



[Interagency Coordinating Council – Meeting Minutes]

DRAFT

Interagency Coordinating Council (ICC) Business Meeting Minutes

Friday July 11, 2014 | 11:30 am-1:00pm

Office of the State Superintendent of Education 810 1st Street NE, 9th Floor

Members in Attendance:

Berman, Jeri	[EI Provider]
Carter, Almo	[Parent]
Coward, Charles	[EI Provider]
Hagler, Royace	[United Planning Organization]
Jones, Katie	[Connections]
Lewis, Jennifer	[Parent]
Libers, Howard	[DISB]
Long, Toby	[CSPD]
Palmar, AJ	[EI Provider]
Sonosky, Colleen	[DHCF]
Nominees:	
Pamela Buethe	[CNMC Provider]
Cynthia McEwen	[Parent]

OSSE Personnel in Attendance:

Crosson, Raeshawn	[OSSE]
DeHaan, Kerda	[OSSE]
Johnston-Stewart, Jerri	[OSSE]
Morrison, Kim	[OSSE]
Scott, Krista	[OSSE]

Guests:

Eversley, Melissa	[CFSA for Cheryl Durden]
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Agenda Item I. Call to Order and Roll Call

The meeting was called to order at 12:04pm followed by roll call: all were welcomed by the Chair.

Agenda Item II. Approval of May 3, 2014 Meeting Minutes

Add Jeri Berman's name as member in attendance. Minutes were approved by Jeri Berman; Charles Coward seconds the motion.

Agenda Item III. DC Early Intervention Program Updates

Updates were provided by the DC EIP Team:

An article in this morning's Washington Post reported that the City Council unanimously passed the Special Education bill (initiated by David Catania) that supports children with a 25% delay in one area. Minor modifications are needed but the bill is effective July 1, 2017. DC EIP has been consistently underfunded for the past 5 years; they are currently facing a 1.8 million dollar deficit and lack the capacity and therapeutic personnel to serve the anticipated increase in children this change will generate. An additional 1,258 children are projected to qualify for early intervention services under these criteria. The existing criteria are 25% delay in two or more areas or 50% delay in one area. Currently, there are not enough therapists or contracted DC EIP therapists to support the new law, and the early childhood community is unprepared. Capacity building with the existing workforce along with education and awareness must be the priority over the next two years. Providers are challenged in attracting, hiring, and retaining therapists. DC EIP is considering partnering with several colleges/universities to increase the number of early intervention undergraduate and graduate programs, as well as leveraging the District's Teach scholarship and Mayor's programs. The ICC shared that Howard University is waiting for a response to an early intervention federal grant submitted in April. If awarded, students will be committed to early intervention for two years. The DISB has been asked to provide internships, which will be a direct line for employment for participating students. The ICC suggested engaging and encouraging parents to petition for funding and space. Physical space is a prime commodity. EI is competing for space to provide existing services and the homeless population makes it a greater challenge. The implementation of the July 1, 2013 criteria had a significant impact on resources. EI averages 38 referrals monthly although 42 referrals have been received this week alone. The critical resources are funding, personnel and space. EI is assessing its current model and believes that it is not the most effective with a staff of eight. A central location will streamline the process and increase productivity. The two-three year olds are the largest group of children served by EI followed by the one-to-two years of age then birth-to-one. The national news highlighted the population move in Washington, DC and suggested an association to the government shutdown nine months ago. EI reports an increase in preemies, twins and triplets. The Connections therapy group was trained last month in the Sally Rogers' Early Start Denver model. EI plans to offer this service in the District's first pre-school autism program. Support was solicited from the Washington Building Congress (WBC); a group of contractors and developers that conduct business in Washington, DC and gives back to the community. The Edward C. Mazique Parent Child Center will be the location for autism and other services. The building is large (33,000 sq. ft.), old, and needs renovating. A walk-thru with the WBC was completed inclusive of design plans for the entire space. EI notes that this is a huge undertaking and realizes that the WBC can't independently fund all of the work thus, they are soliciting donations. This will be an EI pre-school serving children 18 months to 4 years. A detailed plan with program framework and characteristics i.e., inclusion, all day services, etc. will be available, including a start date by October. The ICC proposed consideration for classrooms for other children with disabilities. However, EI contends that autism is their most costly service, which must be better managed for more children to be served. EI is exploring initiatives with NCC and Easter Seals for example, to expand capacity, but funding and space are key barriers. In addition, the ICC suggested that EI explore equipment sharing opportunities for parents as well. EI states that space becomes a factor for storing the equipment. The ICC recommended that

teacher training be enhanced to equip teachers to handle non-typically developed children in the classroom. EI shared that historically numerous trainings were offered by OSSE but failed to yield quality results. Data was obtained from environmental scales, kindergarten entrance assessments, and EI to view trends. This helped in providing targeted technical assistance to the workforce. The new approach includes trainers that meet the needs of the program and will incorporate the trainings into teacher requirements and licensing regulations to ensure that the trainings are maintained annually. DC EI has a significant amount of work that needs to be completed by September 30th and is asking the Public Awareness and Program Development committee to assist in meeting this goal; work includes the payment policy brochure, procedural safeguards, and development of a physician's guide. The case management information system vendor will be announced in two weeks, and the DC Medicaid finance ruling was passed. Thus, in 2015 Medicaid reimbursement will be available for EI services for the fee-for-service population only, not managed care enrollees. DC EI wants to use the October meeting to develop the state systems improvement plan. With the extended option launch July 1st, little data is available to offer a status today, an update will be provided at the next meeting.

Agenda Item IV. Subcommittee Reports

1. Executive Committee

The ICC Chair thanked those that submitted sub-committee participation information and asked that everyone forward an email to her again indicating all committee participation. As a reminder, the Executive Committee includes the Chairs of all four standing committees, the Chair, Vice Chair and the Secretary. Charles Coward is the chair of the Nominating committee and Jen Lewis chairs the Parent Membership committee, however, there is not a chair for the Legislative and Social Policy or Public Awareness and Program Development committees. Leadership is critical to the functionality of these committees.

2. Nominating Committee

The Office of Boards and Commissions is waiting for senior level approval for the following appointments: Jen Lewis, Royace Hagler, Tom Jawetz, Almo Carter, Karen Mazie, and Howard Liebers. Howard Liebers is replacing Janae Fontaine Barnes's position which ended; this has been approved. It was communicated that the draft will be signed probably on Monday by the Mayor. The Chair thanked the nominees for attending today's meeting and confirmed that the nominees may sign up for committee participation.

3. Membership & Parent Advocacy Committee

The first issue this committee focused on was understanding families' transition experience. In reviewing the Strong Start surveys that are given to exiting families, it was determined that the three questions asked met the minimal federal standard for questions. Other state surveys were examined and about 20-30 questions were extracted and compiled to develop a new tool that can be used to evaluate characteristics (how well service coordinators and families are prepared, the level of knowledge families think they need, the effectiveness of Early Stages transitioning families, etc.) of families' transition experiences. The 20-30 questions expand the size of the project. The committee plans to vet other ideas before rendering a decision. Krista Scott offered to work with the Chair

from the 619 level to ensure that the survey appropriately captures associated part C and part B concerns.

4. Legislative & Social Policy Committee

There are no updates for this committee. The Chair asked others to join this committee. An independent update from one committee member informs that the Centers for Medicare and Medicaid Services, which is the federal agency that administers Medicaid programs, released a policy transmittal on Medicaid coverage of Autism Spectrum disorders. The DC Department of Health Care Finance will provide local guidance as this directly relates to the EPSDT benefit.

5. Public Awareness & Program Development Committee

This committee needs leadership. Currently there are two members. Jerri Johnston-Stewart and Jeri Berman may co-chair this committee.

Members signed up to participate on the Social Policy and Public Awareness and Program Development committees.

Agenda Item V: ICC Business

The status of reappointments was provided in the Nominating committee report.

Agenda Item VI: Next Steps

The next meeting is scheduled for Saturday October 18th at the Kennedy Institute. The ICC exists to support the DC EIP and low participation impacts our effectiveness to meet established goals. If you communicate with Kim Alfonso, Barbara Parks, or Jasent Brown, please encourage their participation. Please provide advance notice if you are unable to make a meeting; emergencies are understood. The by-laws permit two meeting absences. It's extremely important to have full participation. Committee commitments will be shared with the group.

Agenda Item VII. Public Comments

None.

Agenda Item VIII. Adjournment

Thank you again for your participation.

The next quarterly meeting is Saturday October 18, 2014 from 10:30am-12:00pm at Kennedy Institute 801 Buchanan Street NE WDC 20017.

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
EPSDT—Early Periodic Screening Diagnosis and Treatment
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