

June 9, 2017 Interagency Coordinating Council (ICC) Minutes

In attendance: Ruth Ann Rosenwinkel, Maya Nishikawa, Roberto Reyes, Jenny Roth (for Catherine Wright), Sue Ewy, Julie Sjordal (phone), Maryann Marchel, Becky Crane, Tina Fredrickson, Maren Christensen, Annie Newville, Jennifer Stieve, Dr. Gigi Chawla (phone), Katherine Meerse (phone)

Guests: Tammy Queensland, Linda Mathiasen, Kim Johnson, Steve Milam, Shawn Holmes

Meeting called to order by Ruth Ann Rosenwinkel.

Introduction of current and new members and guests.

Motion was made by Tina Fredrickson and seconded by Mary Ann Marchel to approve agenda. Agenda passed.

Motion to approve minutes made by Maya Nishikawa and seconded by Mary Ann Marchel. Minutes passed.

The new parent members were given an opportunity to introduce themselves in greater detail. Ruth Ann discussed the importance of the parent perspective.

No one attended for public comment.

Interagency Early Intervention Committees (IEICs)

The committee reviewed and discussed the ICC member Bio document.

IEIC Work Plan Discussion

Discussed Region 1 work plan that had already been submitted. Regions 7E, 6 and 10 also discussed their work plans. Some regions are adding an evaluation component throughout all of their goals. Region 10 is holding topic specific trainings; last year the topic was challenging behaviors. Region 9 is meeting and finalizing the plan. Disseminating materials but not sure if they are missing groups and populations or areas. People need to know about it for it to be accessible. Medical has skyrocketed but there may be holes within the system – using data to determine. They have good region wide data, know where the referrals are coming from. Child care is able to get credit for the trainings. Partnering with Parent Aware to make it part of the Develop system. Region 10 did that this year too. Region 3 – Evaluation throughout entire plan and removed communication goal. Doubling up on public service announcements and they have a television ad in the works, radio ads – four to five different stations. They have a Parent Aware person on the IEIC and are intending to partner with her. Region 6 contacting each birth that occurs in their hospital and that is easy information to get. Good success working with

child care providers. Region 3 also uses Facebook and Twitter. Jennifer Stieve mentioned Pandora ads as another possible outreach strategy.

ACTION ITEMS:

Facebook pages for individual regions or keep the one main Facebook page maintained by Region 11.

Tribal outreach – add to the next IEIC call.

Follow Along Program and Electronic Screening

Follow Along Program

Shawn Holmes, Minnesota Department of Health (MDH) described the Follow Along Program (FAP) – developmental and social emotional screening provided by local public health (LPH) throughout the state. Eighty of 87 counties participate. Periodic screening until child reaches 36 months of age. Contact every four to six months for screening plus activities. LPH contacts the families if concerns are identified. Reviewed past year of achievements and 2016 data. Part C interagency agreement with the Minnesota Department of Education (MDE) - money goes to LPH for FAP. Description of Interagency Agreement. FAP is a voluntary program though some families in child protection have been required to participate. Online enrollment for FAP. Increased outreach to Early Childhood Special Education (ECSE) and Parent Support Outreach Program (PSOP). Exploring and experimenting with child care collaboration to give screening tools to parents and get them back to LPH – couple of communities for now. FAP becoming more standardized. Three sites have expanded referral and follow up protocol. Online training videos for FAP staff due to high turnover in LPH. Meets expectations all the way up to best practice. Two more counties expected to come over to FAP. Not Ramsey, Anoka and Stearns. Faribault and Martin are going to come on board. Will continue to talk with remaining five counties. Shawn connects with those families who are in a county without FAP. The social emotional screener is not sent out as frequently as the regular Ages and Stages Questionnaire (ASQ). Starting to use the new ASQ: SE2 on July 1, 2017. Concerns re: using ASQ with diverse populations as it is not normed. Same with homeless/transitional.

Electronic Screening

Many entities are doing early childhood screening in some form. How can we help coordinate these efforts across the system? Electronic Screening had been part of the Race to the Top Early Learning Challenge Grant. Audio version in Hmong, Somali, Spanish and English. Print in English and Spanish. High rate of error with hand scoring – 35%. Family Home Visiting (FHV) did not like electronic screening and all went back to paper. Difficult to embed in clinic flow – at home functionality never got up and running.

ACTION ITEM:

Gigi would like to talk with Shawn about becoming a pilot site.

Expanded Help Me Grow (HMG)/Forum Updates

Shya Tran is the Help Me Grow Implementation Coordinator and her position is housed at MDE but expanded Help Me Grow is a cross agency effort. Discussed National Help Me Grow forum. Tina shared her thoughts about

the forum. Birth to age 8 is the recommended age range for the expanded model. Tina brought up the issue about tribal outreach. MDH Tribal nurse consultants hold quarterly conference calls.

Current HMG Data Updates

Kara provided current referral numbers and trends.

Election of co-chair

Tina Fredrickson stated that she is willing to be co-chair – Maren moved, Sue seconded to unanimously accept Tina as Co-Chair. This will be effective at the October meeting. Maya Nishikawa will move into the chair role.

MDE Updates

CSPD Update

Kara provided a brief update of the CSPD efforts. Tammy Queensland provided some additional detail about the professional development facilitators and the Centers of Excellence.

Review of Revised Part C Budget and Allocation information

Kara reviewed the Part C budget based on the final allocation numbers that the Office of Special Education Programs (OSEP) provided.

State of Minnesota Brand and Logo

Kara provided some general information about the new MDE logo and brand that will start being used agency wide on July 1, 2017.

OSEP Leadership Conference

Tina Fredrickson expressed an interest in attending the OSEP conference in the middle of July. Sue Ewy made a motion and Maren seconded for Tina to represent the ICC at the OSEP conference. Her attendance is supported by MDE with Part C funds included in the Part C application budget section.

Member/Agency Updates

Department of Human Services (DHS)

No DHS updates

MDH

A request for proposals (RFP) went out to provide additional family support and connections through Minnesota Children and Youth with Special Health Needs (MCYSHN) section. Peer to peer/parent to parent model. Proposals are due today, June 9, 2017. Legislation – FHV received an additional \$6 million per year for the next two years to put towards FHV – roll out in tiered method as funding starts July 1, 2017. Targeted to nonprofits, LPH and tribal agencies to implement an evidence based model. Shawn asked if IEICs return funds, MDH has been working with LPH to serve counties and counties spend their own money to serve kids. Could that money be used to support those efforts?

ACTION ITEM:

Kara will check with Lisa Backer about this as a possibility.

Member/Agency Updates

Katherine Meerse

Hennepin County will be participating in the Center for Health Care Strategies (CHCS) Medicaid Early Childhood Innovation Lab (MECIL). Our participation will focus primarily on work in:

- 1) Building state and community level cross-agency partnerships (e.g. across health, early childhood, child welfare, housing, etc.); and
- 2) Creating new clinical models and community linkages to medical practice

This 18-month lab begins in late summer and is being supported by the Robert Wood Johnson Foundation and the Packard Foundation.

Mary Ann Marchel

She is participating in the third faculty symposium to focus on principles related to Infant and EC mental health.

Workgroups and Subcommittees

Retreat Planning Workgroup Update

The retreat will be on July 31, 2017 at St. David's Center in Minnetonka. Focus will be on goal setting and prioritizing and well as team building. The second part of the day will cover how mental health in early childhood cuts across all sectors.

ICC Bylaws

The committee discussed the by-laws as presented and corrections and revisions were made. Tina made a motion to approve the by-laws as corrected. Mary Ann seconded. By-laws passed.

Work Group Activity

Large group recap of subcommittee discussions:

Data

What is meant by outreach materials? Objects or Facebook hits? Budget numbers and numbers reached, cost per reach, number of kids born, number eligible vs served, number referred and found eligible, demographic comparison for underserve vs. overserve. Entrance and exit results through COSF. What outreach efforts have been done and can you match the referrals that came in to see if they reflect your outreach activities. Number of referrals by referral source. Changes to referral form to better collect data. BC – many referral sources have reported that they have to hear things so many time for it to stick – type of marketing is critical and just because there isn't impact right away, it may stick down the road. Separate and define child find and outreach.

Communication/HMG

Decrease number of families declining services – cross cultural lens but principles are universal. Idea of trust – how do you figure it out and build it and with trust comes patience. Identify point of entry – who are the members in the community who can be linkages. Grandparents or extended family members, elders? Parents who have been through the program, cultural liaisons or navigators. When working with diverse families there need to be other people supporting the work but they need to be trained to know context and purpose, ex. Interpreters. Set the climate rather than the weather with families – systems can do this. The weather is the strategies. Families also need to be advocates for themselves. It's ok to ask Dr for services or referral.

Fiscal

Quarterly report from IEICs to MDE on spending and budgets, quarterly projections in real time. MDE look at what they are spending more frequently. IEICs have fiscal subcommittee as best practice. Fiscal host submit quarterly and revise assurances.

ACTION ITEMS:

1. We will add subcommittee work to the end of the ICC meeting so we do not have to add in another meeting.
2. Send email to absent members to find out which subcommittee
3. Zoom is an option for ICC meetings or adobe connect

Communication – Roberto, Annie, Maren, Mary Ann*, Maya, Sue, Tina, Julie S.

Fiscal – Becky*, Jennifer, Ruth Ann, Katherine

Meeting adjourned.