Virginia Interagency Coordinating Council
Hanover Area Department of Social Services
December 01, 2010
Approved Meeting Minutes

The December 01, 2010 meeting of the Virginia Interagency Coordinating Council (VICC) was called to order by the VICC Vice-Chair, Phyllis Mondak. Karen Durst called the role. There were eighteen (18) members present. (Please see the attendance sheet at the end of the minutes.)

Dr. Patricia Popp shared the following celebration: The National Association Scholarship Program has received an award in the amount of $80,000.

The minutes from the September 08, 2010 meeting were then presented. Dr. Lissa Power-deFur made a motion that the minutes be approved with noted changes. Dr. Patricia Popp seconded the motion. The motion carried with full approval.

Agency Reports:

Department for the Blind and Vision Impaired (DBVI)-Glen Slonneger presented the following:

- The DBVI has experienced a change in funding.
- The agency is looking at how to serve infants and toddlers and fund their children's programs when there is not sufficient funding to pay for staff.
- DBVI is collaborating with doctors in identifying those children most in need of services.
- While direct services will not be provided to infants and toddlers, training and support will be provided to families along with early intervention materials.

The following discussion was held:

- Is there anything the VICC can do to advocate for DBVI?
    - VA VOICES for Children are advocating.

Virginia Department of Health (VDH)-Joanne Boise presented the following:

- The VDH has been focusing on flu vaccines.
- Care Connection has been established in Roanoke at Carillion.

Department of Medical Assistance Services (DMAS)-Tammy Whitlock shared the following:

- The Early Intervention Initiative is "going strong".
- A webinar is to be held Monday.
- A comprehensive report for all services will be available.
- Tammy is currently working on Health Reform with Jeff Beard doing more of the daily operations related to early intervention.
- Work on the Case Management (CM) Initiative is moving forward. A small group is

developing a model.

- A decision brief is ready to be sent to the DMAS Director.
- The rate must be budget neutral.
- The monthly rate is expected to be $120 monthly. This is equal to the Baby Care rate. The hope would be to eventually increase the rate to the developmental disabilities rate.
- If the CM Targeted Case Management (TCM) Initiative does not go through then this will go back to the Managed Care Organizations (MCOs).
- Work is currently occurring related to the provider qualifications for CM TCM.
- The process for Intellectual Disabilities Case Management is being followed with a focus on knowledge, skills and abilities for training.
- This has not yet been approved.
- The plan is to keep documentation the same with individualization being the focus.
- All children with Medicaid and FAMIS that are receiving early intervention will qualify for CM TCM and will not have to meet specific qualifications as with other waivers.

Homeless Program-The following was shared by Dr**.** Patricia Popp.

- The Homeless Program is currently working on the child count.
- There are approximately 14,000 homeless students. This is an increase and is attributed to the changes in the economy.
- Dr. Popp will provide exact numbers at the next VICC meeting.
- Collaboration is ongoing with Head Start through a task force looking at the barriers, questions, roles, best practices and opportunities to work together across early childhood.
- Homelessness is addressed in the Individuals with Disabilities Education Act (IDEA) Legislative Reauthorization.

The following discussion occurred:

- Part C does not collect data on the number of homeless children and families served.
- Mary Ann Discenza recently met with the Richmond Homeless Program coordinator. The coordinator also attended the Richmond Regional Meeting.
- Part C has a responsibility for Child Find related to homeless children and families.
- Homeless children should be referred to Part C to determine if they are eligible for services.
- Do local system managers receive information on how to find homeless children?
    - This varies by locality and will become a technical assistance issue.
    - The Department of Education is also addressing this so both early intervention and the school system will be looking at how to find homeless children and families.
- Homeless children will receive services in the location that is in the best interest of the child.

Department of Social Services (DSS)-Mary Wilson

- DSS has been providing Family Partnership meetings related to family engagement

and children in foster care.
    - Agency departments have been trained and there is the possibility that early intervention may be included.
- Child Protective Services (CPS) continues to train on the Child Abuse Prevention and Treatment Act (CAPTA) and children with delays.
- CPS data indicates that the number of child fatalities and substance exposed infants continues to increase.

Discussion included the following:
- Is there a better way for linkage and collaboration?
- DSS is encouraging their personnel to reach out to community partners and to make referrals. DSS has five (5) program consultants.
- Early intervention technical assistance consultants previously attended regional DSS meetings and shared information on early intervention.
- Information will be shared with local system managers regarding collaboration with DSS and the potential to attend DSS regional meetings.

Department of Behavioral Health and Developmental Services (DBHDS)-The following was shared by Janet Lung:
- DBHDS is preparing for the legislative session.
- The Governor's budget cuts are likely to affect facilities.
- The study of the needs of children ages 3-18 related to community based services has been completed.
- A workgroup is addressing case management.
- The current report on case management is almost completed.
    - Competencies are addressed that case managers/service coordinators need for serving individuals throughout the lifespan.
- It is hoped that there will be funding for case management training.
    - The training will include overall information regarding case management/service coordination and will also address specifics.
- It is possible that there may be a certification process in the future.

The following discussion occurred:
- There is a need to be very careful regarding the use of terms and to insure that they are family friendly.
- Terminology is a big issue. When the Developmental Disability Waiver came into existence, due to family concerns, case management was referred to as support coordination. This term was not recognized by the General Assembly and funding was not given.
- Parents are involved in this process.
- There is currently a certification in early intervention for service coordinators and the program is looking at core competencies and knowledge, skills and abilities.

Department of Education (DOE)-The following information was shared by Phyllis Mondak:

- DOE continues to meet with Part C related to transition.
    - The transition data looked positive.
    - Many delays in transition were attributed to bad weather conditions during the winter.
- Plans include working with Part C technical assistance consultants to present information on transition.
- Work on inclusive settings and joint data setting is ongoing.

State Corporation Commission (SCC)-No report was provided.

Family Involvement Project
On behalf of the Family Involvement Project, Heidi Faustini reported that the Project's e-news letter has been completed. She provided each member with a copy.

Changes in VICC By-Laws
The following changes were made to the VICC By-Laws:

- Article III, Section 1 - VICC Composition: Changed the DMHRSAS to Virginia Department of Behavioral Health and Developmental Services to reflect the recent change in that State agency's name.

- Article III, Section 2 - Terms of Office: In second sentence, amended the term "Non agency" to read "Non-state agency" for clarification and to be consistent with other sections of the By-Laws.

- Article III, Section 2 - Terms of Office: Added a third paragraph to allow an appointed Member, whose term has expired, to continue to serve on the VICC until a replacement is appointed by the Governor. This extension will not exceed 12 months. Since we have had some difficulty in finding replacement appointees and the process to get final appointments has taken some time - this should limit the VICC from having a number of vacancies at one time.

- Article IV, Section 5 - Steering Committee: Changed the term of "identified VICC Members" to "Chairs of each Standing" when referring to part of the Steering Committee composition.

The proposed changes were provided to all VICC members in advance of the meeting. Allan Phillips made a motion that the proposed changes of the VICC By-Laws be approved. Ginny Heuple seconded the motion. The motion was approved.

Child Count
Mary Anne White shared that today, December 01, 2010, the child count for all children receiving early intervention services will be recorded and provided to the Office of Special Education Services (OSEP). The exact number, including DOE's count for children they are serving that are of early intervention age, will be presented at the March 2011 VICC meeting.

The following information was shared and discussion occurred:

- While the state target has increased, Virginia has not met the target.
- Some potential reasons include the number of premature children that have not been found eligible for early intervention and whether or not substance using mothers are being referred to early intervention.
- There appears to be a disconnect between what the law requires related to substance using mothers and their babies and what is actually happening.
- The child find target was met in 2007 when there was a major increase in the number of children served. A decrease followed.
- A concern has been expressed in the field about adequate funding if more children are identified and served.
- Do we know that the federal figures requiring 1% and 3% of the children be served is actually based on research?
- Do we have figures based on the population growth? It would be helpful to look at trends.
- There are currently about 110,000 babies being born in Virginia this year. This is an increase.
- There has been an increase in the number of children being identified for services from 2005-2009.
- Virginia is significantly lower than the national figures in the area of child count despite Virginia's broad eligibility status.
    - Virginia ranks low among the 19 states that are in the broad eligibility category.
- Are any changes going to be made in eligibility regarding prematurity?
    - This could have an impact on funding.
- Have other states been looked at within the broad eligibility category to determine why there is a difference?
- Questions have been asked as to whether those other states are charging fees and whether families are receiving services outside of Part C.
- Are localities followed monthly to indicate if there is a trend?
- Is the number a statistically significant difference?
- It was recommended that Part C engage a statistician to look at the data.

Public Comment

Public comment was then held. Mary Lou Hutton, Local System Manager from Cumberland Mountain, presented public comment. The following italicized wording is verbatim from the written comments submitted.

I am Mary Lou Hutton, one of the two CoCoA Steering committee representatives from the far southwest region. I am speaking today on behalf of a small group of steering committee members, not the full steering committee, as we did not prepare formal comments from the steering committee for the VICC today.

We would like to thank Mary Ann Discenza for the time she spent with us during our last steering committee meeting. We had good discussion and appreciated the opportunity to share information.

We would also like to thank Tammy Whitlock for including local system managers on the Early Intervention Targeted Case Management work group.

We appreciate the chance to provide input through participation in this group. Thank you.

Prematurity

Beth Tolley then presented information on prematurity. A workgroup of stakeholders came together in August of 2010 with the goal of improving the developmental outcomes for infants born prematurely. Issues that were identified included that some infants were not being referred; some families were not ready for services; some infants were being found ineligible; and some symptoms resolved within the first four months.

Requests were received from systems regarding information on eligibility determination for preterm infants. Of the babies born in Virginia, 10-12% are born prematurely. The impact on the early intervention system could be 10,000-12,000 infants times three years of service if all of these infants were found eligible. The workgroup looked at the differences in other states that included prematurity in their eligibility criteria.

Premature infants with the following were identified as needing early intervention services:
Those born at 28 weeks gestation or less;
Those spending 28 days or more in the Neonatal Intensive Care Unit (NICU); or
Those infants with periventricular leukomalacia (PVL), which is a central nervous system disorder that may lead to cerebral palsy.

An MRI is needed to determine PVL and this may not be diagnosed upon discharge.

Ginny Heuple, Local System Manager for the Infant & Toddler Connection of Prince William, stated that since using the eligibility category of atypical development in determining eligibility for premature infants that the program saw a 35% increase in children birth to 1 being found eligible. Some of the children are only receiving service coordination.

A subgroup of the Prematurity Workgroup is focusing on education and training. The Partnership for People with Disabilities will be developing education resources for early intervention providers related to assessment and intervention for preterm infants.
The subgroup is also working towards the development of brochures for families that include signs and red flags for premature infants that are being discharged from the NICU. Information will be included on referring to Part C and other resources.
Future work includes a focus on communication and collaboration between NICUs and

providers.

It was recommended to the VICC that these premature infants that meet at least one of the three criteria listed above be included for Virginia's eligibility under the diagnosed condition criteria. Once this decision is supported by VICC, Mary Ann Discenza will follow up with a discussion with OSEP. She will check to see if a comment period will be required. If so, this could be incorporated along with the Part C Federal Application.

Ginny Heuple made a motion to accept the three (3) criteria for eligibility for premature infants. Allan Phillips seconded the motion. The motion was approved by the membership.

Following Mary Ann's discussion with OSEP, this information will be sent to the field and included in the Part C TA Update. The eligibility can be shown under "other" prior to revision of the Part C forms.

Talks on Tuesdays
Cori Hill then shared information regarding Talks on Tuesdays. The Integrated Training Collaborative will be working with the Part C Office to provide an informational webinar on the first Tuesday of each month from 12:00-1:00. Topics will include Prematurity, Clinical Opinion, etc. The webinars will be recorded for those who are unable to participate. Talks on Tuesdays will be piloted through February 2011. The webinars may be continued by the Collaborative based on feedback.

Web Portal
Cori, Deana Buck and Dana Childress have been working on the development of a web portal as a part of the professional development component related to early intervention. Information will be provided on numerous topics. The web portal can be accessed at www.eipd.vcu.edu.

Ages and Stages Questionnaire (ASQ) III
Discussion then focused on the use of the ASQ III. It was shared that the Part C Technical Assistance (TA) Consultants have been looking at local systems regarding the eligibility determination process, and the use of the ASQ III for screening. Findings indicated that in nine systems that were reviewed, that the ASQ III is only one piece of information used as a screening tool for eligibility determination. Results will be included in the December Part C TA Update.

Chapters 5 and 6 of the Practice Manual include information on eligibility determination and assessment for service planning. Additional discussion included the following:

- Concern was expressed regarding an eligibility determination team using the ASQ III for children under 8 months of age and the specificity and sensitivity of the tool for children of that specific age. It was suggested that this caution be shared with the field.
- Some individuals thought that since the State Part C Office purchased an ASQ III kit

for each local system, that it was expected that this tool was to be used and was being recommended.

- Clarification was given that the ASQ III is a screening tool and is one of three that was recommended from the Commonwealth Study.
- There appears to be some confusion on the use of the atypical category for Part C eligibility.

Child Find

Discussion related to Child Find continued. The following was shared:

- Is there any possibility of a national research study being conducted to see why states are having issues meeting Child Count requirements?
- A Birth Cohort Study has been implemented by the State Coordinators Association. The Data Accountability Center (DAC) is working with the group on this project. The Center for Disease Control (CDC) is interested in the study.
- Other states that have been successful in meeting child count requirements include the following as factors:
    - Consistent Public Awareness and Child Find efforts;
    - State and local relationships; and
    - Maximizing insurance-Massachusetts.
- Could this occur in Virginia?
- There is concern among localities that there is not enough money to serve more children.
- There is a responsibility to find children regardless of funding.
- Is capacity an issue?
    - The Medicaid Initiative has brought in new providers.
    - Some areas are still experiencing shortages.
    - Many rural areas have not seen an increase in providers.
    - One locality used a Request for Proposals (RFP) process that resulted in bringing in two out of state providers.
    - Federal Regulations do not allow for waiting lists.
    - There are not enough bilingual providers in some areas.
        - Are translators providing complete information to parents?
- Could regional groups be considered?
    - Areas look very different across the state.
    - Capacity is an issue for some regions.
- The State has been working on a data analysis related to child count. This began at the Leadership Academy.
- Could the Public Awareness Committee of the VICC be reinvigorated?
    - Could American Recovery and Reinvestment Act (ARRA) funds be used?
    - Are diverse cultures and families being reached?
    - Race/ethnicity data is available.
    - The KIDS COUNT and Juvenile Justice report can be used as a comparison.
    - Does our Public Awareness material work for all cultures?
    - Charlie House agreed to gather ideas on Public Awareness marketing to diverse cultures.
    - Public Awareness materials that have been successful should be reviewed and

- Public Awareness needs to be constant.

Data Committee Report
The Data Committee provided a spreadsheet listing information from November 1, 2009-October 2010 that included child count data; Medicaid data; and targeted case management (TCM) specific Medicaid data. The Committee will provide an update at each VICC meeting.

The data indicated that some systems will be affected by the implementation of the EI Service Coordination TCM. Some will show an increase and some will show a decrease but overall across the state, there will be an increase in funds.

The following discussion occurred:
- Why are some localities not billing for all eligible children?
  - It was clarified that there are children who may only be receiving service coordination in early intervention or some children that may currently be hospitalized.
  - Localities should be reminded that they have up to one year to bill for eligible services.
  - It may be helpful for localities to do a self analysis to ensure they are billing for all eligible services.
  - The data indicates that on average, billing for TCM is occurring for only about 30% of Medicaid children.

Annual Performance Report
David Mills provided information on the Annual Performance Report (APR). He reminded members that OSEP requires that all states report annually on performance for each of the OSEP Indicators. The time period for this report is July 01, 2009-June 30, 2010. He also shared that OSEP has extended the State Performance Plan (SPP) for another two years and that targets need to be set for those years.

David shared the following information related to Indicators 8a and 8c dealing with transition. Indicator 8a focuses on Transition Steps and Services while Indicator 8c focuses on Transition Conferences. Percentages decreased in both 8a and 8c.

Related to Indicator 9 which relates to the correction of noncompliance within one year, performance was at 88% statewide. The reason for this decrease varied across local systems. It was felt that one contributing factor may have been the change in local system managers in numerous localities.

For Indicator 3 which is Child Outcome Indicators, targets were set last year. Part C recommended that the target be revised as the trend seemed to be going downward. There has been a problem estimating the target which has been a national issue.

As for Indicators 5 and 6 which relate to Child Find, Part C recommended that the target

be revised for 2010. The target was based on historic data initially and this did not hold consistent.

The following discussion occurred:

- Concern was expressed over changing the target due to lower results.
  - What is the advantage of lowering the targets?
  - Do we lose credibility by lowering the targets?
- It was asked as to who was at risk if the targets cannot be met.
- It was clarified that localities know what their data is and their determination status as well as their responsibility to meet the targets.
- The overall status results in a determination for the state.
- Are more children being born healthy? The system does not have this data.
- Are there other areas that need to be considered when looking at eligibility criteria such as lead exposure, homelessness and substance abusing mothers?

Related to Indicator 4, it was shared that the system is exceeding the target related to Indicator 4 and a 1% increase is recommended for both 2011 and 2012 in setting the targets.

Lissa Power-deFur made the motion that targets for Indicators 2 and 3 for 2011 and 2012 remain consistent and that targets for Indicator 4 be edited at a 1% increase for 2011 and 2012. Indicators 5 and 6 will also remain consistent in setting the targets. Allan Phillips seconded the motion. The VICC membership voted unanimously to support the motion.

Personnel Development Committee

The Chair of the Personnel Development Committee, Lissa Power-deFur, suggested that the work of the Committee discontinue since the Integrated Training Collaborative (ITC) is addressing this area. It was stated that members could join with the ITC if desired. There was agreement among members.

Structure of VICC Meetings

Members responded positively to the revised structure of the VICC meetings. Individuals are in support of using data toward making informed decisions. Working towards a specific goal or outcome is the preferred focus for the meetings. It was recommended that meetings need to start on time and that care must be taken to ensure that public comment is held promptly at 11:00. Members support the use of lunch time for small group conversations with topics and pre-identified questions.

A decision was made to reactivate the Public Awareness Committee. Charlie House will Chair the committee and the following individuals will comprise the group: Glen Slonneger, Heidi Faustini, Jeannie Odachowski, David Mills, Mary Wilson, Patricia Popp, Sandra Jackson, Rick Beaman and Cathy Cook.

The following items require follow-up:

- The Part C Office will include information in the monthly Part C TA Update on the addition of the prematurity criteria for eligibility once Mary Ann speaks with OSEP.

- Mary Anne White will update the Child Find data.
- Patricia Popp will update the data on homeless children in Virginia.
- Mary Ann Discenza will check on having a statistician to determine if the Child Count data is statistically significant.
- Charlie House will gather ideas on Public Awareness marketing to diverse cultures.
- Allan Phillips will compile child count and Medicaid data for the past year.
- Karen Durst will look at current and past committees and who is serving on them.

The next VICC meeting will be held Wednesday, March 09, 2011 from 9:30-3:00 at the ChildSavers Office in Richmond.

Agenda items for the March 09, 2011 meeting
- Virginia Department of Health Speaker on Lead Poisoning
- Update of Child Find Data
- Update of Homelessness Data
- Hearing Data from the Virginia Department of Health

VICC Members in Attendance
Joanne Boise
Catherine Cook
Delly Greenberg
Dr. Corey Herd
Virginia Heuple
William House
Sonia Lopez
Janet Lung
Phyllis Mondak
Jeannie Odachowski
Allan Phillips
Dr. Patricia Popp
Dr. Lissa Power-deFur
Glen Slonneger
Yolanda Tennyson for Jackie Cunningham
Tammy Whitlock
Mary Wilson
Sandra Woodward

VICC Members Absent
Rick Beaman
Laura Miller
Sheila Nelson
Leslie Hutcheson Prince