

Early Intervention Advisory Council and Stakeholder Meeting

Meeting Minutes

March 19, 2019

I. Call to order

Lori Mago called the meeting to order at 9:31 a.m.

II. Roll Call

*Valerie Alloy, *Jody Beall, *Sheana Behringer, Kimberly Bolin, Julie Brem, Katrina Bush, *Joyce Calland, *Tracey Chestnut, *Jessica Cray/Hayes, Tom Dannis, Cindy Davis, Nathan DeDino, Dionne DeNunzio, *Christine Dobrovich, *Jessica Dumas, Jody Fisher, Elizabeth Gardner, Brenda George, Megan Glathart, Diane Fox, Jennifer Haddow, Taylor Hammond, Arley Hammons, *Kim Hauck, Chad Hibbs, Bonnie Hubbard-Nicosia, Deanna Jackson, Jennifer Kinney, Julie Litt, *Lori Mago, Karen Mintzer, Caley Norton, *Jennifer Ottley, Sandy Oxley, Beth Popich, Stefanie Post, Michele Price, *Jenni Remeis, Beth Rutter, *Erin Simmons, Jessica Smith, Pam Stephens, Kay Treanor, Brittany Williams

III. Approval of minutes from last meeting

IV. Open issues

a) Introductions and DODD updates

SSIP: DeDino explained that the SSIP is due April 1 and DODD planned to submit it prior to then. He informed the group DODD would be creating a summary of this year's SSIP work as usual and indicated that the stakeholder feedback regarding the SSIP has been appreciated.

APR: DeDino indicated that DODD submitted its Part C APR before the February 1 due date, that OSEP is currently reviewing all state's APRs, and that DODD will have the opportunity to provide clarifications in April if OSEP has any questions or concerns.

Federal Application: DeDino informed the group that the federal application for funding is posted on the EI website. Like the APR, Ohio's federal application is required to be posted for 60 days, with at least 30 days for public comment. He also explained that there are certain policies we are required to have in place and that OSEP signs off on them as part of the application process.

Director Davis: Nathan DeDino informed the group that Director Davis could not make it to the meeting but would try to make it to another meeting soon. Kim Hauck provided some background regarding Director Davis's experience, including that he had previously been with DODD for 12 years.

Budget: Hauck explained that, in the governor's proposed budget, EI would be receiving an increase of \$12 million, which is about double the current state GRF EI receives each year. She acknowledged that DODD has heard from the field that current funding for EI service coordination, evaluations, and assessments was insufficient, and that more than half of the

budget increase would be going directly to the field. She also explained that, as proposed, the budget would finalize that transition of Part C from ODH to DODD, and DODD would be able to contract directly with Bright Beginnings for Central Intake. Hauck explained that some of the additional funding would be utilized specifically for activities related to the Lead Exposure and NAS diagnoses, as those are being added as automatic eligibilities for EI, and that \$1 million would continue to be distributed for local outreach efforts.

Other Agency Budget Updates: Christine Dobrovich indicated that ODJFS is also looking at an unprecedented budget increase in the governor's proposal that includes an additional \$30 million to go directly toward child welfare in addition to \$25 million for multi-system youth. Dobrovich mentioned the opportunities for cross-agency collaboration on many of these early childhood initiatives, such as a focus on NAS.

Valerie Alloy indicated the proposed budget includes significant funding increases to early childhood programs. Alloy mentioned that Ohio's first cross-agency collaborative early childhood conference would be taking place the following week.

Chad Hibbs indicated that the administrative and operations capacity building funding is being level-funded. He indicated that FCFC will be working with JFS with the \$25 million for multi-system youth to try to alleviate some of the pressure that is currently on the foster care system. He also mentioned there is an additional \$500 million proposed for ODE to target children's wellness and success in schools that FCFC will be involved with.

Bonnie Hubbard-Nicosia echoed what others had said regarding Medicaid, mentioning that the highlighted programs touch so many different agencies.

Family Questionnaire: DeDino explained DODD formed a small work group to discuss the Family Questionnaire, particularly how to increase Ohio's response rate to its annual questionnaire. He explained the OSEP has placed an increased emphasis on ensuring racial/ethnic representativeness, so that is also a focus. He indicated that discussions have included the increased participation from local programs, potentially through sending out survey links via text or email, which some local programs indicated they are already doing. The workgroup has also discussed putting together a one-page document to outline what the family questionnaire is and the purpose in order to education Service Coordinators and families. DeDino indicated that DODD wants to elicit feedback from a broader group regarding these topics, as well, and that Contract Managers would be receiving a survey in the coming weeks. There was a question regarding why the ETID is required on questionnaires, and DeDino explained that DODD needs it to be able to link back to the child and family information as OSEP requires states to report on representativeness of respondents via breakdowns based on age, sex, race/ethnicity, etc.

Referral Numbers: DeDino indicated that at the last meeting, we said we would share data regarding referral sources and referral outcomes. He shared tables that showed referral sources and whether referrals resulted in children being served for children referred in July through December of 2016, 2017, and 2018. DeDino pointed out that while overall referral numbers

have increased, the sources from which referrals are being made as well as the percentage of referrals that result in a child being served have remained consistent with previous years.

b) EI rules and training updates

DeDino indicated that the rules were refiled with JCARR March 1 and on the agenda for March 25. He also mentioned that the rules are all posted on the EI website. DeDino indicated that DODD has set July 1 as the implementation date for all new rules and forms, and that DODD has created or is working on many training opportunities. He indicated that DODD is very appreciative of all of the stakeholder feedback and he believes that though it has been a long process, the rules reflect the priorities of the field. He again mentioned the policies OSEP signs off on along with the EI application, and that OSEP had very limited feedback regarding those Ohio submitted.

Diane Fox mentioned that the group had in-depth conversations regarding the rules at the May 2018 and November 2018 meetings. She said that DODD utilized the feedback to decide what to do and what not to do in regard to the new rules and shared a PowerPoint that highlighted the plan for training around the rules. Fox indicated DODD is trying very hard to ensure all trainings are scheduled at least two months in advance. She indicated that DODD is encouraging the field to read rules and submit any questions ahead of time, and that the questions would be answered/covered during facilitated webinars. She also mentioned DODD is creating rule recordings for each rule that explain the rule and highlight changes, that a rules course is being developed, and that FAQs will be developed that are vetted by each DODD EI team. She indicated the TA and Training team is also going to go line by line through each rule to come up with FAQs and discuss any areas where questions may come up. Fox explained that the IFSP form was piloted, the SC course is being piloted, and crosswalks are being created. She indicated that DODD really wanted to invest time and energy into the IFSP form because it documents a family's journey in EI, so a lot of training and guidance will be provided specifically regarding this form, including regional in-person trainings facilitated by Nathan and Diane. There was a question regarding the implementation date of July 1 with some training dates after. Fox responded that the bulk of the trainings would be prior to July 1, but that DODD wanted to be sure to provide additional support as questions about the rules come up once they are being implemented. DeDino mentioned that all of the information related to new rules will be in one place on the EI website. He also indicated the website was recently moved to a new platform, so if anyone notices any issues, to let him know. He indicated that EIDS is also being updated to reflect the changes made to the rules, and DODD is tentatively planning to release those changes June 27, which is the Thursday prior to rule implementation. DeDino and Fox also indicated they were looking for hosts for the in-person rule trainings.

c) Early Intervention Data System (EIDS) update and discussion

DeDino explained that EIDS is basically a copy of Early Track, that was initially built back in 2004 to document data for EI, At Risk, and Newborn Home Visiting, and that Home Visiting components were added later. He explained that when the data system was copied from ODH to DODD, some changes and cleanup were completed, but there are still residual effects of the other data that was previously documented in the system. He mentioned that there have also been concerns and around performance issues and bugs and that IT has told us that EIDS needs

to be rewritten from scratch in order to resolve these issues. He clarified that all changes related to new rules and other needed system maintenance would still be completed in the existing system. DeDino indicated that most of the activities related to building the new data system would start this summer, but some would be starting soon. The group then broke up into small groups to discuss 1) What three things in the current system do they most want to retain and 2) What three features need to be added or changed from how they exist in the current system. Prior to breaking into small groups, there was a short discussion regarding increased collaboration among different agencies and that the data systems would need to be able to communicate. Nathan showed a quick overview of what the current system looks like and how it works, and then the group split up to discuss the questions asked of them.

Each group reported the primary suggestions, preferences, and ideas they discussed, which included the following:

- Generally declutter the system (extra data from previous programs still exists)
- Allowing the data system to “talk” to other systems for cross-agency collaboration purposes
- Revising the way transfers are handled so a new ETID is not created each time and information from previous counties is easily accessible
- Keep the timeline reminder messages
- Keep the sequential order (IFSP process)
- Keep the existing reports
- Add SOP data (this is being done for the June 27 release)
- Add the ability to track service units
- Add a management dashboard
- Allow fields for entering number of times a service will be delivered or how long the service will be delivered to be flexible (can enter any number)
- Add time and activity for case notes
- Make contact information for the previous Service Coordinator available in transferred records
- Add the ability for Service Coordinators to navigate to the dashboard in one click
- Add IFSP outcome tracking fields to indicate if outcomes have been met and when
- Add the ability to import information from documents (such as the IFSP form)
- Create new reports for ongoing supervision
- Make case notes more usable

d) Lead and NAS eligibility discussion

DeDino explained that when new rules are implemented, NAS and lead exposure will be added to the diagnosis list, so children with these diagnoses will be automatically eligible for EI. He indicated that some work has already been done around NAS, but lead exposure has not previously been addressed by EI. DeDino explained that the cutoff chosen for lead exposure was recommended by stakeholders and matches the cutoff that CDC uses. One thing to note regarding lead exposure is that, unlike most other diagnoses, there are geographical areas where the diagnosis is concentrated—approximately 50% of children are in Cuyahoga County. With the introduction of this diagnosis, service coordination and possibly social work will become much more prevalent, as well as nutrition services, as nutrition has been shown to affect the

absorption. In regard to NAS, Fox explained the current evaluation tools used are not sensitive enough to pick up the issues associated with this diagnosis. She talked about the NBO tool which is an evaluation but also fosters a positive relationship between the parent and the child from the beginning. She also indicated that DODD will have more focused/targeted opportunities for topics like these such as through Donuts with Di, along with increased collaboration with other agencies regarding these topics. The group then broke out into small groups to discuss, for both NAS and lead exposure: 1) Who are the experts DODD should be talking to? and 2) What are the supports needed from DODD?

Each group reported their primary suggestions, ideas, and needs, which included the following:

Lead

- Keep in mind the regional differences
- Education is needed in the field (and cross-agency education)
- Groups were happy it will be an automatic eligibility for EI
- Legal aid for services (re: renting)
- What are other states doing regarding services for lead exposure?
- Ask about lead with evaluation and assessment
- Understanding/education about long-term outcomes for families
- Reach out to the larger hospitals
- More money for health consultants
- Education for physicians
- Information regarding how parents can test their own home/environment]
- Mobile unit for testing

NAS

- More information about parents
- Clear information for parents
- Additional screening tools
- Additional education is needed regarding needed interventions
- Consistent messages in the field to the family
- Support foster parents, grandparents, etc.
- What counties are doing universal screenings in hospitals?
- Write family outcomes
- Partner with Early Head Start for dual/more services
- Implicit bias around infant showing signs
- Pamphlets and handouts for educational purposes
- Better assessment tools/help showing need
- NAS hotline
- More specific training
- Bridget's Path – supports/experts

e) Updates with ODH

Sandy Oxley provided updates regarding Home Visiting. She informed the group that Jye Breckenridge is no longer the program manager for Home Visiting and that Anna Star is helping

manage the day-to-day tasks while Sandy is handling the administrative side. She thanked the many people who reached out regarding their new website, and indicated they have made additional changes based on the feedback provided, such as making EI more prominent on the site. In regard to the budget, she mentioned that the recommendation for infant vitality is to keep the funding at the same level. She indicated that ODH will be working with Ohio University on a pilot project to get pregnant women the services they need and that they will begin using data analytics and machine learning to identify women who are at risk. Sandy also indicated she has been a part of the governor's advisory committee on Home Visiting, and provided an overview of the outcomes of that workgroup, which include expanded eligibility for Home Visiting, targeted recruiting, a single point-of-entry for all state Home Visiting programs, transparent reporting, collaboration with Medicaid, and increased frequency of incentive payments, among other recommendations. There was a question regarding whether the Home Visiting system, through ODH, is utilizing Medicaid funding, and Sandy indicated that, from a financial reimbursement standpoint, the Home Visiting programs are not utilizing Medicaid funding at this time. There was a question regarding the implementation of the recommendations from the governor's advisory committee. Sandy indicated that would be more of a focus after budget activities, but that certain components, will be released quickly. Sandy also indicated that ODH has a new director, Dr. Amy Acton. Dr. Acton has a public health background, as well as nonprofit/philanthropic experience and is very interested in social determinants and cross-agency collaboration. There was a questions regarding whether there was still an auto-referral in connection with WIC, and Sandy indicated there is.

f) Updates with Bright Beginnings

Karen Mintzer first provided an overview of data related to Central Intake and EI referrals, summarized on a one-page data sheet, as well as distributed the one page summary about EI and Home Visiting that Bright Beginnings is using for outreach. Karen then provided a summary of what has been going well with Central Intake as well as some items that will be more of a focus going forward. In regard to what's going well, she indicated that Central Intake is finding good referrals, information is being documented accurately, the referral feedback process is going well, that staff are providing excellent customer service and that they like the work and believe in what they're doing. She indicated that some things that have been more difficult or that will be more of a focus going forward include having everything new at the same time; technological glitches, which have gotten better; getting to know all the players; getting to know the different systems, processes, protocols, and instructions; and ensuring clear, coordinated messaging is being utilized. Karen then shared the Central Intake PowerPoint with the group that is being used to explain the EI and Home Visiting programs. Karen informed the group that Bright Beginnings is looking at what else to include in their toolbox of materials to make information clear for referral sources. She also mentioned that Bright Beginnings wants to ensure their efforts are coordinated with counties, as they are also doing outreach. They are strategizing regarding this, as they are hearing different things from different counties regarding messaging, and the group had a discussion about this. There was a question regarding whether, when a Central Intake representative cannot attend an event, if EI personnel can distribute outreach materials. Karen answered that while the outreach materials are not meant to be widely distributed to counties, that for specific events, materials can be distributed to EI programs ahead of time to share. There was a question about the orange brochures and the developmental

wheels. Nathan indicated that ODH has the developmental wheels and DODD has the orange brochures, so if anyone has ordered those and not received them, to contact him.

g) APR targets discussion

DeDino provided an overview of the APR targets for performance indicators, including that in July, we will in the time period from which data will be included for the new SPP/APR cycle, so we need to set targets for the next six fiscal years. He indicated that OSEP has not yet released the new SPP/APR package, so we are unsure of whether any/what changes will be made to the current package, but for purposes of setting targets, we will proceed as if the requirements will remain the same. Taylor Hammond provided an overview of the past five years of data and requirements for setting targets in the past, which basically were that targets for the final year in the plan must be higher than targets for the initial year in the plan. Hammond reminded the group that targets could be revised at any time if the state decides to do so. She explained that targets should be ambitious, but should be realistic and achievable. In regard to natural environments, she indicated that OSEP does not expect that 100% of children will receive the majority of services in natural environments. When it comes to child outcomes, she indicated that after revising the COS process and IFSP form, as well as increased resources and training, COS data are likely much more accurate than in the past and current data could be used as a baseline. She also indicated it is important to be cognizant that not all children will make significant improvements when considering realistic targets for the Child Outcomes indicators. In regard to the Family Outcomes, she reminded the group that the percentages for these indicators are already very high, and that in regard to the child count indicators, the new diagnoses that make a child automatically eligible could impact the number of children in EI. There were some questions and discussion around these data. Hammond asked if it would be helpful for the next meeting, when targets would be set, if she put together some proposals for potential targets, and the group indicated it would be helpful.

h) Closing and partner updates

DeDino asked whether anyone had any additional updates. Beth Popich indicated that several agencies and groups have formed a workgroup for the purpose of identifying core competencies for and providing further support to Developmental Specialists. She informed the group that there will be a survey coming out that week or the following week.

V. Adjournment

DeDino adjourned the meeting at 4:21 p.m.