

Birth to Three Interagency Coordinating Council (ICC)
April 23, 2019
Meeting Minutes

ICC MEMBERS IN ATTENDANCE: Sarah Milner, Cindy Brown, Ann Meduri, Alison May, Mary Agnes Rutkowski, Shelly Lazorchak, Susan Mateja, Pam Green, Pam Reuther, Ann Woolfolk, Bruce Orr, Dr. Martha Buell

INTERESTED PERSONS IN ATTENDANCE: Jamie Walko (OEL), Jeanette Short (CDW South/DOE), Fiona Vivar (CDW North/DOE), Amy Roe (Citizen Advocate), Sarah Bucic (Citizen Advocate), Gaye Council (CDW North), Kathleen Devine (CDW Program Manager), Robert Bordley (CDW North), Michelle Blankenship (Easter Seals), Dr. Judy Gorra (CDW South), Doreen Brown (Easter Seals), Meedra Surratte (PIC), Brittany Powers (UD-CDC, Act Early), Flo Kinney (Sunny Days), Kim Krzanowski (OEL), Mary Moor (DPBHS), Layne Humphreys (UD), Henry May (UD), Caitlin Gleason (OEL)

STAFF IN ATTENDANCE: Sue Campbell, Shebra Hall, Hope Rose, Pam Weir

Participated via conference call ~ Patrice Linehan (NCSI), Sarah Gentry (sub for Molly Merrill)

Introductions: Members & Guests

Approval of ICC Minutes:

We have a quorum! Sarah Milner called the meeting to order. Meeting minutes were reviewed, approved and seconded.

Housekeeping:

Pam Weir described the document shared with all ICC attendees: *Request to Fill out Announcements, Public Comments & News*. This form was designed to record the information shared at the end of each ICC meeting to better document, recognize and share information with attendees after the ICC meeting.

Early Intervention to Promote Positive Outcomes in Children Exposed To Lead

Amy Roe and Sarah Bucic

1. Childhood Lead Poisoning is still a problem in Delaware. In the 5-year period between 2012-2016, over 1600 children who were tested had elevated blood lead levels.
2. Lead exposure below the eligibility threshold of 10 µg/dL contributes to serious learning and behavioral outcomes, including lower IQ, lower test scores, poor performance in reading, science and math, reduced impulse control, and behavioral problems in school, family and society.

3. Early education can improve outcomes in children exposed to lead, including improved brain functioning during the critical time of brain development, reduced reliance on special education, and students can begin kindergarten with a general education class.
4. Even the lower IDEA Part C eligibility threshold for lead poisoning is missing too many children with lead poisoning.
5. Please, consider lowering the eligibility level to 5 µg/dL.

Question (Q): What is the current mechanism for results of lead tests going back to a child's Primary Care provider (PCP) to prompt a referral to Part C?

Answer (A): The Department of Health and Social Services (DHSS) has a Childhood lead prevention program. The purpose is to connect PCP's and clients to services. Nurses receive referrals for children who have a lead level of 15 µg/dL. The nurses go to the home to help provide resources in removing lead in the home. The Division of Public Health (DPH) does receive all results for state of Delaware; however, nurses only receive the referrals for kids with levels of 15 µg/dL or above. Any results under the 15 µg/dL does not get a home visit.

Q: Is there resistance to the initiative?

A: DPH has not been publishing updated data regarding lead poisoning. There was a misunderstanding that data is not up to date. We are not sharing up to date and accurate information on the scale of the problem

Q: What is happening to kids who are qualifying under established condition, and may not be moving forward with appropriate referrals? Currently few providers are receiving referrals for children with high blood lead levels.

A: We recently, in 2017, moved the threshold from 45 µg/dL to 10 µg/dL. We anticipate an increase in referrals to early intervention.

Q: How can we rely on information in front of us if a child does not necessarily present with delay between birth and three?

A: We should rely on the blood test. We should anticipate concerns and give educational information for future concerns should the child demonstrate a delay in the future.

Q: How do we support children and families in poor socio-economic situations?

A: Head start model is extremely effective (preschool type for intervention, learning environment).

Comment: The Family Service Coordinator (FSC) plays a crucial role by educating families on lead prevention, proper nutrition, and resources.

Q: What is the impact on DPH funding? Have we tied this to funding issues? Who is doing the testing and who is managing the data?

A: Delaware does not provide in state funding for Lead. The data source comes from the blood test. Every test collected must be reported to DPH through their childhood lead prevention program.

Q: What if the family is identified with lead in the home? Is there funding for removal of the lead or does the family have to move.

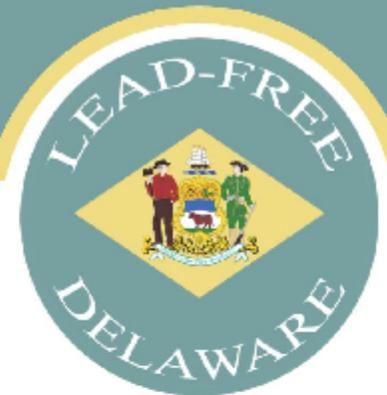
A: A requirement is that rental houses have to be lead free of lead dust. We are using lead tests to determine noncompliance with rentals. Relocation of families is provided by the state for a month

until lead dust is removed. We need more resources to educate families regarding where lead poisoning can come from. It is not just dust in the home. It could be on the clothes. Fire arms use. Lead in primers of bullets. Dust settles into clothing. Lead in food items from imported countries. Lead glazed dinnerware. Lead containment breach when some water towers go through storms, which were covered in lead paint.

Q: Do school districts require lead screening and vaccinations?

A: Day care facilities and school districts are required to request and have those reports on hand.

Double click on presentation below:



Early intervention to promote positive outcomes in children exposed to lead.

Amy Roe, Ph.D.

Sarah Bucic MSN, RN

Early Childhood Autism Initiatives

Brittany Powers, CDC Act Early Ambassador to Delaware Center for Disabilities Studies

1. Building Bridges and Project Impact create a coordinated, comprehensive, family centered and culturally competent system of care for all young children in Delaware with Autism Spectrum Disorder (ASD) and other Development Delays.
2. Project Impact improves parents as communication teachers through naturalistic, developmental and behavioral intervention skills. Trainings were provided on April 10th and 11th with 36 providers and 8 represented agencies.
3. Act Early- Read Daily, is a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) developmental monitoring implementation grant that intends to increase parent involvement in monitoring children's development, increase referrals for developmental screening, increase parent use of language enrichment materials and to develop a feasible and sustainable model for successful integration of LTSAE and early literacy materials into 7 full-time Delaware WIC clinics by September 2019.
4. Site visits were completed and evaluators found that WIC staff were excited about the program, understood the value of the program and saw it as a resource for discussion with families. Some challenges that were expressed centered on language barriers, forgetting to disseminate *Parent Kids*, and how to discuss the program with families.
5. The first month report showed that 2,770 visits were completed, 1,170 checklists were completed and 270 referrals for developmental concerns were made.

Building Bridges and Project Impact

Q: Data is from 2011-2013. Is there more current data?

A: That data was collected through a separate funding stream. Different types of data have been collected. Published due to funding source.

Q: Telehealth capabilities— Statewide or only through Nemours?

A: Currently only through Nemours for children with diagnosis. It is available statewide, but initially piloted in CDW South. During the grant – there is no charge to families to participate. Afterward families will need to have Nemours accepted insurance.

Q: Is there opportunity to expand the initiative to other disorders (Down syndrome)?

A: Provider model has expanded. New release set for June 2019. The model is more focused on delays and deficits, primarily with communication delays for children birth to six.

Act Early, Read Daily

Q: Are referrals being made by WIC or by Families?

A: WIC staff are giving families the referral card, and are documenting in the chart that they have given information. They follow-up with parents to ensure connection. WIC also sends information to 211 for resource assistance and follow up.

Q: When WIC sends referral to 211, is there documentation or a tracking mechanism in place to indicate where 211 sources the referrals to?

A: Paulina Gyan will work with 211 to help determine where referrals go.

Q: When PEDS screenings are completed with 211, what options and recommendations are being made?

A: Help Me Grow staff are trained to connect families to community resources. Their initial task was to educate WIC staff. Now that has been completed, they will move forward to educate and provide resources to individuals.

Preschool Development Grant (PDG)

Caitlin Gleason, PDG Project Manager

1. In December 2018, Delaware was awarded a \$4.2 million Preschool Development Grant (PDG B-5) to help strengthen the states early childhood system. This grant will enable the state to prepare all young children to enter kindergarten ready to learn and will greatly improve their transitions from early childhood programs to the K-12 school system.

2. Delaware's application was framed by four priorities, coordinated services across the B-5 mixed delivery system, B-2 data integration, tools to foster parent knowledge building and choice, and professional learning across sectors using shared whole child development language.

3. Delaware seeks to understand the experiences of families and early childhood professionals navigating the existing birth to five system through its comprehensive needs assessment. As a result, subsequent policy and identified solutions will be found through an analysis of the true needs of Delaware's children and families.

4. The total award to Delaware was \$4,236,837.00 with a Delaware Match Funding of 30% of the federal award. (\$1,271,051.00). This brings the total of the grant funding to \$5,507,888.00. The project started on 12/31/2018 and will run for 12 months, ending 12/31/2019.

5. The grant team will consist of representatives from the Office of Early Learning (OEL), DHSS, the Department of Services for Children, Youth and their Families (DSCYF), the Governor's Office and The Delaware Early Childhood Council (DECC). Community advisors will include Early Learning Programs, Local Education Agencies (districts and charters), Non-Profit Organizations, State Representatives, DE Head Start Association, DE Stars, and Readiness Teams.

Q: Will regular reports be drafted and disseminated for informational purposes?

A: Report requests can be sent directly to Caitlin. She will then send the information to the needs assessment vendor.

Q: When will the needs assessment vendor be on board?

A: Hopefully by May 1st. The award of the RFP will be this week. There is anticipation of a strategic plan by the end of December 2019.

Comment: This is not only a DOE plan. This is a cross agency plan. This is a Delaware plan. All players will have a part. An Interagency advisory group is participating to understand what the grant is meant to do. Coordination work is an umbrella concept. There is a process uncovering coordinating change; a coordinated and connected plan, rather than an organic individual agency concept.

Family Survey Results

Dr. Layne Humphrey, Center for Research in Education and Social Policy (CRESP) University of Delaware

1. The purpose of the survey was to obtain information about families' perceptions and satisfaction with CDW program services. It was to determine the impact of CDW services on families' quality of life.
2. The focus of questions were around how the family found out about CDW, their opinion of the CDW program in general, how they participated in the program, their view of the Individual Family Service plan (IFSP), the services received from CDW, their transition from the Birth to Three program and basic demographic items.
3. The survey was administered via telephone, online survey and paper administration. Survey was also available in Spanish. And a total of 304 surveys were completed this year compared to last years' 208 completed surveys.
4. Overall ratings for satisfaction, perception of changes in family, changes in the child, family to program relations, family decision making opportunities, program accessibility and receptiveness, quality of life and social emotional development ranged from 94.6% to 97.5%.
5. Recommendations for improvement included, strengthening the transition from CDW Programs at age 3, better communication when services may not begin immediately, providing families with additional community resources and supports, ensure that families know who to contact if they have questions about their rights and brainstorm about how to increase the presence of CDW in the community.

Q: Where families texted about the survey?

A: Text messages were sent with links that directed them to the survey online.

Q: During the survey, is there a distinction between CDW and the provider of the intervention?

A: Each cluster has a number of items. They may pertain to the Family Service Coordinator, the Provider, or to the services in general. It is aggregated across everything in a cluster.

Q: How long did the individuals within the survey list participate in the CDW program?

A: The criteria for the report were that the family had to be in the program at least 6 months, were

eligible for Part C, had an active IFSP and those who had closed no more than 6 months prior to the report.

Family Stories Shared at the Joint Finance Committee (JFC)

Sarah Milner, ICC Chair

Sarah Milner shared the family story of LaToya Romeus. LaToya spoke at the JFC in February in support of CDW and the early intervention services and supports, she received through the program.

Proposed Changes to Transition Policy

Susan Campbell, Birth to Three

1. OEL, DPH and Birth to Three are reviewing and updating the current transition agreement. Because this is regarding policy, any changes or updates need to be submitted to the Office of Special Education Programs (OSEP) for review. Our intention is to separate the policy from the current operations agreement. The policy will state the IDEA requirements and the operations agreement will delineate the responsibilities of the DOE liaisons.

2. In 2017 a white paper was written. At that time, it was determined that Birth to Three cannot sustain the summer birthday children (children turning three between May 1 and August 31 and remaining active with CDW). As Birth to Three eliminates that population from their caseloads, the districts will pick them up. We are going to a true Birth to 3 program.

3. This will go out for public comment. We have to move this moving and in place before the next Annual Performance Report (APR) is due. This means that we will have an update for the July 2020 ICC meeting.

4. Cindy Brown has started talking with the school districts. Per Cindy: They are aware of change of practice that will happen next summer. Anyone who turns 3 after May 1st will now be going to the school district. This affects CDW capacity to provide services to new kids. This has been a big fiscal and compliance component for not getting services within 30 days. She has been preparing the school districts to consider that these kids would qualify for extended school services by starting earlier than the next school year. This is a big change in practice.

Q: When will this change in transition of summer birthdays be discussed with families?

A: It is a mindset that is in the works to prepare families about the change.

Q: When can providers begin to prepare their staff to help families ease into this transition?

A: CDW is working on preparing for the change.

Q: For planning purposes of this summer, if the child is no longer eligible for Part C, then they will not continue services through to the end of summer?

A: Correct

Q: Historically, kids with birthdays in the Fall were starting school in September. Will this change?

A: That process is not changing. IDEA/State says that if kids are age three by between 9/1 and 12/31 then they can start in September.

Birth to Three Updates

Birth to Three Staff, ICC Attendees

- Birth to Three has updated the website. Please review it at <https://www.dhss.delaware.gov/dms/epqc/birth3/directry.html>
- Effort to move toward transparency
- Working with four technical assistants on a Results Based Accountability (RBA) Cross State Collaborative pilot program
- We are working on updating outdated and vague policies and procedures
- We will be developing a *Regulations 101* presentation that Birth to Three staff can utilize to train others and provide regulatory guidance.
- We are going to discuss what General Supervision under Part C looks like, the Annual Grant Application and our assurances. Our goal is to achieve documentation of the regulation and the policy that needs to align with regulation.

Final Thoughts: Announcements, Public Comments & News

- Shebra Hall provided an update on professional development and the service coordinator training modules: they have been submitted to the University of Delaware and we have their endorsement.
- Jamie Walko: we have many activities with the Ages and Stages Questionnaire (ASQ) screening and are looking forward to having school districts collaborate more with childcare centers in the community. There has been a concern about the lack of access to screening. The Readiness team is purchasing their own portal. On May 8th, they will share their URL for screening access. Looking ahead, we are seeing all districts will use the ASQ online. We are looking at them to connect to their childcares so that the childcares can use the districts portals. The districts will be responsible to review the information and ensure that the appropriate referrals are being made. Birth to Three is going to be trained on the ASQ and families will be able to access it under the OEL portal. The Website will contain a link to CDW for Birth to three and the children over age three will be sent to a different website. More updates will be provided for the July ICC Meeting.
- Gaye Council: CDW is planning to roll out the summer transition preschool program. This will free up interventionist, ECE's and SLPs to take on younger kids. The program will be a group setting, with both the parent and child participating to help the family transition and acquire skills to move to School. This program will be from June to August and will be hosted by two school districts. Appoquinimink is the first district to participate and CDW is looking for another in New Castle. The groups will have two sessions per week for 90 minutes with up to eight children and parents in the group.

- Fiona Vivar: The STEPS meetings have been reestablished and Fiona facilitates them four times a year during the school year. These meetings bring coordinators and school districts together to discuss anything that may affect the families. They are not currently scheduled for summer. Next scheduled would be for October.
- Pam Reuther: Easter Seals went through their accreditations for rehabilitation facilities in March and completed them successfully. They are accredited for 3 year for pediatric services and assistive technology. Yesterday was the 100th anniversary of Easter Seals.

Next Meeting
Tuesday, July 23, 2019
12:00 PM - 3:00 PM
400 A Corporate Training Center
DE Technical and Community College, Terry Campus
Dover, DE