents whose child is over age three (3), with some calling for information only, and with calls coming in for additional information for an active child within EI. She shared even though numbers reflect 0%, there may be raw numbers under this but was not enough to create a percentage measure.</p> <p>Robles reported for Measure #3, quarter one (1) the number of program referrals was 698 and in quarter two (2), it increases to 725.</p>	

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	<p>Robles reported for Measure #4 data reflects who is making most of the referrals and there was a concern at one point about our primary care physicians (PCP)/pediatricians because families may have opted not to take their child for their well-baby visits because of COVID however, numbers for referrals from our PCP actually increased compared to FY20. Our biggest decline or area that notice the decline from is our parents, down by 3% and if you look at the previous years, its down by 7%.</p> <p>Robles reported for Measure #5, 5a&b, 6, 6a&b is the evaluation and IFSP piece which was shared earlier and that is why EIS has purchased the DACY-2.</p> <p>Robles reported for Measure #7 our children can either become eligible as developmental delays or by biological risk which means the child may have a medical condition or diagnosed that puts them at a higher risk for delay. Majority of our children are coming in as developmental delay and because EI does not have solid data from an evaluation tool, basically all the children who are being referred for EI are being seen.</p> <p>Robles reported on December 1st Point in Time Child Count is the number of children enrolled in EI and means that there is an IFSP in place for the child and family and services are being provided.</p> <ul style="list-style-type: none"> • December 1, 2019 Point in Time Child Count: 1,811 • December 1, 2020 Point in Time Child Count: 1,394 <p style="padding-left: 40px;">Percent Decrease from 2019: 23%</p> <p>As of December 31, 2020, there are 691 children that require a Multidisciplinary Evaluation (MDE) to determine eligibility for early intervention services.</p> <p>Robles reported for Measure #8 eligibility, cannot provide updated data because do not have evaluation scores, that is why data is zero (0). EI have family who are declining services because they are not interested in services and this is concerning because it is up 175 families in comparison to 130 for FY20. Robles shared she thinks families may have other things that are occurring in their lives, unemployment, managing their children(s) in their home, learning from home, and many other factors due to COVID is reason for the increase in families not being interested. The unable to contact went from 113 in FY20 to 129 in the 2nd quarter of FY21 so not sure why we are unable to contact.</p> <p>Robles reported for children with IFSPs, data is slightly different (refer to additional information handout) and could be because this was at the point in time data (1,394) on</p>	

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	<p>December 1, 2020 and the 1,374 data is the end of the month data and it is possible there were discharges that might have impacted this data.</p> <p>Robles reported for Measure #10, for those that are new, Part B is our Department of Education (DOE) system. EI programs work with families and children that may be eligible or would need DOE services after EI, the program will work with the family to ensure the transition occurs. She shared knows that DOE were making some adjustments due to COVID and there were some holds so not sure if this was the reason why the data was lower than FY20.</p> <p>Robles shared EI did not receive any complaints for this quarter.</p> <p>Arceo asked if other programs within DOH have seen a decrease in numbers overall?</p> <p>Thomas shared for MedQuest looking at the volume of applications they have received, the number of applicants that have now become eligible shows a significant increase. Previous data reflects about 25% of the population had Medicaid coverage and now we are about a third of the entire state population and it is looking that it will continue to increase. There are just more people that are in need and struggling.</p> <p>Kimura shared for PHN, we do a variety of work, for the district referrals, what we call referrals from the community, did initially see a decrease at the onset of COVID but did have a blip as we usually see around the holidays. For the DOE schools that we are health consultants for, initially, because schools were distance learning, our nurses did not have as many medication requests for approvals. We have seen an increase with schools going back and for the PHN in terms of workload, overall, our priority has shifted to COVID response efforts.</p> <p>Lane shared for CWS did see a slight increase in number of cases and have put out a new data booklet that we are required to do for the annual reporting to the Feds, so a lot of the information there is showing an increase in intakes and it does reflect the number of cases still remain with the zero (0) to five (5) population being the majority of the age group that we work with for abuse and neglect. She shared the pandemic has focused on people getting their basic needs met first and then lack of children not being able to be seen by like, teachers on a regular basis to make that call to CPS.</p>	

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	<p>Urosevich shared in general access to programs and services or families accessing programs and services is down and underutilization and childcare programs closing. There are problems with childcare space as well with family childcare and centers closing or only offering virtual so, not actually offering childcare services.</p>	
<p>III. Council Business (10:15-11:45)</p>	<p><i>a. Legislative Update</i> Robles shared did not have any legislative updates to report on.</p> <p>Urosevich shared with Early Childhood Action Strategy partners with Keiki Caucus, the Women’s Caucus and with a lot of the other organization in our state departments to find out what is coming up for young children, what are the top priorities to ensure that we are supporting healthy early development and will share what our teams priorities were. First one was the SNAP Double Bucks Program, the second one is focused on screening and so HB 96 and HB97 are efforts to improve the identification of newborns and infants with vision, hearing loss and an effort to increase the early identification of children with vision and hearing loss. This Friday, February 26, 2021, the Finance Committee has a hearing for both House Bills and if you are able to provide testimony, they would very much support or be very grateful for the support and if a need language for your testimony, please reach out and we will be happy to provide the language and we can also connect you with PoKwan from DOH who also has really helpful language for all to use. The Sugar Sweetened Beverage Bill has died, unfortunately so that will not be moving forward and for then for safety, there is a bill to form trauma informed care task force within the DOH to look at how do we systematize trauma informed care trainings and practices. Ideally, eventually we can become a trauma informed state. Protection of victims of abuse establishes residential restrictions on sex offenders and then protection from abuse, it adds coercive control to the definition of abuse of a family member. For Early Learning, there is an onsite childcare facilities tax credit bill, there is an early childhood educator, stipend program bill and there is clarification of aspects of Act 46 implementation and so that was the bill that rapidly expands access to childcare and early learning for three (3) and four (4) across the State with a goal of by 2032 for all three (3) and four (4) year old to have access so this bill is a shortened recommendation of some changes to the bill that was passed last year. If anyone has questions on these bills, happy to answer them now or you may reach out to me.</p> <p>Urosevich asked if someone from the DOH could share where we are at with budget cuts.</p> <p>Robles shared William “Lane” Aakhus our Administrative Officer from our Family Health Division is present for today’s meeting and will ask if he has anything to share.</p>	

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	<p>Aakhus shared for current fiscal year, EI’s general fund operating appropriation, aside from payroll, is \$16.1 million. The Governor’s proposal for FY22 is exactly \$14,000,634.61 which equates to a \$1,470,354.00 operating reduction. The EI contracts, was budgeted prior to the Governor proposal of 14.3 million. That leaves EI approximately \$285,000 to conduct all other operating business outside of the POS contracts. We have had ongoing discussions with the POS contractors, the entire RFP budget was for \$14.3 million, which makes it very tight for EI moving forward. It is now being reviewed by the legislature; we hope early interventions appropriation will increase from what the governor proposed.</p> <p>Urosevich shared the challenge to that is the council wants to make sure that early intervention services can meet the federal requirements and if these cuts are going to jeopardize us meeting federal requirements, that doesn’t only put children and families at risk, but it also puts our state at risk.</p> <p>Robles shared the inability to meet federal requirements would make it concerning.</p> <p>Bartoldus shared there are five (5) Sunshine Law Bills, HB677, HB880/SB1034, HB503, and SB661, bills is being put into legislation and for this committee it is important that we follow those because of the way we could hold our meetings and conduct our meetings.</p> <p>b. Early Learning Board Update Moniz-Tadeo reported Moriguchi was not able to attend today’s meeting but did send an update.</p> <p>A new website has been developed for the early learning community and we would like to ask for your assistance in sharing the information with partners, stakeholders and families: www.earlychildhoodhawaii.com.</p> <p>The website includes but is not limited to the following:</p> <ul style="list-style-type: none"> • Hawaii Early Childhood State Plan • Strategic Implementation Plans • Comprehensive Needs Assessments • Early Childhood Facility Study • Hawaii Early Childhood Unduplicated County Study • The Steps to Kindergarten Transition Toolkit and the Learning Continuum • Family Partnership Guidelines for ECE Programs • Hawaii COP Framework and Facilitator Manual <p>Additional resources will be included in the coming months:</p>	

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	<ul style="list-style-type: none"> • Embracing Your Journey as Your Child’s First Teacher Family Guide and Training Module • Resilience and Wellness Toolkit by ECE Settings and Training Modules <p>Individuals who are interested in receiving a hard copy of the Strategic Implementation Plans may contact Alohi Maiava at alohi@eoel.hawaii.gov.</p> <p>Urosevich shared Moriguchi is leaving EOEL and the board has been working diligently to set up a hiring process and get replacement in place.</p> <p>c. HEICC Priorities Update and Discussion</p> <p>Urosevich shared do not really have an update on the set of priorities and know the council has talked about first two (2) priorities being the top priorities for 2021. She shared both Urosevich and Moniz-Tadeo will need to hui up to and make sure these ad hoc committees are created, one will be focused on family participation and stakeholder engagement and the other will be focused on recruitment, onboarding and succession process. Urosevich shared need to clearly define and draw up the role between the DOH and chairs and to make sure we have succession and process in place for the chairs but how we are recruiting members to the State board and what kind of support can be provided. Some members have expressed interest in the family participation stakeholder group, these will be ad hoc and not ongoing committees, commitment to the ad hoc will be until the work is complete.</p> <p>Moniz-Tadeo shared for the recruitment and onboarding priorities, have had conversations with other coordinating councils and have put together a little bit of framework that will be shared at the next executive meeting.</p> <p>d. HEICC/Executive Committee Appointments and Vacancies</p> <p>Robles shared there is currently five (5) vacant parent positions. EIS was notified that there may be a family/parent interested in participating in HEICC and will be scheduling to meet with them via Zoom or by phone. Moniz-Tadeo is a holdover and appreciate that she is continuing to support the chair position. EIS is still waiting on the Senate appointment and happy to have Representative Lisa Kitagawa joining us. Colin Hayashida from Insurance Division was not able to join us today but instead Cheryl Robinol is present for representation. Robles shared is thankful to Colin and his team because they have had someone present for our meetings, even if they do not have a representative assigned to date. Moriguchi was asked to be a holdover until she vacates her position in May.</p>	

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	<p>Urosevich asked the members if they would like to submit a testimony for the screening bills as an HEICC entity?</p> <p>Moniz-Tadeo shared members would vote on whether you would like to submit testimony as a whole group as part of the council with some members having to excuse themselves because of conflict in interest.</p> <p>Urosevich shared first bill, HB 987, amends the hearing and vision programs statute to increase the early identification of children with hearing or vision loss by establishing consistent protocols for hearing and vision screening follow up screener training and data collection for quality improvement and this is part of the Governor’s package.</p> <p>Wong Tomiyasu reported the department is in strong support of that measure.</p> <p>Members voted in favor of submitting a testimony on behalf of the council.</p> <p>Moniz-Tadeo shared chairs will work together and will submit testimony on behalf of the council.</p> <p>Urosevich shared second bill, HB 986, requires diagnostic audiologic evaluation results of newborn hearing screening evaluations are infants whose hearing status changes to be provided to the DOH.</p> <p>Wong Tomiyasu reported this is another one the department is in strong support of, it was a measure that was proposed last year but did not make it because of the pandemic.</p> <p>Moniz-Tadeo shared chairs will work together and will submit testimony on behalf of the council on this one as well.</p>	
<p>IV. Public Comment (11:45-11:55)</p>	<p>No public comment.</p>	
<p>V. Announcements (11:55)</p>	<p>Kimura shared a new resource booklet called Home Care for Persons with COVID-19. This was a collaborative effort between those in the DOH and as well as other community organizations such as City & County, Fire, EMT, and nursing. This booklet is available online and working to get the booklet translated into different languages.</p>	

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	<p>Urosevich shared nuturedaily.org it is a resource for families to strengthen relationships in the home between adults and adults and adults and their keiki. The second resource is from Family Hui Hawaii that started Bubble Hui. Great resource for EI families to connect with other families for peer to peer support than can be provided what they are calling the Bubble Hui, families can come together online to provide support for one another. Lastly, is Nest for Families, it is a two way text support program for new parents and it helps with parenting, with maternal depression and referral, and breast feeding.</p> <p>Bartoldus shared on March 4, 2021, Hawaii State Council event at the Capitol kickoff to National Developmental Disabilities Awareness month. This event usually attracts about 500 individuals with developmental disabilities of all ages to the capitol but this year looking at holding this event virtually.</p>	
VI. Future Meeting(s) TBC	Robles shared next quarterly meeting will be held on May 26, 2021, August 25, 2021, and on November 17, 2021, all on Wednesday from 9:00 a.m. to 12:00 p.m.	
VII. Adjourn (12:00)	Ms. Moniz-Tadeo adjourned the meeting at 10:47 a.m.	