



King County

Department of Community and Human Services

Developmental Disabilities Division

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King County Interagency Coordinating Council (KCICC)

April 23, 2007

WorkSource Renton

919 Grady Way

Renton, WA 98055

Members:

Donna Borgford Parnell, PHSKC-
CSHCN

Cheryl Buettemeier, Providers

Sandy Duncan, Lead F.R.C

Dawn Williams, Head Start

Magan Cromar, Encompass

Margi Siegl, Region 4 DDD (for
Heather Moline)

Guests:

Jose Martinez, Arc

Walt Bowen, ITEIP

Kathy Trimbach, KCDDD Board

Sandy Carlson, SKIP

Elizabeth Campbell, Seattle SD

KCDDD Staff:

Leilani Dela Cruz

Jan Wrathall

Helen Cadigan

Introductions and Presentation

Each person introduced her/him self. Sandy welcomed Leilani Dela Cruz, the new Family Resources Coordinator for King County Developmental Disabilities Division (KCDDD) as the presenter preceding the regular meeting.

The meeting was preceded by a presentation by Leilani Dela Cruz, the new Family Resources Manager for King County Developmental Disabilities Division. The focus of her presentation was her new position, her experience prior to assuming her new job, and brainstorming with attendees around hopes and expectations for her job.

Leilani said that she is from Guam, and worked in Guam's Early Intervention system as a Service Coordinator (comparable to a Family Resource Coordinator (FRC)) as well as a direct service provider. She worked in the field for about 5 years. Her lead agency on

Guam was the Department of Education. When she moved to Spokane to earn her Masters degree in Social Work, she worked for Spokane County as their early intervention program coordinator for one and one half years. Then she came to Seattle, and worked for the White Center Early Learning Initiative of Puget Sound Educational District, and continues to work with them on their business plan.

On Guam there was an eligibility category of kids at risk who were considered eligible for Part C services, in addition to children diagnosed with disabilities and children diagnosed with developmental delays. Leilani was hired as a social worker. When she started work in 1998 there was a system shift to providing services in natural environments. The model they used was similar to the primary service provider model, with role releasing, consultation and cross training. She did home visits with families whose children were CPS involved. The children were still at home, but had an active Child Protective Services (CPS) case going. Every child got a team with a social worker, a nurse, a physical therapist or occupational therapist and a speech language pathologist. The team worked with parents to achieve the goals on their IFSP in concert with therapist. As more work was done in natural environments her caseload became more mixed to include home visits to children with diagnosed disabilities.

Leilani talked about early intervention funding on Guam at the time that she worked in the early intervention (EI) system. The primary fund source was part C funding, and some Department of Education funding. They were constantly struggling with local insurance agencies to have them pay for in-home visits because they didn't understand how to pay for those services outside of the hospital setting.

The Medicaid system on Guam is locally funded and inadequate due to the political status of Guam. It was very difficult to get payment for services. There is a large population of military families Guam. At one point the Guam early intervention system had an interagency agreement with the Department of Defense to provide early intervention services to military families. They have since moved to doing their own system.

The Guam system served from 150 to 160 children per year. The primary referrers were hospitals. The early intervention system had agreements with local hospitals, and EI staff was housed at hospitals. As soon as a child was born, if there was a developmental concern docs had access to staff and parents had access to staff. All new parents received early intervention materials in their packet of information that came from the hospital. Because they were serving an at-risk population, Department of Children and Family Services was another referral. EI instituted an island-wide Childfind. They did screening at fairs, set up shop in villages at community centers and schools, and did all-day child screenings. As a result, there was an increase in parent self-referrals.

The largest part of her caseload was children with developmental delays and some with diagnosed disabilities. When she left Guam there had been an increase in autism diagnosis, but it's not clear if that was due to the system doing a better job diagnosing or an increase in the condition.

The transition process there was somewhat difficult as it is here. Serving at-risk clients was a decision made by the lead agency. Guam has the Head Start program but not Early Head Start.

In her current position as a Family Resource Program Manager Leilani wants to work with agencies in training and technical assistance. She wants to be a support to FRCs. She worked extensively on Guam in service delivery in natural environments, and developing IFSPs in that context and feels she has experience to share in that regard. Leilani would like to learn what is working for agencies and what the challenges are and how she can be a support.

Leilani would like to visit agencies and accompany agencies on home visits. She's still adjusting to how much bigger the systems are in this state, but one of her priorities is to visit agencies.

Leilani received her master's degree in social work. Her practicum focus was largely with children in high risk situations, working in Spokane with the Circle of Security protocol. The Circle of Security protocol is attachment based work developed by three people affiliated with the Marycliff Institute in Spokane, WA. It focuses on relationship based approaches to supporting parents working with their children. She was thinking she would like to work with attachment based supports and interventions with parents. Infant mental health is another of her interests. Her professional philosophy is relationship based interventions with families.

Leilani and Sandy will dovetail their Lead FRC responsibilities in this way: Sandy will continue to be the contact for FRC coordination for deaf and hard of hearing children, as well as being the County's independent FRC. She will still carry a caseload of families. Leilani will take on technical assistance and FRC training, public awareness and distribution of outreach materials. Agencies can continue to send requests for forms to Sandy until the end of May.

CHAP remains the point of entry into the Early Intervention system, and Sandy will be the primary contact with families and others to respond to questions about getting into services, general questions someone might have as they begin exploring the possibility of entering early intervention, and information about developmental delays. Sandy will continue to be aware of capacity issues across the system, while training and FRC contacts shift to Leilani.

The bi-annual monitoring process starts in May. Kathy Svinth is the contract monitor, Jan Wrathall will be the process lead, and Leilani will partner in the activities, as well as look at issues which are important to qualitative monitoring. Kathy will focus on compliance reviews. We will look at not only is there an IFSP, but how does it look. Leilani will be developing the qualitative component in the future, but will begin by reviewing what is in place currently. Leilani will take the lead in developing the qualitative component, and will engage the community and families in developing that. As a part of the qualitative review Leilani proposed that she start interviewing families and going on some home visits. She'd like to observe in communities where supports are occurring, and look at the whole picture of the system.

Jan updated the group on the early intervention public awareness campaign. She brought pictures that are like those posted on 300 busses. There are also brochures, but there will

be a delay in final release for those, as updated releases are being obtained from parents of children in the pictures. Jan asked that if attendees saw placards placed in the back of busses they let her know. The agreement was that they be placed in the front of busses.

There have not been any calls yet as a result of the bus placards. Sandy said calls would be tracked, perhaps entered in the database.

Walt offered booth space at early childhood conference for some placards. Magan asked if there were full panels available for events. Jan said that in addition to the bus placards and brochures there is a tri-fold panel, of a size that would stand on top of a table, on which pictures would be mounted.

Magan offered that they had photos they had done that could be used in place of photos removed due to release issues.

Review of February 26, 2006 Minutes

The minutes of the February 26, 2006 meeting were reviewed and two name corrections requested:

- Correct "Kristie Berber" to "Kristie Baber".
- Correct "Susan Sanndall" to "Susan Sandall".

04230701. A motion was made and the minutes were approved with corrections.

Updates and Announcements

Betsy was unable to attend this meeting but sent legislative update material to Jan for distribution. Jan will ask Walt to supplement the legislative update.

Jan noted that this was the first meeting in the new format that was designed to support parent attendance by scheduling a presentation geared to family interests before the meeting. Magan asked if the County could produce a pamphlet about this committee that agencies could distribute to families. She also suggested that a flyer be made about each presentation to be distributed to families before the meeting. Jan promised that she would develop a brochure about the committee.

Jan began the legislative update by drawing attention to the state budget comparison handout. Betsy spoke to Jan earlier about this handout, pointing out that the best news was that family support services will be able to serve 1300 new families, as shown on the handout. This will help reduce the wait list. Language was removed from the budget that would require income based eligibility determination for family support services.

Other good news is the ability to now move more easily from the basic or basic plus waiver to the core waiver. This doesn't have so much impact on the Birth to Three system, except perhaps for medically involved kids. What that means is that if you are on the core waiver there are more funds available for services.

Walt relayed that there was one bill that may affect Birth to Three. Hospital bill 1088 is a step by the state to address problems with the mental health system. This bill specifically addresses ages 0 – 21. The bill includes support to youth that are incarcerated. It requires that a program is set up to look at the rate structure using coupons to pay for mental health services, which would be a breakthrough.

There is a Home Visitations bill that will make a difference in that per capita foster care program people can make home visitations to foster homes to determine that service needs are being met.

Walt also mentioned the dental bills and the Department of Early Learning which was just established in February of this year, and has been given authority to, among other things, implement a new rating system for child care. The department will have a 28 member advisory council, and the intent is to include provider representatives and parents of children with disabilities.

Donna spoke about integrating referrals and changes in Public Health. She was in a statewide Communications Network meeting with the Children with Special Health Needs coordinators. At that meeting there was talk about the funding decrease to neuro-developmental centers. What happened was that funding stayed flat and there is an additional center in Seattle, so the spread of funds resulted in lower funding for each center. Funding within Public is also flat, so they need to look at how Public Health nurses deliver services, not only prioritizing but limiting the length of visit time and focus on phone visits rather than home visits – changing the delivery model. Because this will affect families and the community Donna would like to spend some time talking about it – would like to put in on one of the KCICC's agendas.

Jan wondered if this issue could be subsumed into one of the existing (or newly forming) committees. Donna said the delivery model should be looked at and there should be some discussion - given the limited funds - about which would be the best agency to provide services. There is a referral tree, but would neuro-developmental centers want to know a premature child at birth, or is that a nursing issue that then goes to a center at a certain time?

Jan said the DD system is shifting to catchment areas, which will have a significant impact on the referral process. Donna said Public Health may also be shifting to fewer nurses with broader catchment areas.

Jan suggested a meeting with her, Sandy, Donna, Cheryl and Leilani. Sandy described it as an opportunity to discuss ideas, and a decision can be made about whether or not the issue will be brought back to the KCICC.

Cheryl announced that there is room for new referrals at Boyer. She said there had been a rumor that Boyer does not serve south of the West Seattle Bridge, but that is not true. Walt announced that the State ICC will meet in Clark County April 25, 2007.

Operations Committee

Jan opened discussion of the need for an ongoing operations committee to guide such activities as nominations, membership, bylaws and meeting organization. Betsy McAlister, Susan Sandall and Sandy Duncan met recently in a similar capacity, and this group can become the Operations Committee along with anyone else interested.

Jan solicited suggestions for future meetings sites, as WorkSource Renton will be moving before June 2007. Jan will check with the Puget Sound Educational School District. Donna suggested Public Health facilities at Eastgate and Federal Way. Walt suggested the State Department of Health, which has an office two miles away in Kent. Sandy suggested Valley Medical, where the ICC met in the past.

Committee meetings for Charter Development

Sandy directed the group's attention to the Charter template that was distributed with the meeting agenda. Jan said she hoped that today's group could break into committees to begin developing charters for Committee One and Committee Two. Jan spoke with SOAR and they agree that Committee One combining with the existing Prevention/Early Intervention Action Team is a good proposition. Also, Enrica Hampton, who is on the Action Agenda Team, is voting to move the Action Agenda Team meetings to Wednesday. This could support Linda and Donna participating on that committee.

The group took a short break at 11:00 and regrouped for Committee Charter discussions.

Sandy re-opened the discussion by saying that KCICC members need to participate on a sub-committee, and Non-KCICC members are asked to consider being on a subcommittee.

Jan distributed the charter templates and the group broke into two discussion groups. One group discussed the Committee Two or "Parent-focused" Committee Charter and the other group discussed the Committee One or Early Intervention/Prevention Action Agenda Team Committee Charter and the Operations Committee Charter. Jan asked the Early Intervention/Prevention Action Agenda Team Committee to consider third Wednesdays of each month when looking at dates to meet.

The Committee One and the Operations Committee discussions were done by one group comprised of Sandy Duncan, Magan Cromar, Donna Borgford Parnell, Sandy Carlson, Jan Wrathall, Elisabeth Campbell, Cheryl Buettemeier and Walt Bowen.

The Committee Two discussion group included Dawn Williams, Margi Siegl (representing Heather Moline), Kathy Trimbach, Leilani Dela Cruz and Jose Martinez.

Sandy directed the discussion groups to report out after their discussions.

Report on Break-out Discussions

Committee One:

Discussed the Prevention/Early Intervention Action Agenda Team and set a meeting date of May 16, 2007 from 10:00am to 12:00pm at Region 4.

Operations Committee:

The discussion group talked about the Operations Committee, and recruited more members. New recruits are Magan, Beth, Jan and Cheryl. They will set a meeting date at the Eastgate Public Health Center to talk about bylaws for the KCICC.

Committee Two:

The group discussed the goals assigned to this Committee, and the challenges and next steps. They discussed who has resources to support the attainment of the goals, such as The Arc of King County. There are goals supporting families who speak languages other than English – who should be recruited in that capacity. They also discussed recruitment of more Committee Two members. They didn't get to the charter, so Jan asked that the template be filled out and the constructing the charter would be on the work plan for the next meeting.

Lead Agency report

Outcomes Training

Jan distributed a handout title Lead Agency Report and led the group through it. She talked about the state sponsored outcomes training throughout the state. The trainings will be held in Seattle on May 22, Ellensburg on May 23 and Spokane on May 24. Attendance is limited to 2 persons per agency with a couple of exceptions. The training model will be "train the trainer". Teams that attend the trainings will go back to their agencies and train agency staff. The training will focus on the methodology this state decided to utilize in order to measure child and family outcomes. There are three child outcomes. These are

- Children have positive social-emotional skills (including social relationships).
- Children acquire and use knowledge and skills (including early language/communication [and early literacy]).
- Children use appropriate behaviors to meet their needs.

Family outcomes include:

- Families will understand their child's strengths, abilities and special needs.
- Families will know their rights and be able to advocate for their child.
- Families will know how to help their child develop and learn.

Natural Environments

Pierce County hosted a day-long training by M'Lisa Sheldon and Dathan Rush where they reviewed the primary coach model of service delivery. They opened the training up to folks in King County as well, and in total I would guess about 120 people showed up. The six teams (Northwest Center, Skip East and West, Kinderling, Encompass and Wonderland) continue to work on practicing and refining their skills at providing a coaching model where the child's interests and natural learning activities are utilized as the context and location of services. They have a monthly phone conference call to review their

coaching logs, and to receive feedback on ways to enhance their supports and strengthen their expertise.

Jan also distributed a handout from the ITEIP data system for our state performance plan that indicates that the latest reporting month shows that King County is now at 78% for indicator number two, reporting that the primary service settings were where children received services in home and program designed for typically developing children. This exceeded the state target of 65%.

For indicator number five, Percent of Children Birth to One with Individualized Family Service Plans (IFSPs), we are supposed to be at 70% of children entering service at less than one year of age. Cheryl talked about the dilemma of children receiving care at a hospital or non-early intervention provider at an early age – being identified – but not being referred into the early intervention system so not showing as in the system. Sandy added that many providers do not refer until the client's insurance runs out. Jan expressed her hope that with intervention to hospitals and medical professionals that situation could be improved. Cheryl related that she asked a provider about referring children to the early intervention system and the provider responded that it is difficult to persuade a family even to enter their child into therapy. There is a perception that if they refer the family to the early intervention system it means the child has a serious lifetime disability. Magan mentioned that some therapists view home visits by early intervention teams as competition for their clients.

Primary Service Settings Percentage of Children Receiving Services in Special Programs is at 22% as of December 2006. Percentage of Children Birth to Three with IFSPs is at 1.4% as of December 2006. This info is based on a day in time. Accumulated numbers for an annual count puts it at 2.3%, which is great, but the federal government does not look at that. We have a target for next year of 1.9%. For Children Transitioned no Longer Needing Services or Not Eligible for Special Education October 1, 2006 through September 30, 2006, King County is at 25%. Number of Children Transitioned October 1, 2005 through September 30, 2006 is 913 for King County.

Jan also distributed the Monthly Data System Counts by county from the ITEIP system. These reports are available on the ITEIP system web sites.

Public Awareness

King County recently completed a contract with Child Care Resources to train child care providers on "red flags", and to understand what to expect when a service provider comes to their program to support a child in this natural learning environment. Cheryl asked if there is an effort to work first with those agencies that currently have an early intervention provider at their site. Jan said that these initial trainings will really just be introductions to the concept of early intervention screenings in daycare centers.

Three hundred bus placards are now located inside Metro buses in Vietnamese, Somali, English and Spanish.

Monitoring

Kathy Svinth, Jan Wrathall and Leilani Dela Cruz will begin the biennial monitoring process in May. Each agency will receive a monitoring review which includes a desk review of

agency policy and procedures and file and chart reviews on site. In addition, King County has recently been informed that our County will be audited by the State Operations Review team also beginning in May. We have not yet met with them to understand the scope of their review, but they will be auditing (mini audits) our sub-contractors as well as the County.

Other:

King County, with input from the provider community as well as other stakeholders, will soon begin to develop catchment areas. This concept was discussed in the Natural Environments Leadership Team meetings. This is increasingly important as services are provided in homes and community settings. It is the intent of King County to ensure that these catchment areas allow for some flexibility for parent choice, child needs and family convenience. The intended result of these catchment areas will be efficiency, as many providers will be utilizing service teams to support families in the community, and it is more efficient to have teams work within geographic areas. In addition, it is helpful for FRCs to know and understand the resources of a community as a way of being more helpful to families and to build relationships with the community. At this time, we are gathering data to look at reasonable ways to begin to define these catchment areas.

Next Meeting

Next meeting of the KCICC will be June 25. The location will be announced.