

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
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Brenda Hussey-Gardner, PhD, MPH, Chair
Kristen Paul, Vice-Chair

SICC General Meeting—Virtual January 4, 2024 1:00-3:30pm DRAFT Minutes

Location: This was a virtual meeting

In attendance: Karen Baumeister, Cynthia Bouchard, Pamela Bush-Jones, Meagan Clemence, Eric Ebersole, Megan Fleury, Elizabeth Hall, Mary Jo Harris, Jennifer Harwood, Marny Helfrich, Brenda Hussey-Gardner, Patricia Julianelle, Keight Kennedy, Bonnie Kinsey, Cecilia Leger, Brian Morrison, Sarah Sherry, FloJean Speck, Jeni Stepanek, Christy Tirrell-Corbin, Anna Maria Wilms-Floet

- I. Welcome, Remarks & Introductions: Brenda Hussey-Gardner (1:00-1:05)
- II. Review/Approval of Meeting Minutes: Brenda Hussey-Gardner (1:05-1:10)
 - Approved without changes
- III. Announcements & Public Comment (1:10-1:15)
 - None submitted prior to meeting
 - None during meeting
- IV. SICC Report
 - A. Updates: Brenda Hussey-Gardner (1:15-1:20)
 - Seeking additional SICC Executive Committee members
 - Must be SICC member
 - Email bhussey@som.umaryland.edu
 - Updates between general meetings from MSDE, plan future meetings (general and joint)
 - B. Member Spotlight: Karen Baumeister (1:20-1:25)
 - Active in Down Syndrome Association of MD
 - Meister Advocacy Fund (funds advocates)
 - C. Legislative Updates: Eric Ebersole (1:25-1:35)
 - Not present
 - D. SICC Task Force Updates
 1. Technology: FloJean Speck (1:35-1:40)
 - Survey: technology/tech needs of providers
 - Recommendation (March mtg) regarding hardware, software, and training
 - Question: Survey prior to rise of AI
 - Are parents using it?
 - Statement needed?
 - Task Force needed (future)?
 2. PIE: Brenda Hussey-Gardner (1:40-2:00)
 - VLBW Study Results and Motion Regarding Birth Weight Criteria
 - Birth weight criteria for automatic eligibility (currently 1200 grams)
 - Should the high probability BW criteria for the MITP be raised from 1200 to 1500 grams?
 - 2018: DEC for CEC position statement on low prematurity and EI –

- recommendation of all 1500 grams and lower automatically eligible
- 2019: Decrease in NICU follow-up programs, VLBW task force (June), SICC VLBW recommendation (Dec) – motion forwarded to MSDE
- Feb 2020: Marcella Frankowski – put money into online tracking system through online IFSP system; July 2020 launched
- 2022: PIE task force requests status of tracking
- Could not separate out based on form limitations
- Can system currently ID/monitor high risk infants 1200-1500g not currently eligible for MITP?
- If not – change tracking system OR change working to 1500 and below
- Methods: Survey (25 questions) to ITPs (23/24 replied)
 - 87% aware position statement, 87% aware MSDE tracking system, 30% tracking infants, 57% support BW criteria change, 42% MSDE target for SPP/APR Indicator 5
 - Those tracking were tracking in and out of the system
- Phase 2: Deidentified data MITP 1200-1500 (w/IFSP in that range)
 - Jan 2015- Jan 2023 1070 w/IFSP
 - 42% eligible for other HP reason (more black children than white)
 - White began services at a higher statistically range
 - 45% eligible DD
 - 13% atypical development
- UMCH NICU follow-up data for 1200-1500 (who may not have been referred and/or who were not eligible)
 - 1/16-1/20: 1677 born 1200-1500
 - 193 (11.5%) scheduled to attend NICU follow-up
 - 191 data (2 died) – 56 (29.3) HP eligible, 135 not automatically eligible
 - 55 of 135 w/data, 80 never attended a single NICU follow-up appointment (some of that was due to pandemic)
 - 55 kids: 47.3% enrolled (mean age 11.4mo), 18/2 referred not eligible, 34.5 never referred or enrolled
 - Low percentage attendance is not unusual for many reasons (travel, etc.)
 - 1485 (88.5%) in other category
 - Overall phase 1 and 2
 - Strengths: 23/24 participation
 - 2 people reviewing nice follow-up charts
 - LIP, MSDE, NICU follow-up
 - Limitations: MSDE only on referred, found eligible and IFSO
 - 80 “missing” babies
 - Data percentage may be an underestimate as child did not attend follow-up for full 3years
 - Conclusions: Many 1200-1500 auto eligible due to high-probability condition or later due to DD or atypical development
 - Most LITPs are not tracking these infants if they are not eligible and using highly variable tracking methods
 - Changing to less than 1500g would mean earlier access to services w/fiscal burden less than anticipated as already being served
 - May also decrease inequities noted in age of enrollment for black children
 - Action Steps: PIE task force received on Dec 4 and vote to move forward to SICC to change birthweight criteria
 - Motion shared w SICC Exec Comm who approved moving motion forward to SICC
 - Official motion to be presented, opportunity to ask questions
 - Not all eligible will enroll (fiscal)

- Data regarding status of families who declined to enroll in EI
 - Brian: no good measure other than MA (early intervention)
 - Underrepresentation black/African-American compared to population – higher rate of non-response or inability to contact
 - SICC will vote on whether to move the motion forward to MSDE
 - If so, MSDE will make their decision and respond to SICC
 - Maryland Health Department Data
 - Data count of births with birthweight between 1200 and 1500g among Maryland residents, 2016-2019
 - 2016: 437
 - 2017: 427
 - 2018: 420
 - 2019: 393
 - Megan Fleury made the following motion: The PIE Taskforce of the SICC, in light of the DEC Position Statement on LBW as well as the results of the recent VLBW study, which included a survey of LITP directors and an analysis of data from both the MITP and the UMMC NICU Follow-Up Program, would like to move that MSDE consider changing the high-probability birthweight criteria of <1200 grams to <1500 grams.
 - Discussion
 - Has anyone looked at other states in regards to their criteria?
 - Less than/equal to or just less than?
 - Why no more than one follow-up program data used?
 - Motion to move forward: C. Tirell-Corbin, K. Paul (move, sec)
 - Unanimous vote to move motion forward to MSDE

V. Division of Early Childhood Update: Donald Corbin (2:00-2:10)

- A. Not present but gave updates to B. Hussey-Gardner
- B. School readiness symposium 1/17/24 – Ready at Five revised ELS will be presented
- C. DEC’s Tuesday Tidbits – sign up, can also contribute
- D. Dr. Nakeisha Savage, Dir. Of Early Learning and Instruction - lengthy background in ECE
- E. Application season for grants approaching

VI. Division of Early Intervention and Special Education Services (DEI/SES) Early Childhood Update: Marny Helfrich/Meagan Clemence (2:10-2:20)

- A. M. Conner, A. Hickman unavailable
- B. SSIP work EBP in EI – evaluation (outside eval) – applicants for new jurisdictions – scale up will begin shortly
- C. Community Portal for MITP – stakeholders involved, more will become involved (implementation – training, resources, etc.)

VII. SPP/APR & SSIP Annual Data Review: Brian Morrison (2:25-3:15)

- A. Preliminary statewide FFY 2021 Part C and Part B/619
 - Overview
 - States required to submit SPP at least every 6 years
 - Each year must report against the targets
 - Part C (EI) and Part B (SE) SPP/APR
 - OSEP uses information to determine if states: meet req, need ass, need intervention, need substantial intervention
 - Indicators
 - 11 indicators (explain them) for EI
 - 4 resolution sessions this year

- Correction on non-compliance required
- OSEP adding 12 next year: Correction on non-compliance (fiscal, dispute resolution, etc.)
- Part B 619 (17 indicators - 6, 7, 8, 12 relate to EC)
- Targets
 - Compliance indicators set at 100%
 - Some Part B are at 0%
 - Results indicators set by MSDE w/guidance from stakeholders
 - Targets have been set for FFY 2020- FFY 2025 APR
 - MSDE not requesting revisions to targets for the FFY 2022 APR
- C Compliance Indicators
 - 1: Timely Services – FFY 2021 98.49, FFY 2022 96.70 (slippage) – staff shortages
 - 7: 45 Day Timeline – 96.93 dropped to 89.91 - staff shortages (3 largest jurisdictions – do we do the eval and then delay services, or delay evaluating)
 - July 1 2022 – June 30 2023 (FFY 2022)
 - 8a: Transition timely steps and services 99.54 to 98.59 (still validating 22 children from one LITP)
 - 8b: Notification to LEA 100% both FFY
 - 8c: Timely Transition planning mtg 99.5 to 98.84
- Part C results indicators
 - 2: Services provided in natural environment – target 96.5; 99.17/98.94 (21/22)
 - % in extended IFSP option receiving majority of services in the natural environment – target 94.7; 99.78/99.71 (21/22)
 - 3a: Positive SE Skills
 - Summary Statement 1: Target 63.48; 60.13/61.24 (21/22)
 - Summary Statement 2: Target 44.58; 42.75/40.56 (21/22)
 - 3b: Acquisition and Use of Knowledge and Skills
 - Summary Statement 1: Target 65.94; 62.5/64.71 (21/22)
 - Summary Statement 2: Target 41.38; 39.51/38.08 (21/22)
 - 3c: Use of Behavior to Meet Needs
 - Summary Statement 1: Target 66.56; 63.69/64.33 (21/22)
 - Summary Statement 2: Target 41.4; 39.46/39.16 (21/22)
 - 3a: Extended IFSP option, Positive SE Skills
 - Summary Statement 1: Target 59.49; 56.48/59.01 (21/22)
 - Summary Statement 2: Target 35.65; 40.14/39.49 (21/22)
 - 3b: Extended IFSP option, Acquisition and Use of Knowledge and Skills
 - Summary Statement 1: Target 62.48; 59.11/62.54 (21/22)
 - Summary Statement 2: Target 30.72; 37.23/37.18 (21/22)
 - 3c: Extended IFSP option, Use of Behaviors to Meet Needs
 - Summary Statement 1: Target 63.54; 62.12/63.54 (21/22)
 - Summary Statement 2: Target 34.54; 38.08/38.82 (21/22)
 - Family Outcomes: Know Your Rights
 - 4: know rights, communicate needs, helped children develop and grow (all over target of 95%)
 - 5: Birth to One Served
 - Target 1.59; 1.31/1.44 (21/22)
 - 6: Birth to Three Serve
 - Target 3.75; 4.1/4.63 (21/22)

- Part B/619 Data
 - 6: Preschool LRE Regular EC Program
 - Regular EC Program: Target 63.00; 55.85/59.86 (21/22)
 - Separate Classes, Schools, or Facilities: Target 19.00; 21.42/22.3 (21/22)
 - Home: Target 0.32; 0.48/0.29 (21/22)
 - 7a: Positive SE Skills
 - Summary Statement 1: Target 71.00; 72.83/72.48 (21/22)
 - Summary Statement 2: Target 54.00; 41.06/42.75 (21/22) – this is likely pandemic artifact
 - 7b: Use of Knowledge and Skills
 - Summary Statement 1: Target 73.5; 76.32/77.16 (21/22)
 - Summary Statement 2: Target 52.00/44.06/44.03 (21/22)
 - 7c: Use of Behaviors to Meet Needs
 - Summary Statement 1: Target 72.5; 71.46/67.56 (21/22)
 - Summary Statement 2: Target 60.5; 51.49/48.89 (21/22)
 - 8: Parent involvement: Preschool
 - Target 85.5; 78.39/79.97 (21/22)
 - 12: EC Transition (Eligible for Part B w/IEP developed by age 3)
 - Target 100; 98.75/98.75 (21/22)
- Questions
 - Longitudinal data: View at mdideareport.org
 - Annual report to congress: indicators in relation to other states
 - Last year: State that needs assistance re: IDEA
 - Lost one point due to prior year data accidentally resubmitted (wrong data set) – that point dropped us into needing assistance
 - [ECTA Center: Summary of State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA Part C](#)
 - Eligibility data by State and US jurisdiction. 15 states use low/v low birthweight and/or small for gestational age, 3 states use prematurity, 14 states use low/v ow birthweight and prematurity. 25 states use neither low birthweight nor prematurity.
 - [2022 Annual Report to Congress on the IDEA, 2022 \(ed.gov\)](#)
- Breakout groups for discussion
 - Compliance and staffing: Staffing shortage, competitive compensation
 - Public awareness: Targeting birth - 1 population, how do we ensure all families know about MITP; medical home, into community, for childcare providers, etc., short video that can be played at ped offices, etc. (child development and MITP), QR code to put around in the community, churches, ER, gym, libraries, farmers markets, OBGYN, think outside the box.
 - Child outcomes: challenges of measuring outcomes, COS process implemented well and families understand what it means, what impact outcomes (beyond what EI programs do), look at the outcome data through an equity lens

VIII. DEI Spotlight: Anna Maria Wilms Floet – Kennedy Krieger Institute (3:15-3:25)

- Office for Health Equity Inclusion and Diversity (Harolyn ME Belcher, MD, MHS – add her title)

- Mission, vision, value statements presented
- Dr. Will Cox (3-hour, evidence-based anti-bias training)
- 27 hours of room to grow presentations on the O-HEID website (add link [Videos & Webinars | Kennedy Krieger Institute](#))
- RISE-UP program (enhanced public health leadership training on social determinants of health, elimination of health disparities, and developmental disabilities) – undergraduate
 - [MCHC/RISE-UP Scholar Experiences | Kennedy Krieger Institute](#)

IX. Wrap-Up & Adjournment (3:30) – adjournment at 3:35pm

SICC UPCOMING MEETINGS

February 1, 2024: Executive meeting, virtual, 1-2pm

March 4, 2024 (Monday to accommodate legislative session): General meeting, 1-3:30pm

April 4, 2024: Executive meeting, virtual, 1-2pm

May 2, 2024: Executive meeting, virtual, 1-2pm

June 6, 2024: Joint Meeting, 10am-2pm