

**SICC General Meeting—Virtual**  
**November 3, 2022**  
**1:00-3:30pm**  
**Agenda**

**SICC members:** Angela Gilbert, Annemiek Wilms Floet, Brenda Hussey-Gardner, Cecilia Leger, Christy Tirrell-Corbin, Don Corbin, FloJean Speck, Jennifer Riccardi, Kristen Paul, Mary Jo Harris, Pamela Bush-Jones

**SICC guests:** Bess Cropper, Beth Boyle, Brian Morrison, Cindy Bouchard, Erin Simmons, Gloria Valentine, Jennifer Willis, Jessica Tawes, Karen Frank, Kerry Fair, Koryne Nnoli, Laurencia Hutton-Rogers, Lisa Shanty, Megan Fleury, Michelle Steelman, Mindy Torres, Rachel London, Rebecca Miller, Samantha Ritter, Sonya McElrory, Tara Finkle, Tatiana Owens, Terri Ridenour, James Young

- I. Welcome, Remarks & Introductions: Brenda Hussey-Gardner (1:00-1:05)
- II. Review/Approval of Meeting Minutes: Brenda Hussey-Gardner (1:05-1:10)
  - Minutes approved without changes
- III. Announcements & Public Comment (1:10-1:15)
  - Going forward, general meetings will be virtual and joint meetings (June 1, 2023) in-person
- IV. SICC Report
  - A. Legislative Updates: Eric Ebersole (1:15-1:30)
    - Not present
  - B. Membership Updates (1:30-1:40)
    - Time to resubmit SICC membership applications
    - Once application has been submitted, should receive email that county court has certificate and swear-in will be at that court
    - Vacancies within SICC membership: Office of coordinator for education of homeless children and youth, state agency responsible for children's mental health; 2 parents (child must be under 12 years old and at least 1 parent must have child currently in Part C); 1 provider of EI services; MD Insurance Administration
    - Seeking taskforce to identify potential new members to identify individuals to fill vacancies; by-laws need to be reviewed (last review in 2018); only a brief commitment required
  - C. SICC Initiatives
    - **PIE VLBW Phase I Study Findings: Brenda Hussey-Gardner (1:40-1:50)**
      - Goal of study:
        - Is the tracking system currently able to identify and monitor high risk infants born weighing 1200-1500g who are not currently eligible for MITP?

- If not, should we recommend changes to the tracking system or advocate for the high probability birth weight eligibility criteria to be changed from <1200g to <1500g?
- Phase 1: MITP Local Director survey: 23 of 24 jurisdictions responded
  - 87% aware that MSDE released an online IFSP tracking feature for LITPs to track infants born weighing 1200-1500g who are currently ineligible; majority found out through MSDE/IFSP User's group, others through SICC or subcommittee member
  - 87% aware of DEC position statement supporting national standard of LBW preterm infants for EI eligibility
  - 57% thought we should change the high probability eligibility criteria from <1200g to <1500g
  - 58% found MSDE online IFSP tracking feature easy to use
  - 52% requested assistance with this feature
  - Referral sources: NICU (#1), pediatrician, parent, other (daycare centers, home visiting Head Start)
  - Tracking ineligible infants 1200-1500g (61% not tracked; 30% tracked, 9% unsure)
  - 28% tracked until 12 months of age; 6% until 3 years of age; 56% other (until no concerns, 1-3 months, etc.)
  - Frequency of family contact: 63% other (determined on individual basis)
    - Potential considerations depending on phases 2 and 3
      - Reminder on how to access and utilize MSDE's OIFSP tracking feature (e.g., TA bulletin)
      - Assistance with increasing referrals from NICUs
- Phase 2: Data review
  - UMCH NICU Follow up data for 1200-1500g
  - De-identified MITP data for 1200-1500g (after MOU developed)
- Phase 3: Stakeholder focus group
  - Review data
  - Determine any recommendations to move to PIE task force
  - Discuss barriers and needed supports for implementation of any recommendation
- **What de-identified variables should be pulled from NICU follow-up and MITP? (breakout groups, notes from discussion and Zoom chat)**
  - If and when do kids come back into system if they are first ineligible?
  - Are there any factors that indicate that someone is more likely to follow through with the referral? For example: length of stay, interventions provided in hospital, ability to engage family
  - How many MITP's have reached out to families after they left the hospital? Which ones were they?

- For families that had a delay in reaching out- why is that?
  - If ITP reached out and no response- why is that?
  - Who was the referral made by in the hospital? Nurse, social worker, pediatrician
  - If it's offered twice, can the parents share why they don't want to proceed?
  - Discharge data and summary from NICU and entry into IFSP process, contact log; time of referral; referrals to other specialists
  - If a baby does not automatically qualify in that 1200-1500 weight class, did they then go on to qualify for something else in the future? If so what for and at what age?
  - For babies born between 1200-1500 grams, did they eventually qualify for ITP? If so, at what age? MITP Data: For babies born between 1200-1500 grams, are there babies who qualified (25% delay or atypical) and were eventually discharged, but then later came back to qualify for the program a second time?
  - Did we refer/recommend, but parents didn't want services? Why not?
  - When was baby referred for EI?
  - What is a barrier in retaining this information? How long do we keep kids in system?
- **Technology Task Force Update: Mary Manning-Falzarano (1:50-2:00)**
    - Survey update: distributed across state; 225 responses received; analysis in progress; results at next meeting
  - **IECMH Task Force Update: Donald Corbin (2:00-2:10)**
    - 10 programs across state; partnering with Judy Centers, Head Start, Family Support centers, classroom teachers
    - IECMH framework: on hiatus; framework almost complete (to be shared at next committee meeting)

V. Division of Early Childhood Update: Donald Corbin (2:10-2:20)

- DEC updates
  - Dr. Shana Cook: new assistant state superintendent of DEC (will start after Thanksgiving)
  - MD Rebuilds deadline: Nov 10; If you already submitted a grant, can be resubmitted
  - [Child care provider and child care employee bonus program](#)
  - Teamed up with UMSSW to launch implementation sites to support Pyramid Model (any childcare programs that have students with challenging behaviors)
  - MSDE is partnering with MAC: 4 part training series on equity in ECE (12 trainers in community of practice, TOT model)

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- VI. Member/ MSDE Highlight: Erin Simmons (2:20-2:30)
- VII. Division of Early Intervention and Special Education Services (DEI/SES) Early Childhood Update: Brian Morrison & Erin Simmons (2:30-2:50)
- School readiness modules from the IDEALS Institute coming soon
  - MD Elevates grant program
    - High-leverage strategies for children with developmental delays and disabilities
      - Inclusive EC education
      - Kindergarten readiness interventions
      - Social emotional learning
    - Supporting inclusive learning opportunities in natural and/or EC environments
    - Focusing on creating replicable, scalable service delivery models to narrow achievement gaps
    - Heighten providers' knowledge and skills related to the implementation of equitable SEL continuums
  - Time for Part C child count (MSDE is pulling data)
  - SSIP report upcoming in February; now doing interviews with LEAs
- VIII. Narrowing the Gap Grant Update: Online Referral & Community Portal, Data Insights: Cecilia Leger (2:50-3:15)
- Community portal overview: CTE is creating a database that connects directly to ITP database system; right now, families cannot view child's record/IFSP; this platform will hopefully improve coordination of care
  - Planned components of portal:
    - Child's profile: summary of IFSP, outcomes list, child narrative, links to full IFSP, list of all team members w/ contact info and description
    - Calendar: not attached to the IFSP; IFSP meetings/upcoming visits; users can add specific events related to the child that are not IFSP meetings; parents can invite other users to an event; events can be bookmarked
    - Document center: all team members can upload artifacts (docs, images, PDF, video); parent can determine if all members can view or select which members can view; owner of the document can delete it; allows users to bookmark items
    - Activity stream: shows everything that has happened within child record; allows for users to add comments, links, files, etc.; allows users to comment on an activity; allows users to bookmark items
    - Discussion forum

- Questions/concerns (from discussion and from chat)
  - Concern that pediatricians will not be checking this often (default is for email notifications when a change is made in the portal, but a user could change notifications)
  - Doctors will want families to use their own medical portals if there are medical questions
  - Have you thought about potential barriers (literacy levels, language, etc.) to access and use?
  - Will there be any accessibility features for non-English speaking parents?
  - Many of our providers inform parents of visits via text messages. Is there a magic way for there to be a link via text for dates to pop onto the calendar of individual participants?
  - Who will monitor this and it will be an increased task for providers to post appointments, reports, etc. I am just worried about the additional amount of time this may take.
  - Will there be a release that the parent needs to digitally sign, so we are covered by FERPA and HIPAA?

IX. Treehouse—Updates on a Coaching Model within Primary Care: Anna Maria Wilms Floet (3:15-3:30)

- TREE: Talk-Read-Engage-Encourage
- Dedicated telehealth developmental coaching visit at ages 9 and 15 months in addition to well child visits in primary care
- Goal: promotion of positive interactions between parents and young children-relational health focus
- Target group: low-income families with children who are not eligible for EI
- Coaching sessions conducted by PCP
- 5 year grant with HRSA aspiring to train 10 cohorts of pediatricians; cohort 1 completed; cohort 2 in progress; soon recruiting for cohort 3 (seeking pediatricians); 6-month commitment for 1x/month
- Published in Zero to Three journal; video available on AAP website
- Cohort 1 outcomes: moderate-extreme self-ratings of confidence in key competencies (conveying child development, facilitating p-c interaction)
- Key points from Zero to Three presentation:
- Physicians come late to the table but have opportunity to engage in the work of EI at the primary level
- Include parents as experts-jointly discover and guide
- Development as the blueprint: universal, across cultures
- Parent engagement: recruited 2 parents to advisory board; working with PPMD to help recruit parents for listening sessions

# 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, Ph.D., M.P.H., Chair*  
*Kristen Murphy, PT, DPT, Co-Chair*

- Future extensions may involve children with disabilities
- Contact Dr. Annemiek Wilms Floet ([wilmsfloet@kennedykrieger.org](mailto:wilmsfloet@kennedykrieger.org)) with any recommendations for pediatricians for cohort 3

## X. Wrap-Up & Adjournment (3:30)

### **SICC UPCOMING MEETINGS**

#### General Meetings (1-3:30pm, virtual)

January 5, 2023

March 6, 2023<sup>1</sup>

May 4, 2023

#### Executive Meetings (1-2pm, virtual)

December 1, 2022

February 2, 2023

March 30, 2023

#### Joint Meeting (10am-2pm, in person)

June 1, 2023

<sup>1</sup> This is a Monday to accommodate the legislative session.