

VIRGINIA INTERAGENCY COORDINATING COUNCIL (VICC)
MEETING MINUTES
Henrico Mental Health
9-8-04

Bethany Cooke, VICC Vice Chair called the meeting to order at 9:45 a.m. Role was called. Fourteen VICC members were present (See attendance sheet following minutes.)

Part C Update

Mary Ann Discenza presented information about Part C activities:

Contract Status: The Part C office has received and processed 39 of the 40 local contracts. The remaining local lead agency has indicated that they intend to sign the contract. Local system managers and mental retardation directors have indicated to Mary Ann Discenza a desire to begin the planning process for next years' local contract. One of the issues related to the contract concerns reporting requirements. The General Assembly required reporting of all revenue sources by July 1996. In addition, the local contract could be impacted by Infrastructure recommendations.

Infrastructure Report: The Infrastructure Report is with the Commissioner. The plan is to ask for a meeting with the Commissioner to go over the recommendations. Following this, the Task Force will then move into Phase II. Members will be given the option of continuing on or resigning from the task force at that time. The Local Contract Subcommittee needs additional members. Products generated from the Infrastructure Task Force include the current Local Contract, amendments to the Code of Virginia, and the Infrastructure Report which includes information about what Virginia would like the system to look like. Future products include the State Interagency Agreement and possibly addition amendments to the Code of Virginia.

Cost Study: The final Cost Study report was received by the Part C office. It has been forwarded to the DMHMRSAS webmaster for posting on the Infant & Toddler Connection of Virginia Website (www.infantva.org). The report was also emailed to committee members and other constituents. Mary Ann Discenza cautioned that while it is outstanding data, it is point in time data. A determination must be made about how the data will be used, i. e, for advocacy, technical assistance, etc. In addition, the data needs to continue to be renewed to keep it updated so the question of how much early intervention costs in Virginia can be answered accurately.

Office of Child and Family Services General Supervision Enhancement Grant (Outcomes) Application

MidSouth Regional Resource Center has submitted a grant proposal on Virginia's behalf for development of child and family outcomes. The proposal was submitted in July. If funded, the project will also support develop of the infrastructure to capture the data to measure outcomes including services planned, services delivered, and outcomes.

Interagency Data Systems/ Interagency Support for Enhancement to iTOTS

The success of the Health Department VISITS- Part C ITOTS Pilot Project in Tidewater led the Health department to pursue further involvement with DMHMRSAS to collaborate

statewide. The Health Department provided \$60,000 to enhance iTOTS. The Virginia Department of Education has also contributed \$60,000 towards enhancement of iTOTS for interagency data reporting.

Finance Committee Update

Meetings scheduled for September 9 and 10 with NECTAC and Maureen Greer, former Part C Coordinator from Indiana were postponed due to poor response to RSVP and to lack of readiness for the meeting. The purpose of the meeting was to address sustainable funding for the system. Mary Ann Discenza has reviewed that data that committee members provided regarding current and potential funding for Virginia's Part C system. The information is not complete. In addition, there is the challenge of knowing which funding sources are worth pursuing.

Mary Ann raised the question about whether the Finance Committee should be rolled into the Infrastructure Task Force in consideration of people's workloads and workflow.

Integrated Training Collaborative Update

Bev Crouse reported that the Conference Planning Committee reviewed surveys last week and the committee is looking at a two-day conference. The location hasn't been finalized, though the Hotel Roanoke provided good support to the conference last year. The conference will be held in the spring this year.

Six early intervention assistant candidates are in the process of completing the required training modules. The process is going very smoothly. One module is in the process of being converted to an online version.

VICC Officers

Bethany Cooke stated that at the June meeting the membership was presented with the slate of nominees for officers and voted for the officers at the same meeting rather than having the slate of nominees presented in writing to the members 30 days in advance as noted in the by-laws.

VICC Membership nominations

There are candidates for the vacant legislative and provider position. An additional candidate for a parent member from the New River Valley Area is needed. The list of nominees will be sent to governor when all of the vacant positions have at least two nominees.

VICC Committee Chairs

Bethany Cooke announced that Pat Dewey was nominated as the Chair of the Infrastructure Committee and Kristen Morrison was nominated as Chair of the Advocacy Committee.

Agency Reports

Shirley Ricks reported that the DMHMRSAS Director of Finance and other individuals involved with planning and budget went on a site visit with Shirley and Mary Ann Discenza to Child Development Resources (CDR) and they were impressed with the program. They have

promised to work with the system to help get more funding. They plan to visit additional early intervention programs. .

Leslie Hutcheson Prince reported that she is working with the Office of the Secretary on the issue of children's hearing aids (for children under age of 5). With early detection, children with hearing loss are being found early. Leslie reported that most insurance companies don't pay for hearing aids. Also, insurance is problem because large companies are self funded and not affected by mandated. Leslie reported that alternative solutions are being explored.

Discussion followed Leslie's report:

The cost per pair of hearing aids is \$3400. SCC discovered that average increase in insurance premium would be between \$0.35 and \$3.00.

Medicaid does cover hearing aids, though the coverage is minimal (approximately \$400). Medicaid is paying for cochlear implants.

Families are patchworking assistance. If you appeal to insurance and use the word prosthetic device, it is sometimes is approved. The issue is the delay in getting the child the aid.

Leslie stated that no action is needed now from the VICC. She indicated that she will keep the VICC apprised of any action that may be needed.

Family Report

Debra Holloway presented the following report. (Italicized information is provided verbatim from written report provided).

Since the last VICC meeting held in June the Family Involvement Project staff conducted a Parent Partner Training for the International Mosaic Down Syndrome Association here in Richmond. This gave us the opportunity to train twelve parents of children with this rare disorder to be available as partners for families in Virginia.

Project staff conducted a session about the programs the Family Involvement Project offers families and how parents can be advocates for their children at the Department of Education Shinning Stars Conference in July.

Staff continues to be active members of the Autism Initiative, VICC steering Committee and Advocacy Committee, Child and Adolescent Special Populations Subcommittee, Infrastructure, Finance Strategic Work Planning Group, MIMS and in local and regional Council meetings.

The Family Involvement Project Parent to Parent grant with the Virginia Board for People with Disabilities ended in June. This grant aided the project in developing and printing the Parent Partner manual used to train Parent Partners along with new Parent-to-Parent brochures. We are pleased with the progress of the program and look forward to its growth. Over the past two years 105 parents have been matched with a trained Parent Partner and 150 parents have been trained to be Parent Partners. We have held trainings in the following areas:

- *Bristol (1)*
- *Fairfax (4)*
- *Wytheville (1)*

- *Arlington (1)*
- *Norfolk (3)*
- *Chesterfield (2)*
- *Richmond (2)*
- *Big Stone Gap (1)*
- *Shenandoah Valley (1)*
- *Chesapeake (2)*
- *Newport News (2)*
- *Harrisonburg (2)*

Total: 22

We are currently pursuing opportunities to schedule parent trainings for the fall. Staff has scheduled a training in October for families attending a support group of the VA Early Hearing Detection and Intervention Program.

Bylaws

The Infrastructure Committee will begin work on revision of the bylaws when they meet following this meeting.

Other Business

The Infrastructure committee will address the Annual Performance Report as well as the bylaws in their meeting following the VICC.

The Advocacy committee will meet following the VICC meeting.

Mary Anne White will present “Using an Analysis Framework” at the 2004 National Accountability Conference in New Orleans in October 2004.

Public Comment

Kathy Phillips 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. As always, our group appreciates the opportunity to present comments and concerns to the VICC.

The first comment is regarding the recently completed Cost Study: It has been helpful to have the full report from the Cost Study posted on the Part C web site. We appreciate having all of this information and we look forward to participating in finding ways that this information might be used to assist and guide our early intervention system on both a regional and statewide basis.

Second, we would like to ask your support for the Caboose Amendment that is being presented to the General Assembly for Fiscal Years 2005 and 2006. We wish to thank all of the many people who have been involved so far in the efforts to collect the data and identify the dollars needed to support services for infants and toddlers in Virginia

during these two years. These funds are in addition to the funds already allocated to date by the General Assembly. They are needed to replace funds that had previously been available from unexpended Federal Part C and DSS funds, as well as to serve children identified as waiting for services through the Comprehensive State Plan and the anticipated growth in the number of new children who will be identified.

We need to remind the VICC again that Virginia's early intervention system is facing the current year with \$1.3 million less for services than in the previous year. All localities have had 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, and there may be children waiting on services this year. We will continue to work closely with the Part C office and will continue to keep the VICC informed of the status of the children in localities across the state. And most importantly, CoCoA hopes to have the opportunity to continue to work with the VICC and its committees to problem solve ways to address this crisis in Virginia.

Thank you again for the opportunity to express these views.

Allan Phillips with the Fairfax Infant and Toddler Connection provided the following comments: (italicized information is provided verbatim from written comment provided):

We were very pleased to hear that the Health Department and Education Department have committed \$60,000 each to enhance iTOTS. We are hopeful that the Virginia will be awarded the Grant. We think that the development of a Statewide data system should be a priority so we can move the system forward.

I appreciate the comments concerning the need for hearing aids. This is another example where if we had a statewide data system we would be in a better position to identify the needs of our infants and toddlers and their families.

Department of Social Services (DSS)

Lyndell Lewis, introduced herself and indicated that she has changed job duties from Adoption to Promoting Safe and Stable Families within the Permanency Unit, VDSS Division of Family Services. She invited Betty Jo (B. J.) Zarris of the Child Protective Services Unit to attend the meeting to present information about the Child Abuse Prevention and Treatment Act (CAPTA) and intensive case management related to the application to U.S. Department of Health and Human Services for a Title IV-E waiver. Both of these programs fall under Child Protective Services.

Promoting Safe and Stable Families

Lyndell reported that Promoting Safe and Stable Families (PSSF) Program is funded with Title IV-B, Subpart II funds. PSSF funding can be used for family preservation services, community-based family support services, time-limited family reunification services, adoption promotion and support. Local Assessments using a community planning process must be done and be addressed in the application for the funding. The community planning process to identify needs of the community and support the programs that will be PSSF funded is done by the CPMT and additional members of the community such as parents of children with disabilities. This planning is done on a five- year cycle. A new five-year cycle began July 1. Lyndell is in the process of reviewing the FY 2004 year-end plans to get a better idea of what services and

programs the localities have been funding with the PSSF funds. Some local agencies' plans include collaboration with healthy families programs.

Discussion followed and the following points were raised:

- Some individuals and communities seem to be aware of this funding while others do not.
- There is local choice for how these funds are spent based on the locality assessments and the federal requirements for PSSF. Lyndell noted that two communities use some of the funding for well baby kits. Now well baby kits are being made available statewide from another source.
- There is a population who can be served – infants born to substance abused moms who may not meet part C criteria.

Concern was raised that this funding source was not identified at the interagency level (and not included as the Part C Finance Committee was developing the funding matrix*. Concern was also raised about lack of information and coordination at the state and local level

*Kathy Phillips suggested including the purpose of the funding on matrix.

Child Abuse Prevention and Treatment Act (CAPTA)

B.J. Zarris provided a handout about the Massachusetts Early Childhood Linkage Initiative Project. This was a April 2004 progress report on this project which has been implementing referrals of children under three involved in substantiated cases of abuse or neglect to Part C.

B. J. Zarris informed the VICC that CAPTA was re-funded a year ago. The amount of funding is \$500,000 which covers salaries and training. New requirements were attached to the funding which require that for any substantiated child abuse or neglect for a child under age 3 a referral be made to Part C. (A handout of the referral process excerpted from the Current CPS Policy Manual was provided). B. J. made the following points:

- Virginia doesn't use the terminology "substantiated". Virginia uses the term "founded".
- In Virginia, there has been a differential response for 2 years; (1) family assessment or (2) investigation. (Family Assessments are not recorded in the Central Registry). DSS felt that children should be included who were in the in the Family Assessment Track as well as those in the Investigation Track.
- DSS tried to negotiate for an additional year to allow time to put procedures in place, but was not given that option when the funding was renewed.

Discussion followed about referral of children to Part C when they are at risk for abuse, not for developmental issues. Concerns were raised that there is no funding for the assessment of these children who are not likely to meet Part C criteria and also that they may drop off the radar from getting the help they may need. Part C doesn't serve at-risk children. The Part C System is already stretched to serve the children who meet the eligibility criteria.

BJ reported that the estimate number of children who will be referred annually to Part C is 1500. The need for data was discussed. David Mills reported that a request has been made to Welligent (the company that supports the iTOTS system) to add CAPTA/DSS as a referral source.

Debbie Billodeaux, System Manager for the Infant and Toddler Connection of Fairfax-Falls Church (ITCFFC) stated that one of the areas that providers are weakest in is social and emotional delay. She reported that providers need assistance with this and could use assistance with this. . Debbie shared the collaborative work that ITCFFC and the DSS in their CSB are doing and that she sees opportunities to improve services they are providing for children in the areas of social and emotional services.

Screening was discussed including who might do the screening, cost, and screening tools. A caution was stated about the importance of choosing carefully what tool(s) is used. BJ said there may be additional funding. May be opportunity for supporting additional costs for screening/assessment.

Eva Thorpe summarized the issues:

1. The Part C system is already on a huge overload
2. Appropriate assessment is critical
3. Concerns about what happens for children not eligible for Part C

Kathy Phillips raised an issue related to screening done by persons outside the Part C system, such as a physician. If screening did not indicate a need for referral to the Part C system, there would be no record of that child being referred to Part C system. Kathy questioned whether this would be an issue?

Shirley Ricks, Director of Children and Family Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, asked B. J. to advocate with the DSS Commissioner to restore the \$1,000,000 DSS funding for Part C so Part C can carry out this mandate.

Part C and DSS will meet to work out procedures. Agenda items will include development of procedures, interagency agreement and planning for collaborative training.

Eva Thorpe moved that the VICC send a letter to the Commissioner of DSS to express concerns about implementation of the DSS Policy related to the CAPTA legislation that addresses the increased load on the system, follow up for children who are not found eligible for Part C services, issues around appropriate assessment tools and training, and a coordinated data system. In addition a recommendation will be included that there be a meeting between DSS and Part C to establish procedures to implement the new mandate and report back to the VICC. Delly Greenberg seconded the motion. The motion passed.

Title IV-E Waiver Update:

B.J. reported that VDSS applied for a Title IV-E Waiver to provide intensive case management services. These services will be to birthparents and their children who are participants in family drug treatment court because of civil petitions of child abuse or neglect related to parental substance use and whose children are in foster/kinship care with the goal of reunification. The Intensive case management services will be for 12-18 months on the front-end of a child's placement in foster care (ASFA permanency timeline requirements). The services to the birth parent(s) will include screening and assessment; regular contact with the Family Drug Court/case manager; regular court reviews; random urine screens; participant and family incentives; sanctions; individualized drug treatment and aftercare; parent education, and service plans. If awarded, one intensive case management position will be allocated to each of Virginia's 3 family treatment drug courts (Richmond, Charlottesville, and Alexandria) in the first year of the grant enabling them to expand services. Over the 5 years of the waiver, up to 16

additional positions will be made available to VA's other Best practice courts so they may develop Family Treatment Courts and provide similar intensive case management services.

Additional information was provided in a handout. (Attachment)

Definition of Physical Abuse

Betty Jo reported that the definition of physical abuse has been amended in the Code of Virginia and provided a handout. The revised definition follows and a handout with additional information is attached.

Sections 63.2 -100 and 63.2-3.14 of the Code of Virginia were amended On July 1, 2004. Abused or neglected child means any child less than eighteen years of age whose parents or other person responsible for his care creates or inflicts, threatens to create or inflict, or allow to be created or inflicted upon such child a physical or mental injury other than accidental means, or creates a substantial risk of death, disfigurement, or impairment of bodily or mental functions, *including, but not limited to, a child who is with his parent or other person responsible for his care either (i) during the manufacture or attempted manufacture of a Schedule I or II controlled substance, or (ii) during the unlawful sale of such substance by that child's parent or other person responsible for his care, where such manufacture, or attempted manufacture or unlawful sale would constitute a felony violation of 18.2- 248.*

The meeting was adjourned at 12:30 PM

Debra Holloway will present information on the Family Involvement Project at the December VICC meeting.

Leslie Hutchison will report on the Department for the Deaf and Hard of Hearing in March.

VICC Meeting Attendance – 9-8-04

VICC Members

Bethany Cooke	Phyllis Mondak
Delly Greenberg	Miriam Owens
Deborah Harris	Sharon Shuttle
Leslie Hutchinson-Prince	Glen Slonneger
Mary Lou Hutton	Yolanda Tennyson
Martha Kurgans	Eva Thorpe
Lyndell Lewis	Sandra Binns Whitaker

Agency attendees

Shirley Ricks, Director of Child and Family Services

Family Members

Debra Holloway
Vicki Beatty

System Managers

Debbie Billodeaux	Heather Taylor
Kathy Phillips	Susan Werner
Susan Shaw	Lynn Wolfe

Providers

Leslie Snead
Christi McClanahan
Sharon Sikes (Program Manager)
Allan Phillips (Program Director)
Kim Fager (Program Director)

I&TC of Virginia Staff

Beverly Crouse
Mary Ann Discenza, State Part C Coordinator
Cathy Fisher
David Mills
Beth Tolley
Mary Anne White

Student

Susie Street