



[Interagency Coordinating Council – Meeting Minutes]

Interagency Coordinating Council (ICC) Business Meeting Minutes
Saturday May 3, 2014 | 10:30am-12:00pm
Lt. Joseph P. Kennedy Institute 801 Buchanan Street NE

Members in Attendance:

Carter, Almo	[Parent]
Jeri Berman	[EI Provider]
Coward, Charles	[EI Provider]
Durden, Cheryl	[CFSA]
Hagler, Royace	[United Planning Organization]
Jawetz, Tom	[Parent]
Kupferman, Emma	[DASH]
Lewis, Jennifer	[Parent]
Long, Toby	[CSPD]
Palmar, AJ	[EI Provider]
Parks, Barbara	[DBH]
Sonosky, Colleen	[DHCF]

Nominees:

Pamela Buethe	[CNMC Provider]
Karen Mazie	[Parent]
Cynthia McEwen	[Parent]

OSSE Personnel in Attendance:

Raeshawn Crosson	[OSSE]
Johnston-Stewart, Jerri	[OSSE]
Kerda DeHaan	[OSSE]

Guests:

Denise Hadley	[Georgetown Student, PT EI Provider for DCPS]
Janere Anderson	[Georgetown Student, Service Coordinator, Kennedy Institute]
Melissa Dardy	[Georgetown Student, Childcare Provider]

Agenda Item I. Call to Order

The meeting was called to order at 10:40am followed by roll call: all were welcomed by the Chair.

Agenda Item II. Approval of January 24, 2014 Meeting Minutes

Due to the extensiveness of the minutes, members will be given an opportunity to review followed by votes via email within the next couple of weeks.

Agenda Item III. DC Early Intervention Program Updates

Updates were provided by the DC EIP Program Manager: The EI program is in the fourth quarter of the federal fiscal year that runs from July 1, 2013 thru June 30, 2014. The program submitted the APR and Child Count to the US Department of Education, including an application for federal funding for the Part C regulation of extended option, which begins July 1, 2014. In addition, policy development is in progress. The budget hearing occurred without mention of the proposal for the extended option. EI requested funding related specifically to the extended option for 200 additional children for the 2014 fiscal year that ends September 30th. The program will conduct an internal assessment for potential savings in other program areas to supplement cost. The goal is to have ample funding through FY'14 for all children in need of services. DC EIP determined that 80 children are eligible for the extended option from July 1, 2014 thru September 30th. Currently, EI is reaching out to these families to confirm their decisions. Part B eligibility is uncertain thus, EI plans to send letters to parents and with DSE support, a determination will be made. With the new guidelines related to eligibility determination, EI is experiencing a spike in referrals coupled with children eligible to receive services. Each year about 400 children that are Part B will exit the program. DC EIP's budget hearing occurred this week with Education Committee Chair, David Catania. Concerns related to agency-wide accountability and Charter and Public School authority were raised. He urged the Superintendent to take an aggressive approach over the next 9 months before the incoming executive team. DC EIP holds community based organizations (CBO) that provide early childhood services accountable but do not take an aggressive stance with the public and charter schools. From the early childhood perspective, Mr. Catania discussed a quality grading improvement system, which is the statewide accountability system for early childhood providers. Currently, the only component that is rated in the program is accreditation, which includes subsidized providers. The only component that rates the quality of the program is accreditation. A review was done this year, which revealed that the accreditation component was not that effective. As another measure, OSSE will utilize class scores to determine the quality of childcare in DC. In June, OSSE is scheduled to return before the Education Committee. The proposed special education policy that changes the 25% delay in Part C and serving at-risk children will be addressed. The at-risk component has substantial fiscal implications that will be shared with the council members. The homeless and foster care populations are targeted as at-risk. The division of early learning is prioritizing services for these children/youth that are automatically eligible but will only receive services if needed. The larger issue is consumer education related to untapped resources available to at-risk children i.e., home visiting, early head start, mental health consultations etc., which will be included in the proposal to city council. The ICC can support the EIP in meeting its goals by developing an effective communications plan, sharing information with parents, obtaining feedback on what's important to them and identifying their needs. Information empowers families to make informed decisions. System gaps can be addressed through community pediatricians, childcare providers, and therapists; all are essential team players to link children to EI services. The idea to leverage the pediatrician's role in the EI process is feasible since the medical model is familiar to families and focuses on the child. The question of Pediatricians' knowledge about EI was placed on the floor for discussion. Current communication and training methods include online courses with linkages to Georgetown University Center for

Child and Human Development's, and Part C's website. The DHCF representative offered to coordinate physician representatives of the four providers (CNMC, Georgetown, Mary's Center, and Unity) that serve 80% of DC Medicaid children for a discussion forum with the ICC. The Universal Health Certificate and the oral assessment are priorities for DHCF, and should be submitted annually. DHCF, DCPS and DOH are collaborating to develop an automated provider notification system, such as the Universal Health Certificate that can be submitted into DOH's system. It was suggested that technology should not replace the humanistic component of parent and physician engagement regarding children's health. From an accountability perspective, families should remain involved to ensure that all children are in compliance with health requirements. The Georgetown students recommended bridging the gap between EI and the hospitals so that parents will have a better understanding of how to precede post hospitalization. The dialogue continued with ICC parents expressing that education starts and continues during the entire prenatal period. By 28 weeks with genetic testing there is a confirmed diagnosis indicating the likelihood of a developmental delay in the infant. As we problem solve, transportation costs associated with multiple appointments as well as parents being able to navigate the system must be remembered.

Agenda Item IV. Subcommittee Reports

Committee members were given a description of the ICC authority associated with the administrative issuance and committee by-laws, which provides information on the four standing committees; nominating, legislative and social policy, membership and parent advocacy, public awareness and the program development committee. In 2012 the ICC agreed that the aforementioned committees will be the focus for this council.

The executive committee encompasses each standing committee chair, the council chair, the vice chair and the secretary. The heart of the work occurs in the standing committees. Each committee member is required to serve on at least one sub-committee. The Chair asked each member to review the descriptions and commit/recommit to one of the four sub-committees, and to consider serving as a sub-committee chair. The program development and public awareness chair will no longer be a part of the ICC thus, this sub-committee needs a chair. The ICC meets quarterly, which gives an opportunity for effective sub-committee work yielding a strong ICC. A general question of how other sub-committees communicate between meetings was asked. Some sub committees coordinate calendars at the quarterly meeting and meet within a month. Others schedule via Doodle Poll and conference on the date most members are available.

Agenda Item V. ICC Business

Three perspective members are in the process of gaining ICC approval from the Office of Boards and Commissions. The ICC unanimously voted in support of all of the nominees. The Chair informed the nominees to be patient because it may be a lengthy process.

Several committee members' commission expires tonight at midnight. The expiration date is on each member's certificate with the exception of government employees, because they serve at the pleasure of the Mayor. Provider certifications expire in 2015. All were encouraged to submit a renewal form before midnight if they intend to remain active on the ICC. Emma Kupferman will not renew her term due to relocation and increased work responsibilities. However, she offered assistance regarding needs around the homeless

community. The ICC needs to follow-up with Jasent Brown who works with the McKinney Vito group (homeless population for DCPS). Emma will follow-up with Jamila Larson who runs playgroups in the shelters; she may be interested in assisting the ICC.

The UPO serves a small number of homeless families. OSSE and DHCF will work on identifying a Health Services for Children with Special Needs (HSCSN) ICC representative.

Agenda Item VI. Other Business

Transition Module—Students from Georgetown University Certificate in Early Intervention

Committee member Toby Long introduced students from Georgetown University who presented their capstone transition from Part C to Part B learning module project.

Georgetown University offers a certificate program that includes a series of online learning modules known as, Contemporary Practices in Early Intervention. Many of the participants are DC EI providers. Graduate students are required to complete a capstone project and one group chose to create an EI transition from Part C to Part B learning module. At the January ICC meeting, numerous questions related to the transition model surfaced. Thus, it was decided that a presentation from these students would be helpful.

The module is primarily text that includes an overview of the importance of transition, a ‘to do’ parent checklist, a going through the transition process checklist, transition guidelines, extended option information, various sample strategies for parents, provider information, a FAQ sheet, resource section, and an acronym listing. Afterwards the ICC asked questions and offered suggestions that would be helpful to parents i.e., defining main stream, inclusion and non-cap class rooms, school board information, list of school type and services. The website for the online certificate program is: www.teachingei.org. All new providers are required to complete the series of trainings before receiving a password to the EI case management system. A companion site, www.learningei.org has a listing of trainings and a blog. A section for the ICC will be incorporated into this website. The module links to DCPS (www.learndc.org) and will include information that providers need to know. Transition cannot work until there’s true collaboration between EI, Early Stages and the SAP.

Agenda Item VII. Next Steps

The Chair reminded members that a conference call would occur within a week and a half in the evening to vote on the minutes. Members were reminded to indicate their sub-committee preference to the Chair via email. The Nominations committee is the only sub-committee with a cap on the number of participants; however, all committees need to be sufficiently staffed. A chair is needed for the Legislative and Social Policy.

The next quarterly meeting is Friday July 11, 2014 from 11:30am-1:00pm at OSSE 810 1st Street NE WDC 20002. Lunch will be served. The Chair thanked Emma Kupferman for her service.

Agenda Item VIII. Public Comments—none

Agenda Item IX. Adjournment

Meeting adjourned at 12:05pm

Submitted by Cheryl Durden, Secretary of the ICC

Acronyms

APR—Annual Progress Report

CBO—Community Based Organization

CNMC—Children’s National Medical Center

DHCF—Department of Health Care Finance (DC Medicaid)

DHS—Department of Human Services

EI—Early Intervention

FAQ—Frequently Asked Questions

HSCSN—Health Services for Children with Special Needs

ICC—Interagency Coordinating Council

IFSP—Individual Family Service Plan

Non-CAP—Non Categorical Classroom

PCP—Primary Care Provider

PM—Program Manager

OSSE—Office of the State Superintendent of Education

SAP—State Advisory Panel

