

VIRGINIA INTERAGENCY COORDINATING COUNCIL
MEETING MINUTES
Henrico Mental Health
6-9-04

Brenda Laws, VICC Chair, called the meeting to order at 9:35 a.m. Role was called. Fifteen VICC members were present (See attendance sheet following minutes.)

Mary Ann Discenza announced that Shirley Ricks has been promoted and will be leaving the VICC after the September, 2004 meeting. Martha Kurgans will be the DMHMRSAS representative. Shirley Ricks introduced and welcomed Ms. Kurgans and noted that she has an extensive background in working with women with substance abuse issues and the LINK program. Martha Kurgans thanked everyone and noted that she hopes to bring her areas of expertise to the VICC and to learn more about the VICC.

Part C Update

Local Contract-Mary Ann Discenza reported that there were eighty (80) responders to the public comment pertaining to the local contract. She noted that the Part C staff viewed this year as a period of transition and challenges, including the legal issue of LICCS (Local Interagency Coordinating Councils) not being legal entities. The contract had to be modified. The Part C office will be meeting with the office of the Attorney General on 6/18/04. It is hoped that they will be given the authority to extend the contract for one month for completion by July 31, 2004. Councils are encouraged to be as flexible as possible and discuss this issue with contractors.

Listed below are the recommendations based on public comment that the Part C office will take to the Attorney General:

1. Budget categories will be revised into two major units:
 - 1) **Systems Operations-** including administration, systems manager, data collection, and training. The Systems Operations cap will be lifted although the 3% maximum administrative expenses will remain.
 - 2) **Direct Services-**majority of money will go in this line item. Each child can receive up to 24 visits per calendar year using Part C funds. A local mechanism must then be established for necessary additional visits. There will be no dollar limit and the Part C office will establish clear definitions of "associated costs."
2. The service delivery and management tool requirement will be deleted from the contract.
3. The local status report requirement will be deleted with the caveat that stakeholders develop a sample status report based on requests from OSEP. Mary Ann Discenza noted that the Part C office recognizes the burden that is placed on localities regarding data collection and they will attempt to minimize the requirements for compliance.

Mary Ann Discenza further noted that councils have until 9/30/04 to spend their allocations from this year.

Dr. Kraft questioned what providers should tell parents regarding referrals when councils do not know whom their providers will be. Mary Ann Discenza responded that she hoped public and private providers will give councils the opportunity to extend their contracts for thirty (30) days. She encouraged family representatives and providers to keep the Part C office informed of these issues as they arise. Dr. Kraft reminded VICC members to advocate and to keep people who are in elected offices informed of these crises and issues.

Kristin Morrison asked if there is anything that the VICC can put in place if delays in referrals occur, if there is difficulty extending contracts, etc. Mary Ann Discenza encouraged parents to attend local council meetings and keep the Part C office informed.

Shirley Ricks reported that the General Assembly gave \$750,000.00 this year but it did not solve the Part C deficit. The Part C office staff has spent a great deal of time trying to figure out “how to make this work” given the financial constraints. They revised the contract in an attempt to delete items that were troublesome.

Dr. Blackman questioned the extent of the deficit. Mary Ann Discenza responded that there will be a \$1.3 million deficit next fiscal year (even with the \$750,000.00 from the General Assembly.) She noted that this figure only brings the funding back to the level of funding that the Part C system had with the “one time funds” for the 2002-2003 year. The figure does NOT account for the 8% increase per year in child count. When the growth factor and the lack of DSS funding are included, the actual deficit totals approximately \$4 million.

Mary Lou Hutton questioned the alternative if the Attorney General will not sign the contract. Mary Ann Discenza responded that the Part C office would have to work with public entities to contract with the Part C office.

Infrastructure Public Comment-Mary Ann Discenza reported that the Infrastructure public comment period closed on 6/1/04. The Part C office is in the process of collating the comments, reviewing, and making recommendations. The Infrastructure Task Force will meet on 6/21/04 and develop final recommendations to take to the Commissioner. Mary Ann Discenza also indicated the task force felt that it was extremely important to shape a vision and long-term plan for early intervention. Their recommendations will include information about what the system should like in the next three to five years.

EIIMT Update-Phyllis Mondak, co-chair of EIIMT (Early Intervention Interagency Management Team,) reported that the last meeting was held on 5/19/04. The primary discussion pertained to the Plan B meeting and the process for dispersion of funds. She noted that members were unclear about the formula, what the definition was of “equitable” pertaining to DSS funding, and how some of the funding was included in the

formula. EIIMT members were also given a summary of the VICC retreat and the Part C office retreat.

Newborn Hearing Screening Mandate-Pat Dewey provided information on the newborn hearing screening mandate in Virginia. The program, now called the Virginia Early Hearing Detection and Intervention (EHDI) Program, is mandated by the *Code of Virginia*. All hospitals in which babies are delivered must screen babies for hearing impairments. Virginia Department of Health (VDH) is responsible for tracking and follow up which includes letters to families for those children who 1) fail the test, 2) have risk factors such as a family history of hearing impairments, prematurity, etc. or 3) did not receive the test. Currently 97% of babies born in Virginia are screened. The remaining 3% may be babies born outside of hospitals. Of those receiving the screening, approximately 2% are referred for follow up hearing services. This number is well below the state target of 4%. Babies born during the year 2003 have an 83.5% follow up rate. This is a significant increase from the 2002 figures.

Pat Dewey continued, providing information on the Virginia Infant Screening and Infant Tracking System (VISITS.) This is a web-based data system for reporting and tracking newborn hearing screening and congenital anomalies. A new module, the At-Rick Module, was developed to further the child-find activities of the programs. This module will allow hospital discharge planners to use the database to record information on infants who are eligible for early intervention services. An automatic referral process is established through back-end linkages between VISITS and iTOTS. Automatic referral will also occur for any child entered into VISITS with a diagnosed hearing loss or congenital anomaly. The module was piloted in the Tidewater area for four months last year. Currently, VDH is evaluating the information from the pilot and will then make revisions and modifications. It will then be introduced to hospitals across the state.

Pat Dewey also reported that VDH is working with DOE and the Part C office to explore data sharing particularly related to outcomes. Measuring outcomes is an important part of program evaluation. The primary outcome question for the EHDI Program is, "Did the early identification of hearing loss effect the child's language for school readiness?"

Nominating Committee/Slate of Officers-Pat Dewey reported that the nominating committee was comprised of herself, Mary Lou Hutton, and Phyllis Mondak. They met via phone calls. Pat Dewey reported that she was pleased to announce that Brenda Laws, Bethany Cooke, and Sandra Binns Whitaker agreed to serve. Pat Dewey presented the slate of officers as follows:

Chair-Brenda Laws
Vice Chair-Bethany Cooke
Secretary-Sandra Binns Whitaker

Dr. Blackman seconded the nomination. The ballot passed unanimously.

Brenda Laws announced that today's meeting was the final VICC meeting for Dr. James Blackman. She recognized his years of service and dedication to the VICC. Dr. Blackman received a certificate of appreciation. He noted that it has been a great pleasure to serve on the VICC for the past fifteen (15) years. He has seen the ups and downs and changes in early intervention and has appreciated the commitment to young children. Dr. Blackman reported that he often took information such as ability to pay, natural environments, etc that he gleaned from VICC meetings for use in the journal for which he served as editor many years, *Infants and Young Children*. Dr. Blackman encouraged the VICC to look seriously at long term funding. He suggested the possibility of DOE serving as lead agency, citing possible efficiencies and assistance with transition. Dr. Blackman noted that his "heart goes out to localities who have to deal with this (fiscal instability) every year." He also encouraged VICC members to remember that they are Governor appointed to represent the children and families. He concluded by saying that VICC members carry a certain clout that can be used and they should not underestimate the VICC's ability to influence policy.

VICC Retreat Update-Brenda Laws shared her reflections from the VICC retreat. She noted that she was reminded that the VICC is supposed to advise and assist the Lead Agency. Members discovered that they have "more voice" than they are using. Brenda Laws urged VICC members to be a voice to represent the people in the field, families and providers and to make that voice LOUD. She noted that agency representatives may not always be able to speak as loudly as others given the constraints of their jobs.

Brenda Laws reported that the Steering Committee will be revitalized and take a more proactive stance on behalf of the VICC. They will also update the by-laws. She also reported that information heard during public comment will be put on the ITCVA website to share information more broadly.

Bethany Cooke reported on the restructuring of the VICC subcommittees. She noted that this was done to consolidate and to incorporate how the roles of the committees have changed. The new VICC committees will be:

- 1) **Steering Committee**
- 2) **Advocacy Committee** (which will include previous functions of the PA committee, FS&A Committee, family leadership, legislation, and advocacy)
- 3) **Infrastructure Committee** (which includes ad hoc committees, previous functions of the LRDS committee, etc)

Each committee will have an action plan that is tied to the Part C Integrated Work Plan. Additionally, each committee will have a VICC member as chair, no co-chairs, and all committees, task forces, work groups, etc will have a VICC representative as a liaison.

Public Comment

Members of the audience introduced themselves and made several brief announcements:

Susan Shaw announced that she is serving as the interim Council Coordinator at Region Ten (Charlottesville area.)

Dana Yarbrough expressed frustration that, as the chair of the FS&A committee for the past nine (9) years, she just found out that the FS&A committee is no longer in existence. She reported that she felt this announcement of committee restructuring was poorly handled.

Kathy Phillips representing CoCoA presented the following public comment (italicized information is provided verbatim from written comment provided):

I am speaking on behalf of the Steering Committee of CoCoA, the Virginia Council Coordinators' Association.

I want to begin by expressing the appreciation of the Council Coordinators Association to the members of the VICC and the Part C office, for your continuing efforts to ensure early intervention services for Virginia's infants and toddlers with special needs. CoCoA is especially encouraged to hear of the interest of the VICC representatives in learning more about what is happening in their local systems and on their local interagency coordinating councils. We welcome this participation by the VICC representatives and look forward to continuing our partnership with you in advocating for and providing these beneficial services.

The Steering Committee also wishes to express its appreciation to the members of the General Assembly for their allocation of the additional funds for Virginia's early intervention system, especially at this time of financial challenges facing so many systems and populations. Their recognition of the needs of our youngest citizens with disabilities and their support for early intervention services has given us much hope and encouragement for the future.

It is, however, critical to keep in mind that Virginia's early intervention system is facing the year ahead with a total of \$1.3 million less for services than in the previous year, even with the additional funds from the General Assembly. All localities will face reductions in funds. We have heard that this will affect services in some areas, meaning that some children could go without services that are clearly needed. CoCoA wants to continue to work with the VICC to problem solve ways to address this crisis in Virginia.

We would also like to express the concerns of the Council Coordinators Association regarding the significant reduction in training funds for the coming fiscal year. We realize that direct services must be a primary focus for funding. However, it is important to note that many of the strategies for increasing the capacity of the system involve changes in the way services are provided, and training is definitely needed to ensure that those changes can be implemented across the state. The trainings that have been provided by the Part C system to date have been outstanding and have greatly assisted localities in learning and growing. We sincerely hope that some additional resources for training families and providers can be secured.

Thank you again for the opportunity to express these views.

Allan Phillips presented the following public comment (italicized information is provided verbatim from written comment provided):

I am Allan Phillips, the Director of Infant Toddler Connection of Fairfax.

I would like to commend Pat Dewey and the Health Department for staying the course to utilize data and electronic transfer between the hospitals and the Part C program/ITOTS. This is a very positive step that ultimately saves staff time and is a good quality assurance for our families.

I know that this past period of time has been very challenging budget wise but I think we have learned about a glaring weakness in our Part C system. That is not having a statewide data system that can collect real time data on services delivered and types. I am thankful that the General Assembly has approved an increase to the Part C budget but have to wonder if we would have gotten the amount of money we asked for if we had reliable data to support our request.

I would encourage the VICC to move developing the infrastructure with a data system up to a top priority for your work in advising and assisting the State with Part C. This will ultimately serve our families in the future as we continually deal with budget shortages. Thank you.

Response to Public Comment-Brenda Laws thanked everyone for their comments. She responded to Ms. Yarbrough's concerns regarding the VICC committee restructuring noting that the VICC members worked for hours trying to explore the best methods for committee restructuring that would combine committee activities and function that would work well with other committees. She indicated that none of the committees have been dissolved. They have been reassigned and the names may have changed but the functions will still be in place. Brenda Laws noted that any person currently on a committee is welcome to join the newly formed committees, which meet following the VICC meeting.

Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities, and Places-Beth Tolley provided a PowerPoint presentation and historical overview of the move towards natural environments, natural learning opportunities, and the current supports and services guidance document. She encouraged the VICC and the audience to help move the system forward by becoming "myth busters." Beth Tolley provided research and literature that supports the changes that are occurring in Virginia.

Dr. Thorp noted that the VICC needs to consider ways that we can document the information related to supports and services to influence legislators and strengthen our position regarding budget increases.

Dr. Blackman noted that “coaching” is not a new thing. He also suggested that rather than “myths,” we should use the word “risks.” He noted that the problems with this methodology are the risk or possibility of “pulling back.” He made the analogy that one would not expect a basketball coach to meet with the team 1x/month. This method is too easy to use as a reason to “pull back services” (frequency) and call it “coaching.” Dr. Blackman stated, “As a provider, I’m concerned that this will reduce services and we must maintain appropriate levels of services.” Beth Tolley responded that the document emphasizes “individualized” and services need to be considered on that basis. She cited autism as an example where more services may be justified.

Family Report-Debra Holloway presented the following Family Report (italicized information is verbatim from written comment provided):

Since the last VICC meeting The Family Involvement Project conducted a Parent-to-Parent training in Norfolk where seven parents were trained to become Parent Partners Ten parent matches have been made over the past two months in a variety of regions throughout the state. The International Mosaic Down Syndrome Association contacted The Family Involvement Project via our website to request us to present our Parent to Parent program and train families at there upcoming conference here in Richmond this month.

In March I was able to attend a Northern Virginia Regional Meeting and was able to meet and talk with Council Coordinators from the area about the Family Involvement Project.

The Project staff disseminated a family involvement survey to all forty councils in an effort to gather and update information about parent’s involvement on a local level and to learn which areas have local parent representatives on staff or have families participate on a regular basis. This is in an effort to strengthen the relationship local Parent Representatives have with The Family Involvement Project and with one another.

The Family Involvement Project participated in Connections a Resource Fair for Families of Children with Disabilities ages 0-22 at the Children’s Museum of Richmond. This Fair was sponsored by The Children’s Hospital and took place in April.

The Family Involvement Project staff continues to be a part of many groups and committees including Task Force, Plan “B” Committee, Management Team, The Autism Initiative, Finance Group, The Child and Adolescent Special Populations Subcommittee we participated in the VICC Retreat, and attended The New Horizons Conference in Southwest Virginia. .

We have also been able to recently attend some local council meetings and spring picnics including the one held in Fairfax where 100 families and children who received services in the past year attended.

Integrated Training Collaborative Update-Cori Hill reported that the ITC (Integrated Training Collaborative) grant ends on 6/30/04. During the past sixteen (16) months, the Collaborative has completed the division of the service coordination curriculum, *Kaleidoscope: New Perspectives in Service Coordination* into Level I and Level II. There have been three Level I trainings across the state. The first Level II training is scheduled for June 15 and 16, 2004.

Additionally, the Collaborative has completed three modules for use by Early Intervention Assistants (EIAs) to meet the highest personnel standard for that category. Five EIAs are currently in the process and have received the first module. Cori Hill passed around copies of the three modules.

The ITC successfully coordinated the second annual EI conference, *Creating Connections: Celebrate the Journey*, which was held in Roanoke for approximately three hundred fifty (350) participants. Evaluations from the conference were very positive.

Several members of the ITC worked with CoCoA and the Part C office to develop a new council coordinators training. This was conducted in Staunton in October 2003. Evaluations from this training were also quite positive.

The new ITC grant begins on 7/1/04. We will be operating on a very limited budget. Members have prioritized the work for the upcoming year as follows:

- 1) Make EIA modules web-based for easy access
- 2) Conduct KI and KII trainings
- 3) Conduct EI Conference/Training Event

Cori Hill invited any interested providers or parents to join the ITC or contact her with questions or for more information.

Other Business-Brenda Laws reported that there are two vacancies on the VICC, one parent representative from the Roanoke area and one provider. Anyone who is interested may submit his or her name to Mary Ann Discenza. The legislative position is also vacant on the VICC and we are awaiting a Governor's appointment. Possible legislators may be Delegate Harvey Morgan or Senator Jeannemarie Devolites.

Kristin Morrison reported that she has been working on follow up to some funding issues including introducing bills for constant funding. Kristin Morrison and Kathy Kiser will also be working together to gather signatures for an early intervention license plate. After fifteen hundred (1500) plates are sold, revenue will be given to the Part C system.

Pat Dewey noted that VDH has worked with the Partnership for People with Disabilities, DDHH, Part C and DOE to conduct SKI-Hi trainings. This is a home-based intervention program for children who are deaf or have hearing impairments. The module has been well received. It is hoped that each council could send one participant to the next round of trainings. Possible monetary support may be available.

Dr. Thorp made a motion to write a thank you letter to the legislators for the \$750,000.00 budget increase. Dr. Blackman seconded. The motion passed unanimously. Debra Holloway also asked parents to send thank you letters to their legislators. David Mills noted that a recent press release from the Part C office also provided recognition for these efforts.

Phyllis Mondak announced the Shining Stars conferences, which will be held July 13th in Roanoke and July 15th in Richmond. The conference is for all providers and parents. The target audience is anyone who works with young children from birth to age six.

VICC members were asked about morning refreshments at the VICC meetings. Everyone agreed that if coffee and hot tea was available, food was not necessary.

Future Agenda Items:

- Finalize announcement of chairs for VICC committees
- Agency presentation from DSS
- Infrastructure final decisions
- IDEA Update

It was also agreed that Debra Holloway would provide the agency update for December.

The meeting was adjourned.

VICC Meeting Attendance-6/9/04

VICC Members

Dr. James Blackman	Mary Lou Hutton	Kristin Morrison	Yolanda Tennyson
Sherry Confer	Dr. Colleen Kraft	Miriam Owens	Dr. Eva Thorp
Bethany Cooke	Rev. Brenda Laws	Leslie Hutcheson Prince	Sandra B. Whitaker
Pat Dewey	Phyllis Mondak	Shirley Ricks	

Family Members

Debra Holloway (ARCFIP)
Dana Yarbrough (Parent to Parent)

Council Coordinators

Kathryn Kiser (Dickenson)
Kathy Phillips (Middle Peninsula-Northern Neck)
Debbie Ferguson (Southside)

Providers

Nancy Butts (Professional Therapies of Roanoke)
Allan Phillips (Fairfax ITC)
Pat Rogers (The Chesapeake Center, Inc.)

Administration

Martha Kurgans (DMHMRSAS)

I&TC of Virginia Staff

Beverly Crouse
Mary Ann Discenza
Karen Durst
Cathy Fisher
Cori Hill
David Mills
Beth Tolley
Mary Anne White