

Maryland SICC

STATE INTERAGENCY COORDINATING COUNCIL

Maryland State Department of Education
Division of Early Intervention & Special Education Services
200 W. Baltimore Street, 9th floor, Baltimore, MD 21201
(410) 767-0261

Brenda Hussey-Gardner, PhD, MPH, Chair
Kristen Murphy, PT, DPT, Vice-Chair

SICC/LICC Joint Meeting

June 2, 2022

10:00am-2:00pm

Agenda

Members: Anna Benshoof, Anna Maria Wilms Floet, Brenda Hussey-Gardner, Cecilia Leger, Christy Tirrell-Corbin, Elizabeth Hall, Eric Ebersole, FloJean Speck, Holly Sontz, Kimberly McArdle, Kristen Paul, Mary Jo Harris, Melissa Curtis Cherry, Michele McCoy Jones, Rachel London, Samantha Ritter, Tara Finkle

Guests: Antoinette Thompson, Ashley Fehringer, Ayesha Saya, Beth Boyle, Brenda Jones Harden, Brian Feeney, Brian Morrison, Brynn Falise, Cheryl Hamlin, Christy Miller, Crystal Collins, Cyndi Lessner, Dawn Fraser, Debra Gudger, Don Corbin, Elizabeth Proffitt, Erin Simmons, Gloria Valentine, James Young, Jennifer Issadore, Jennifer Willis, Julie DeRoner, Kathleen Toscano, Kathy Schiaffino, Katie Klein, Kerry Fair, Koryne Nnoli, Lisa Jarboe, Lisa Shanty, Marcella Franczkowski, Margo Candelaria, Marie Marino, Marny Helfrich, Marsye Kaplan, Mary Manning-Falzarano, Megan Fleury, Melanie Adams, Miete Georgewill, Patricia Muldowney, Paula Boykin, Pat Quynn, Susan Treadwell, Tatiana Owens, Terri Ridenour, Wendy Baber

Location: *Hybrid*--Ellicott/Patapsco Rooms at the Miller Library in Howard County (9421 Frederick Road, Ellicott City, MD 21042) and Zoom

- I. Welcome, Remarks & Introductions: Brenda Hussey-Gardner (10:00-10:10)
 - Sign-in via Smartsheet link presented in the chat
- II. Review/Approval of Meeting Minutes: Brenda Hussey-Gardner (10:10-10:15)
 - Meeting minutes approved unanimously without corrections
- III. Announcements & Public Comment (10:15-10:20)
 - Thank you and farewell to Marsye Kaplan!
- IV. Infant & Early Childhood Mental Health Evaluation Results & Discussion: Christy Tirrell-Corbin, Brenda Jones Harden (10:20-11:20)
 - [Link to full evaluation report](#)
 - House Bill 776 (2021) required MSDE to perform a thorough study, analysis and evaluation of IECMHC project
 - Research questions matched objectives outlined in HB776: Implementation, participants, impact, staffing, integration into other systems, costs
 - Primary data collection: surveys of child care providers, project consultants, school psychologists; focus groups; in-depth interviews with PIEC directors
 - Children served by IECMHC program
 - 433,373 children in MD ages B-5
 - 2-7% average estimate of children who need IECMHC
 - Average 537 children served (11 regional IECMHC programs across MD)
 - Age of children served: 40% were 37-48 months

- 68% male; 50% White; 24% African American
- *Group discussion: What are the implications of who has and has not been served by the MD IECMH program?*
 - Much higher rate of expulsion/suspension for males→ could this reflect greater externalizing behavior among boys?
 - Possible under-diagnosis of females due to missed signs
 - Does it reflect cultural perceptions and understanding of mental health and stigma?
 - Are predominantly white areas getting greater access to IECMHC?
 - Is this reflective of state population? Yes, but not reflective of students who should have access
- Risk factors of children served
 - 11% have IFSP or IEP
 - 11% receiving child care subsidy
 - 16% receive public services
 - 30% single parent household
- *Group discussion: What is your reaction to these data? How might you, in your role, respond?*
 - It could be that children with certain risk factors are not enrolled in childcare, which IECMHC targets
 - Professionals may not know how to refer to IECMH; think about how to ease the referral process (only Ohio and Connecticut have centralized referral systems)
 - How do we increase collaboration between Part C/Part B & IECMH services? Consider entry point and how to break down silos; inform providers and families about this service
- A little more than half of child care directors/owners and majority of school psychologists were unfamiliar with IECMH
- Positive perceptions overall of IECMHC; improved self-efficacy among parents, staff, and directors
- 85% of those receiving services were child care centers
- 67% childcare directors would support IECMH expansion; 31% unsure
 - Improvements in child behavior via DECA (2018-2020): improved self-control, reductions in teacher and parent concerns
- Challenges: hiring/retaining qualified staff; having sufficient funding to meet the need; being able to meet the demand for services; getting buy-in from childcare providers
- *Group discussion: What ideas do you have to retain and hire qualified staff for the IECMH program?*
 - Low salaries in the field is a big barrier
 - Challenging to find LCSWs and LCPCs with the right combination of training in both early childhood development and mental health
 - Teachers feel unprepared for behaviors in the classroom
 - Blueprint requires trauma-informed practices in teacher preparation, but not all childcare providers go through these prep programs
 - Hard to find time and money for additional PD
 - Need for internships and other learning opportunities to build the workforce
- Mixed opinions on feasibility of including IECMHC into existing school psychological services and into public Pre-K
 - What resources would be needed to fully integrate IECMHC? Buy-in, funding, staff knowledge/skill, additional staff
- *Group discussion: How might we support increased collaboration between public schools and the IECMHC program?*
 - There is a need to bridge the gap between administrators and practitioners; remember that school psychologists are usually on the assessment end, not the intervention end
 - Importance of working with Judy centers: Sell the benefits of prevention and K readiness; educate schools and leadership on what IECMH program does and long-term benefit
- Recommendations: see full report
- Discussion
 - House Bill 513 (2022)—introduced by Delegate Ebersole
 - IECMH Support Services Program: significant increase in funding
 - During early history of IECMH, it was delivered in homes; IECMHC is still a part of many home visiting programs; they are parallel tracks and could use some cohesion

V. SICC Report

- Feedback on MD FFY 2022 State application for IDEA PART C federal funds: all respondents supported or strongly supported the application as written
- Legislative Updates: Eric Ebersole (11:20-11:30)
 - Find more information about these bills at: mgaleg.maryland.gov
 - House Bill 89:
 - Requiring the State Department of Education to administer, in fiscal years 2022 and 2023, child care stabilization grants to provide financial support to child care providers that have faced financial hardship or suffered an operational burden during the COVID-19 pandemic; and providing for the priority in grant awards.
 - \$50 million in FY 2022
 - House Bill 725:
 - \$3.7 million for each of FY 2023-2025
 - Establishing the Therapeutic Child Care Grant Program to provide grants to providers specializing in child care and early childhood education to children under the age of 6 years who have delays in development, physical disabilities, or delays in social, emotional, or behavioral functioning; requiring certain providers who received certain grants to report certain information to the State Department of Education; requiring the Department to compile certain information and report to certain committees of the General Assembly; etc.
 - House Bill 513:
 - \$3 million beginning in FY 2024 for IECMHC
 - Establishing the Infant and Early Childhood Mental Health Support Services Program to promote positive mental and behavioral health practices for young children by providing certain referrals and services for children, families, teachers, and caregivers; requiring the State Department of Education to administer the Program; requiring the Governor to include in the annual budget bill in fiscal year 2024 and each fiscal year thereafter an appropriation of \$3,000,000 for the operation of the Program; etc.
 - House Bill 993:
 - Establishing the Child Care Capital Support Revolving Loan Fund as a special, nonlapsing fund to provide no-interest loans for capital expenses related to a child care facility to child care providers who participate in the Child Care Scholarship Program; requiring the Department of Commerce to administer the Fund with support from the State Department of Education; and requiring the Department of Commerce to publicize the availability of loans from the Fund.
 - House Bill 1100:
 - Establishing funding for, the award of, and the distribution of bonuses for child care providers and employees; and requiring, in fiscal year 2023, the Governor to include in the annual budget an appropriation of \$16,000,000 to the State Department of Education to carry out the Act.
 - House Bill 995:
 - Requiring the State Department of Education to establish a process for granting presumptive eligibility for a subsidy under the Child Care Scholarship Program; requiring the Department to award a subsidy to an individual who submits certain proof; prohibiting the Department and the Comptroller from seeking reimbursement or repayment of a certain subsidy from certain individuals under certain circumstances, except for cases of suspected fraud; requiring the Comptroller to pay a child care provider within 5 days of receiving a certain notice; etc.
- SICC Initiatives
 - PIE Update (VLBW study): Brenda Hussey-Gardner (11:30-11:45)
 - Pediatricians, Interventionists, and Educators Fostering Collaboration
 - Meetings on first Friday 12-1PM; virtual
 - VLBW study (Brenda Hussey-Gardner, Christina Lee)
 - 2018: DEC position statement recommending that all children VLBW be automatically eligible for ITP

- 2019: VLBW task force recommendation: MSDE change high probability BW from 1200 to <1500 or set up system for tracking
- 2020: MSDE IFSP online tracking of babies born 1200-1500g
- 2022: PIE task force requests status of tracking 1200-1500g
 - Number of children being tracked: 232
 - Number of counties currently using the tracking system: 12
 - Number of children with BW 1200-1500g = 27 (“other risk factors” at reason for referral is checked)
- VLBW children with an IFSP
 - Total: N = 296
 - 51% were eligible with 25% delay; 35% had other diagnosis
- Limitations:
 - Current report can only show children with a “yes” in the developmental tracking field
- Research Question: is tracking system currently able to identify and monitor high risk infants born 1200-1500g?
- Phase 1: MITP local director survey regarding infants born weighing 1200-1500g
- Phase 2: Data review: UMCH NICU Follow Up data for 1200-1500g; neurodevelopmental outcomes; deidentified MITP data
- Phase 3: stakeholder focus group: review data, determine recommendations, discuss barriers/needed supports for implementation
- VLBW research team → PIE task force → SICC → MSDE
- Technology Task Force Update: Mary Manning-Falzarano (11:45-11:55)
 - March 8: focus group with 19 attendees
 - Electronic file concerns, feedback about MD online IFSP (file directories, fax records, making sure paper and online files match)
 - 16 responses to survey of ITP providers (e.g., communication with parents between ITP visits; % of families receiving virtual services; electronic files)
 - Survey results will be summarized, and SICC will decide if it should go onto MSDE
 - Email Mary if interested in joining: mary.manning-falzarano@montgomerycountymd.gov
- IECMH Task Force Update: Donald Corbin (11:55-12:05)
 - Framework committee is on pause as they work through ARPA funding
 - IECMH grant released last Friday
 - Much of funding is ARPA’s funding for this year; state money will kick in FY2024
 - 11 programs currently; new grant will fund up to 15

VI. Division of Early Childhood Updates: Donald Corbin (12:05-12:15)

- As of May 23, 2022: provider reimbursement rates increased from 60th percentile to 70th percentile, and income eligibility for child care scholarship increased to 75%

VII. Break (12:15-12:30)

VIII. Community Supports to Families: Cross Agency Collaboration Panel Discussion (12:30-1:15)

Kristen Paul: Maryland Learn the Signs Act Early (LTSAE)

- CDC initiative to facilitate parent-engaged developmental monitoring
- More than half of children with delays miss opportunities provided by EI
- Developmental monitoring + screening captures more children
- LTSAE resources: milestone checklists; milestone moments booklet; milestone tracker app; digital toolkit
- Contact Kristen for more information: kristen@ppmd.org

Cecilia Leger: MITP Online Referral System & Community Portal

- Online referral provides feedback to referral source
- Referrals through online system are younger; slightly higher rates among childcare providers

- Physicians and hospitals are biggest users
- Intention to move system beyond referral: community portal
- Community portal: open to those who are in child's care community (home visitors, families, ITP providers, healthcare providers, childcare providers, social workers)
 - K-VILLAGE: teaming support system for families of children with IFSPs and their care community partners to collaborate meaningfully and make data informed decisions around a child's learning and wellbeing to improve K readiness
 - Document and data management; collaboration and joint planning; learning and information

Miete Georgewill (MD Chapter AAP): Family Barriers to Participation in State Service Agencies

- 2 groups of 25 participants for focus groups
- Many silos in referral system → inefficiency; no services
- Purpose: gather feedback about what info families were comfortable sharing (basic vs details about diagnosis)
- Baltimore City, Baltimore County most represented in sample; 50% African American
- Questions: have you ever been a part of assistance programs? What are some challenges you've faced? What can be done to improve challenges? How comfortable are you with info being shared?
- Barriers and challenges
 - Feeling unwelcome; difficulty contacting state agencies; inefficiency of "virtual normal", enrollment questions were too invasive; time consuming/tedious process; didn't know how to use the benefits
- Suggestions
 - More languages; cultural competence training for agency staff
 - Online forms for eligibility should be able to be saved & couldn't be completed in one sitting
 - Want primary care doctor to have resources to support families
 - MD should expand SNAP eligibility
 - Universal referral form
 - Consider using this resource: <https://211md.org/>
- *What are your thoughts on a universal referral form for families? Advantages/disadvantages?*
 - Parents are busy; having one form will help with streamlining the process
 - General, initial referral form can avoid over-sharing of sensitive information
 - Head Start created a universal application to help meet needs holistically and facilitate warm hands off to wraparound services, but it was lengthy
 - Redundancy is a problem (asking same questions over and over)
 - Issues with HIPPA, FERPA, and interagency politics have stopped universal form efforts in some counties
 - Consider that families may have a difficult time keeping up with phone calls from various agencies
 - Staffing issues
- *What have you heard from families about information sharing?*
 - Ask families what their priorities are
 - Consider that not all families are tech savvy/have access to technology for an online form
- *What is already happening in terms of collaborating with ITP?*
 - Is there a platform to refer children in temporary housing/not in school? Ease of referral is a challenge
 - Virtual meetings can facilitate involvement of doctors/providers in meetings, but compensation should be provided; consider connectivity/tech limitations during home-based services
 - Pediatricians are making referrals, but they want to know beyond whether or not child eligible; what goals are being worked on? Who is PSP?
 - Having more of this info available to pediatricians places less pressure on parents to remember and report everything that's going on
 - Pediatricians might like to know if families are not attending services (so they can reinforce this in well baby visits); NICU discharge info is vital for a provider

- Can we streamline getting consent so the provider doesn't come back with more forms for parent to sign?
- *L TSAE: how do we communicate new milestone updates with families? What challenges exist to getting L TSAE documents to families?*
 - In NICU follow-up, always looked at age at which most kids meet milestones, so the updated milestones won't change anything
 - All L TSAE resources are now available on CDC website (up to 300 copies can be ordered from this website at a time); app is also updated
 - Old materials were based on 50/50 split (e.g., should I be concerned or not that child is in 50%?) This led to delayed referrals; Now split is "75% or more can do this skill"
 - CDC website includes tips for talking with parents about developmental concerns
 - MD online referral site will soon have a link to the app
 - <https://www.cdc.gov/actearly>

IX. Division of Early Intervention and Special Education Services (DEI/SES) Early Childhood State of the State: Marcella Franczkowski (1:15-2:00)

- ITP number of children referred
 - April 2022: returned to pre-pandemic (April 2019) referral numbers
 - Number of children served by ITP increased from October 2020-2021
 - Decline in number of preschoolers on IEPs served in regular EC settings (from 5141 in October 2020 to 4779 in October 2021)
 - Governor Hogan's FY 2023 approved budget
 - Special Education: \$401.3M
 - MITP: \$14,673M
 - Autism Waiver: \$30,774M
 - Nonpublic special ed schools: \$132,129M + 4%
- Legislative session: EC legislation
 - SB 506; HB 725: Therapeutic child care grant program (supports current and new programs for medically fragile children)
 - HB 664: Child Care Programs—MITP Information and Assistance
 - Only ~1.2% of referrals currently come from child care centers
 - Child care is a primary provider so they must be a major referral source
 - It is a law now that every child care provider present a brochure on EI to family and does hand over hand assistance to help refer
 - SB 636; HB 1403: MDH Waiver programs-Waitlist and registry reduction (End the Wait Act)
 - Must serve over 50% on clean waiting list by 2024
- FFY 2020 annual report card summary
 - Meets requirements: 14
 - Needs assistance: 8
 - Needs intervention: 2
 - Needs substantial intervention: 0
 - -----
 - Universal: 18
 - Targeted: 5
 - Focused: 1
 - Intensive: 0
 - Preschool indicators
 - Priority: continue working on LRE (continuum of services; inclusive opportunities; never keep any child in full day segregated one-on-one environment; start in natural environment out of the home)
- Blueprint for MD's future
 - Big focus on early childhood in Blueprint
 - Enhanced funding for MITP
 - Full day PreK programs (make sure need for inclusive settings is included in IEP)
 - Program enhancement and staff development
 - Family support—Judy Centers and "Patty" Centers

- KRA: students *without* disabilities performed *lower* on KRA (gap is not truly narrowing)
 - Every LEA is required to give KRA
 - Working with JHU on examining predictors to improve performance on KRA
- Focus on 3 and 4yo
 - K Readiness: universal implementation of ELA (identifying 18 predictors); alignment of assessment and intervention; enhanced extended IFSP support; natural and inclusive opportunities
- Moving forward
 - Family partnerships; data informed decisions (integrating COS, ELA, Authentic Assessment)

X. Wrap-Up & Adjournment (2:00)

Meeting adjourned at 2:00PM

SICC UPCOMING MEETINGS

August 4, 2022: Executive meeting, virtual, 1-2pm

September 8, 2022: General meeting, 1-3:30pm

October 6, 2022: Executive meeting, virtual, 1-2pm

November 3, 2022: General meeting, 1-3:30pm

December 1, 2022: Executive meeting, virtual, 1-2pm

January 5, 2023: General meeting (APP/APR presentation), 1-3:30pm

February 2, 2023: Executive meeting, virtual, 1-2pm

March 6, 2023 (Monday to accommodate legislative session): General meeting, 1-3:30pm

March 30, 2023: Executive meeting, virtual, 1-2pm

May 4, 2023: Executive meeting, virtual, 1-2pm

June 1, 2023: Joint Meeting, 10am-2pm