

Early Intervention Advisory Council and Stakeholder Meeting
Meeting Minutes
March 1, 2022

I. Call to order

Nathan DeDino called the meeting to order at 10:00 a.m.

II. Roll Call

*Jody Beall, Samantha Bernard, Julie Brem, *Maria Breno, Elisha Cangelosi, *Tracy Chestnut, Kimberly Christensen, Melissa Courts, Meredith Craig, Cindy Davis, Nathan DeDino, Diane Fox, *Kathy Greenawalt-Cherry, Taylor Hammond, Arley Hammons, *Bonnie Hubbard-Nicosia, Susannah Jones, Allan Kisner Jr, Megan Kloss, *Grace Kolliesuah, Cathy Kramer, Julie Litt, Beth Martin, Lori Myers, *Jennifer Ottley, *Jennifer Remeis, Jamie Roe, *Jamie Sanders, *Erin Simmons, Jessica Smith, Colleen Tucker, Allyson VanHorn, *Susannah Wayland, *Kristen Wheeler

III. Approval of Minutes from last meeting

IV. Open Issues

a) Introductions and DODD updates

Table of organization changes: Kim Hauck became the director of DODD at the beginning of January and Steve Beha assumed Kim Hauck's former position as Deputy Director. Diane Fox is the new Assistant Deputy Director over Early Childhood (and Early Intervention).

Supplemental service coordination grant funding: The department made supplemental funding of \$1M available to service coordination agencies. Many counties were seeing significant referrals and \$750K was made available to approximately 35 counties that were experiencing a higher level of referrals compared to the rest of the state while the remaining \$250K was reserved for the approximately 50 remaining counties to apply for. Most of those 50 counties did ultimately apply for funds, and we did make the other \$250,000 available.

SFY23 EI service coordination grant: We will more details with the EI field about the SFY23 grant at the end of March and the beginning of April starting with the memo that lays out the process. There will be incremental changes, including building on contract manager training requirements added to the SFY22 grant.

EI eligibility process: Based on the January EI service coordination grant program report, DODD has focused on supporting on counties in implementing the EI eligibility process. We have a guidance document that we are piloting with several counties, and we are starting a focus group with approximately ten counties that had some of the stronger responses to that assessment and we will be doing that sometime later in March. All of this will inform our plan for addressing where the gaps and knowledge may be.

County determinations: DODD will release county determinations later this month. They will be very similar to past years although we are taking into consideration those counties that have a performance improvement plan. We still anticipate having future conversations with the group about ways to revise the county determinations process to best support local EI systems in making improvements..

Federal budget updates: President's budget for the US Department of Education has a significant increase in funding for Part C Early Intervention, but it also comes with several strings. Those strings include some restrictions for states around not collecting family cost participation, lengthening the window to two years for public comment and feedback if a state wants to narrow its eligibility, and a requirement that states set aside 10% of their federal allocation to implement an equity plan. The proposed changes also include some flexibility around the extended Part C option to allow states to children turning three during the summer. All of this continues to be in flux. Congress has settled on a top cap number for all domestic spending, and we are on a continuing resolution that ends sometime this month. Timing for these more substantive programs changes continues to be a concern for all states and many of these are significant changes for the states and states might be responsible for implementing several changes within a short period of time.

EI data: We currently have some of the highest numbers for February referrals that we have had historically. In SFY21, we did not see a significant increase in age at referral. We did see some obvious changes due to the pandemic with an increase in the number of children made eligible due to ICO. or children who we were serving in SFY21, the length of stay was comparable to what it had been in prior years. The mix of services was comparable and the age at the first evaluation and assessment were comparable to prior years. We are approaching the 2019 cumulative child count numbers. Our January 2022 child count was almost 12,000 children which is the second highest child count that we have had in the last three years. The referral count was unduplicated.

Technical assistance trends: There were 573 unique, unduplicated TA requests with 46% of these requests being fiscal likely due to our introducing two new funding sources during this quarter (supplemental funding and ARPA). We have been seeing some fiscal and TA increases in the last few years. Eleven counties received very intensive TA during the month of January where they had weekly contact with their program consultant. The past four months have seen an increase in fiscal activities due to those funding sources. We are looking at restructuring the early intervention technical assistance team and dedicating one program consultant to support the bulk of the EI fiscal responsibilities. The other is having four program consultants that focus on EI programming and one technical assistance lead. We do have a grant work group that trains other consultants in case there is a need to cover for someone if they are absent or on leave.

CSPD Advisory Workgroup: CSPD focuses on methods to recruit staff, prepare staff, and retain staff. We have started a CSPD advisory work group that includes parents, EI providers, representatives from higher education, and folks from other childhood entities, who are helping us develop our CSPD plan. We have had one meeting where we have started looking at the challenges that we identified about Early Intervention. We are concerned about addressing these five challenges:

- Do enough people know about early intervention as a career option? We want to make sure that there is awareness available that early intervention isn't just a certificate, but a viable career option.
- Does every child/family have access to supports and services from providers who are respectful of their beliefs, circumstances, and routines? We want to build on the access that is out there already, enhance it, and ensure that we are culturally competent. Do all our providers have the training to work with any and all families?
- How does DODD ensure high quality professional development? We want to make sure that all our training contractors are vetted and that they are all doing training that is a match with evidence-based practices, and that we continue to provide the highest quality professional development that we can for our field.
- How does DODD empower local EI leadership teams with knowledge and skills that they need to provide reflective leadership?
- Are EI personnel standards both rigorous and flexible? We want to make sure that our personnel needs are met while also ensuring high quality service provision.

At our last meeting, we discussed three of these and will tackle the other two at our next meeting. This will give us a place to start and move forward with writing our plan to look the way that we want.

DODD is continuing to offer required trainings such as Bayley and Battelle and we are continuing our Doughnuts with Di series. We had a couple of those presentations. We discussed sensory processing and integration, and our colleagues from the Cincinnati Children's Hospital NAS clinic have been doing some of these presentations. Debbie Ashley has done some training for us previously about asking the tougher questions when doing family assessments. Our medical director, Dr. Sorg, did part two of the Diagnosed Conditions training. This is related to what Nathan discussed with the eligibility initiative. We are trying to ensure that everyone is on the same page with how to determine eligibility. Dr. Sorg provided insight into recognizing diagnose conditions that are on our approved list and being able to appropriately use those when determining eligibility. We are trying to have a wide variety of opportunities so that people feel prepared, that they have options, and so that they can access training that is relevant to what they do every day. We have been doing a Reflective Supervision Learning Collaborative. That is facilitated by Dr. Robert Gallen along with his colleagues from the University of Pittsburgh. It has been going well and people have enjoyed the process of working with their peers and learning. The training is approved for professional development units for participation in the collaborative. It is approved for EI supervisors, service coordination supervisors, superintendents, and the Infant Mental Health credential for levels II and III.

DODD is working in partnership with the Ohio Department of Education (ODE) on a grant ODE received from the Office of Special Education Programs. It covers birth through age five and it is based on geographic area. The first cohort includes Cuyahoga and Stark counties. There is a stipend that comes along with this opportunity to expand your leadership knowledge. It is a two-year commitment and provides the opportunity to expand your leadership knowledge and have mentorship. We will begin the second cohort later this year and will include Allen, Hamilton, Lucas, and Mahoning Counties. A third cohort will be starting next year.

V. Bright Beginnings update

Karen Mintzer, Director of Bright Beginnings, provided the update. In SFY21, Help Me Grow Central Intake processed almost 40,000 system referrals for early intervention. Already in the first half of SFY22, Help Me Grow (HMG) Central Intake, has processed 20,661 system referrals for early intervention. This is a 14.3% increase over the last year and a 2.5% increase over two years ago (pre-COVID). Program referrals have also surpassed SFY21 and pre-COVID numbers. Bright Beginnings continues to use the EI Communications Toolkit. HMG Central Intake implemented three engagement campaigns in SFY21: The “Don't Wait, Act Early” campaign targeting families and pediatricians, outreach related to children with elevated blood lead levels (EBLL), and an outreach related to children diagnosed with neonatal abstinence/opioid withdrawal syndrome (NAS/NOWS).

The “Don't Wait, Act Early” campaign used language and branding from the Early Intervention toolkit on NPR, PBS, iHeart Radio, etc. To support messaging about Early Intervention for children lead exposure, a video was created by Bright Beginnings to explain the benefits about early intervention. The video features Dr. Laura Sorg, (DODD Medical Director) and Kylie, an Ohio parent. The video and flier, explain the benefits of early intervention for children with elevated blood lead levels (EBLLs). Links to lead resources can be found on helpmegrow.org on its own dedicated page. In addition to HMG Central Intake processing referrals received from the Ohio Department of Health for children diagnosed with EBLL, the outreach staff also focused on distributing new materials and information to health departments and pediatricians' offices across the state of Ohio. For the NAS/NOWS campaign, Bright Beginnings also developed a webpage specific to NAS/NOWS. It includes a new parent information flier that explains the benefits of early intervention for those children diagnosed with NAS. This campaign targets families through professionals at birthing hospitals, FQHCs, and medication treatment centers throughout Ohio. HMG Central Intake outreach staff distributed a flyer for professionals that explains automatic qualifications for EI for children with EBLL and NAS/NOWS, copies of the new parent information flyer, and a coloring kit for adults with an infant massage and stress tips card inserted. Bright Beginnings plans on evaluating these materials and making some additional materials available for EI providers' use in their outreach about EBLL and NAS/NOWS in 2022. There will be an opportunity for local EI providers and stakeholders to provide feedback.

HMG Central Intake implemented a community engagement plan in SFY22 to increase the awareness of services from the HMG system of supports. It focuses on improving the quality and quantity of early intervention referrals, developing ways to increase referrals from underserved communities, supporting professionals on the regional and statewide levels and promoting collaboration from local early intervention providers, by providing marketing materials, promotional items, and ongoing communications. Bright Beginnings has also been working on implementing a campaign to address specific delays, vulnerable populations, childcare outreach, and online developmental screening. The specific delays campaign is meant to address family concerns about specific developmental delays. Parents may not be familiar with typical developmental milestones, and this campaign offers plain language about specific common delays and offers meaningful solutions for families as it relates to early intervention. Three fliers are in production currently and a video will be produced. The materials will be shared via social

media, and through parenting family support groups that serve families with children birth to age three.

The next SFY22 campaign is the “Targeting Vulnerable Populations” Campaign. This campaign is focused on those experiencing homeless situations, domestic violence, food insecurities, and drug dependence and through collaboration through agencies who already offer these services, the goal is to provide awareness of EI for those families in need. HMG utilizes email marketing to referral sources, ad-free parent and city magazines, displays and audio ads on public transit, search engine optimization, and webinars/online discussions with referral sources to explain how these situations can impact early childhood development and how early intervention can assist. The Child Outreach Campaign Focuses on outreach to childcare professionals so they can better understand and promote early intervention to the families they serve. HMG Central Intake, in collaboration with ODH and DODD, developed a training for childcare providers and offers one approved hour through the Ohio Childcare Resource and Referral Association. A tip card on how to talk to families about EI will be provided to childcare centers in pilot counties. HMG Central Intake will attend conferences for professional associations and send e-communications to childcare providers.

The Online Developmental Screening Campaign will pilot an online version of the Ages and States Questionnaire (ASQ) and HMG will encourage parents to use a link to the online portal from the HMG webpage if they have developmental questions. HMG is working on finalizing ASQ so that it can be functional with a QR code, and this will be shared on social media platforms, Google ads, and radio. Text and emails will be sent to families that previously declined early intervention services or had a child who was found not eligible. Over the last year, Bright Beginnings has developed a new family-facing brochure in English and Spanish that contains a developmental wheel with general developmental milestones on one side and social-emotional development on the other side. HMG has developed some continuous quality improvement efforts and goals for SFY22 and SFY23. Goals include a 10% increase in Public Children Services Agencies (PCSAs) system referrals and improved conversion rates for manual referrals in specific counties, a 10% increase in childcare referrals, and a 5% increase in caregiver referrals.

HMG will also be at the Ohio State Fair, offering a great deal of exposure for EI, HMG, and Home Visiting. There will be story time with guest speakers, an early literacy activity, a selfie station, a “chill zone”, a referral station, and an Imagination Library station. HMG Central Intake will be working with DODD, ODH, and the Imagination Library to finalize plans for the Governor’s Children’s Initiatives.

VI. SSIP Updates

We submitted the annual performance report (APR) that we discussed at the last meeting. Within the next two weeks, we will be posting our application for federal funding. We received full approval of our application two years ago. The budget section this time around will be a little bit different because Congress has not yet passed the budget and we have been instructed by OSEP to use last year’s numbers, so what will be posted public will be identical to what was posted last year.

We are looking for specific activities that we will consider in three areas: 1) Improving the ability to identify strengths and needs related to the child's social-emotional skills, 2) Improving the quality of IFSP outcomes addressing social-emotional skills, and 3) Increasing access to services and resources related to addressing social-emotional needs. Our SSIP is arranged around these three main areas. We have made several investments around the Newborn Behavioral Observations (NBO) tool. Over the last two years, we have also had Infant Mental Health (IMH) consultants that are able to participate in each county's local EI team meetings.

Outcomes around social-emotional development seem to be more negatively phrased than outcomes in other areas. Julie Litt suggested that the early childhood mental health consultants could sort through what is typical and atypical and develop some strategies. Jenni Remeis suggested including siblings and developing play strategies together. Susan Jones stated that we can that increase our skillsets around observing parent responsiveness behaviors. Other suggestions included looking into the (DECA) Infant and Toddler Program, purchasing the Greenspan Social-Emotional Growth Chart with ARPA funding, using a section of the Oregon Developmental Checklist that is specific to social-emotional development for the vision impaired, having statewide trainings for parents to develop positive responses to children, and using the book *Play to Talk's* adult assessment for responsive skills.

VII. 2022 Family Questionnaire

We have a new family questionnaire around social-emotional strengths, needs, and development. We are changing items on our family questionnaire. We have previously had items related to acquisition and use of knowledge and skills. Taylor shared some draft items. Part one: "Early Intervention has made me": 1) Better able to understand my child's social-emotional strengths and needs (I)(C), 2) More confident in supporting my child's social-emotional development, and 3) Better able to support my child's social-emotional development (III)(C). Part two: "During my time in Early intervention, I actively participated in": 1) The assessment process to identify my child's social-emotional strengths and needs and 2) Developing IFSP outcomes that support my child's social-emotional development (II)(C).

A discussion followed about whether the questions are clear, how we can ensure parents understand what we mean by social-emotional development, asking whether families have concerns about social-emotional development, and any additional questions to add. Suggestions included making sure that the language makes sense to individuals that have not had experience in EI and providing examples of social-emotional strengths for better comprehension." It was also suggested to encourage the replacement of the word "behavior" with the words "social-emotional development" for parents and staff. Also, adding a "N/A" option would minimize the number of questions.

VIII. Other updates

Susan Jones shared information about Parent to Parent (P2P) in Ohio and is working collaboratively with Family to Family and getting the P2P option rolled out and are trying to

build the foundation of families and parents who will support EI, families are just getting started, or families that are transitioning. There are new training dates for perspective P2P parents.

Jenni Remeis shared that the School for the Blind's statewide support for EI has been doing family coffee chats on the third Wednesday of every month at 3:00pm and 6:00pm. Families call in and connect and the families run the meetings. There will also be a spring event at the school for families with children with vision and hearing loss.

Jennifer Ottley shared that the Ohio Partnership for Excellence and Paraprofessional Preparation is hosting a workshop on the seven primary senses from birth to school age. It addresses the understanding of sight, hearing, smell, taste, touch, and senses of vestibular and proprioception.

IX. Adjournment

Dedino adjourned the meeting at 11:49 a.m.