
SICC General Meeting—Virtual
September 8, 2022
1:00-3:30pm
Agenda

Members: Anna Benshoof, Cindy Bouchard, Eric Ebersole, Kerry Fair, Alyson Felder, Tara Finkle, Marcella Franczkowski, Elizabeth Hall, Mary Jo Harris, Brenda Hussey-Gardner, Laurencia Hutton-Rogers, Cecilia Leger, Rachel London, Marie Marino, Kimberly McArdle, Kristen Paul, Jennifer Riccardi, Samantha Ritter, FloJean Speck, Christy Tirrell-Corbin

Guests: Jennifer Benson, Paula Boykin, Monique Burke, Margo Candelaria, Don Corbin, Amy Cropp, Mary Falzarano, Megan Fleury, Karen Frank, Angela Gilbert, Cheryl Hamlin, Roger Harrell, Marsye Kaplan, Katie Klein, Cyndi La Marca Lessner, Laura Latta, Lauren Mangrum, Rebecca Miller, Tina Morris, Patricia Muldowney, Koryne Nnoli, Tatiana Owens, Andrew Pollock, Terri Ridenour, Lisa Shanty, Erin Simmons, Michelle Steelman, Kate Sweeney, Jesica Tawes, Mindy Torres, Gloria Valentine, 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)
 - Meeting minutes unanimously approved without corrections
- III. Announcements & Public Comment (1:10-1:15)
 - Welcome Angela Gilbert! (Child Welfare Early Childhood Specialist-Department of Human Services-Social Security Administration)
 - Vote on preferred format of future SICC meetings
 - Most preferred a hybrid option or having general meetings virtual and joint meetings in-person
- IV. SICC Report
 - Legislative Updates: Eric Ebersole (1:15-1:30)
 - No additional updates
 - SICC Initiatives
 - PIE Update: Brenda Hussey-Gardner (1:30-1:35)
 - Very Low Birth Weight (VLBW) Study phase 1 complete (findings will be presented in November)
 - VLBW study Phase 2: Planning in progress

- (1) Retrospective review of NICU follow-up data; what happens to babies born 1200-1500g?
- (2) Asking to look at deidentified data at state level for babies who are found eligible in this weight range to look at when they became eligible and under what criteria
- PIE meetings: First Friday of the month 12-1pm via Zoom
- **Technology Task Force Update: Mary Manning-Falzarano (1:35-1:40)**
 - FloJean and Mary developed a survey for EI providers to understand how well MD online IFSP is working for each jurisdiction and variation in use of technology
 - Convened a task force focus group on March 8, 2022 to identify issues people brought up—19 attendees from Johns Hopkins University, MSDE
 - Challenges identified: paper files, accessibility to internet, obtaining signatures
 - Developed a survey based on this feedback that was piloted with focus group; was sent to all ITP directors to give feedback on the survey—16 respondents to survey
 - Surveys to be sent statewide early next week (asking PDs to distribute to all staff)
 - Planning to have data to present by November
- **Infant Early Childhood Mental Health Task Force Update: Donald Corbin (1:40-1:45)**
 - Will resume framework meeting on September 12; info to follow next week
- V. **Division of Early Childhood Update: Donald Corbin (1:45-2:00)**
 - MD Rebuilds grant has launched and will be closing October 10
 - 6 areas to apply for funding
 - Just launched therapeutic childcare grant on September 6
- VI. **Early Childhood Blueprint Update: Marcella Franczkowski (2:00-2:20)**
 - This week is Steven Hicks' final week (Assistant State Superintendent, DEC)
 - 5 pillars for MD Blueprint:
 - Early Childhood Education
 - Support more families to access no cost PreK (3 and 4 y.o.)
 - Scale the impact of Patty and Judy Centers
 - Expand family options through public/private PreK partnerships (i.e., mixed delivery system)

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

- High quality and diverse teachers and leaders
 - Minimum salary of \$60,000
 - Provider and teacher shortages
- College and career readiness
 - New College and Career Readiness (CCR) standard by 10th grade; additional courses will be offered to help achieve this goal
 - Expanded Career Technology and Education (CTE) system
- More resources for student success
 - Community schools and school-based health centers expansion
 - Concentration of poverty grants based on neighborhood indicators
 - Targeted supports for specific groups
- Governance and accountability
 - Expert review teams
 - Accountability and implementation board (if an LEA or agency is not compliant, this board can withhold funding)
 - Blueprint implementation plans
- State Kindergarten Readiness Assessment (KRA) Gaps
 - How do we get our families and children ready for kindergarten?
 - KRA is now required across state in every system; will be able to do comparisons more easily
 - KRA scores for gen ed students significantly declined from 2019-2020
- At least 3-4 more early childhood staff expected in next several months
- Local KRA Gaps: more local systems above state gap average than below
- DEI/SES Response to ELA: Research to align ELA to KRA outcomes
 - ELA is informal/observational and formative
 - Review of contemporary research literature to identify high impact skills
 - Skills that are predictive of kindergarten success
 - Skills that are prerequisites for other important skills
 - Review of the 18 high impact skills by teams of experts
 - Will ensure alignment with KRA
 - Educators to align with early learning standards and IFSP/IEP federal child outcomes
 - Expert review to ensure progressions have continuation of skills that begin at birth
 - Analysis of existing ELA data for SKBs that are predictive of positive KRA outcomes
- SKBs
 - SPED teachers need to administer ELA--13 SKBs required
 - Word meanings and Purposes & Situations are the strongest predictors of KRA

- For locals this year, 18 are NOT required. 13 ARE required. They have the option to administer the 18 high impact. In 2023, we will re-address requirement
- DEI/SES Response to gap: Least Restrictive Environment (Ages 3-5): aiming for max exposure to TD peers
 - MD is a state that is serving majority of special education and related services in a more natural/ LRE compared to national
 - 4 are below MD average for LRE
- Public/private PreK system funding streams
 - PreK Expansion Grants Program: Prior funding, NOT Blueprint funding
 - Private and public providers may apply for a grant to provide full-day, high quality prekindergarten for 3 and 4yo from families with incomes at 300% FPL or below. Students with disabilities and English learners are eligible regardless of income
 - ONLY for classrooms funded by PreK expansion grant
 - MD State PreK program (State Share)
 - Provides funding to districts based on prior year enrollment of 3 and 4y.o. in full day, high quality preK; Private providers may apply for a grant
 - Students with disabilities who do NOT meet income requirements will not be counted as a part of prior year enrollment
- Mixed Delivery PreK: PreK Structural elements (phased in by FY2026)
 1. High staff qualifications
 2. PD for all staff
 3. 10:1 student-staff ratio
 4. Class sizes of no more than 20 students
 5. Full-day PreK program
 6. Inclusion of students with disabilities
- Questions/comments
 1. Is there data on children who previously had IFSP as opposed to just IEP? Did children who graduated from IFSP do any better? For children who no longer need special ed by 3rd grade, what was their profile?
 2. Is there a role for SICC to advocate for children with disabilities through MD State PreK program? Could a subcommittee look at legislation?

VII. Division of Early Intervention and Special Education Services (DEI/SES) Early Childhood

Update: Brian Morrison & Erin Simmons (2:20-2:30)

- Welcome Mindy Torres! (new EC performance specialist)

VIII. Expanding IECMH Consultation into Maryland's Part C Teams – A Pilot to Address Access & Equity: Margo Candelaria, Laura Latta, Kate Sweeney (2:30-3:15)

- IECMHC: multi-level preventive intervention that teams mental health (MH) professionals with people who work with young children and their families to improve children's social, emotional, and behavioral health
- Backed by evidence for improving social skills, reducing child distress, preventing suspension/expulsion
- IECMHC is indirect service that benefits young children, is promotion and prevention based; support providers that support children/families
- IECMHC is NOT direct service/therapy, focused solely on families, always provided in a center-based setting, group therapy, training and technical assistance (TA), psychological treatment
- MD's IECMHC model
 - 11 programs
 - 38 consultants statewide, 18 of which are licensed
 - IECMHC services were provided to 382 children and 64 classrooms/programs in FY20
 - Average case length of 4 months (case= about one child or whole classroom)
- History and funding
 - 2006: Joint venture between University of Maryland, Baltimore (UMB), MSDE, and Georgetown University
 - 2023 New legislative funding increasing will begin
- Part C pilot: 3 jurisdictions; can we provide IECMHC in Part C to allow programs to meet social emotional (SE) needs of families served?
 - Polled Part C providers on what kind of clinical staff do they have, other SE resources
- Rationale for pilot: address system inequities
 - There are infants, toddlers, and preschoolers who need behavioral supports but are not currently engaged in formal childcare (currently the only entry point for these services)
 - MSDE funding allows this to be free to families
 - Child behavior or poor parent-child interaction can get in the way of achieving IFSP goals
 - Per self-report, ½ of Part C systems in MD do not have ECMH staff to assist children with disabilities and their families in addressing behavioral concerns
- Goals of pilot

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

- Develop a model for MD IECMH consultants and ITP providers to partner and build capacity of ITP providers' ability to address behavioral issues and concerns
- Determine costs based on additional full-time equivalent (FTE) needed to implement pilot
- Vision for partnership
 - IECMH consultants will: a) attend ITP provider meetings and offer case consultation, b) provide coaching and training to ITP providers as needed, c) when ITP providers identify a need for behavioral support services for a specific child, consultants may accompany on home visits, observe sessions; provide support and coaching to family and provider; duration and frequency of visits will be tailored to family/provider needs
- Pilot implementation began in October 2021 (evaluation: 10/1/21-4/30/22)
 - Three IECMH Consultation programs in 4 counties
 - Promise Resource Center in Calvert County
 - APPLES for Children in Allegany County
 - Project Right Steps in Kent County and Queen Anne's County
 - IECMH consultants attended Part C ITP meetings, but frequency varied by county
 - Home visits conducted in 2 of 4 counties
 - Average of 3 hours per month on Part C ITP over seven-month time period; majority of time was spent reviewing cases and attending meetings
- Results
 - IECMH Knowledge inventory: significant increases in several items at follow-up
 - Consultants provided support, feedback, and resources to Part C ITP on regular basis
 - Fills a service gap; made them realize how much they needed a social worker on their team; one of 4 was able to add a FTE Social Worker (SW) within their staffing
 - When consultants regularly attend Part C case review meetings: strengthened IECMH and ITP staff relationships, improved coordination when child is receiving ITP and IECMH services in child care setting
 - Building everyone's capacity—IECMH consultants also learned from ITP providers
 - Challenges: confusion re: when and how to involve consultant, providers thought they were getting an in-home child therapist due to title of program, learning curve to understand each other's language/systems; staff turnover and/or leave on both ends of staff
- Recommendations from participants:

- Expand to other MD counties, prioritizing those with highest need
- Provide additional funding to IECMCH programs to expand (ARPA dollars have been allocated)
- Clarify role of IECMH consultation
- IECMH consultant: attends case staffing meetings, provides recommendations, follows up at future meetings about progress, tracks cases, remains open and flexible to other opportunities
- If interested in using IECMHC in your system, reach out to Laura Latta (LLatta@ssw.umaryland.edu)
 - Interested jurisdictions can connect with those that participated

IX. Online Referral & Community Portal Update: Cecilia Leger (3:15-3:25)

- Majority of systems nationwide now have some sort of online referral process for Part C, but MD is still the only state that has an online process where anyone in community can create an account that connects user to statewide IFSP database (intention was so the referral was the beginning of a collaborative relationship)
- When someone sends referral, they can click into a submitted referrals page, they see who they have referred and what the status is (should be ready in next couple weeks)
 - Received: someone on IFSP side views referral
 - Processed: an action was taken (e.g., connected to existing referral, new case was created and parent will be contacted)
 - Unable to process: referral source sent form to wrong jurisdiction
 - Unable to contact: multiple attempts to contact family through a variety of ways; local ITP was unable to get in touch with family and referral has been closed
 - Eligible: has been evaluated and found eligible (service coordinator, eligibility determination, if parent declined services)
 - Having this info can help pediatricians reinforce
 - Not eligible
- Online referral has been translated to Spanish
- Who needs to have access to a child's information? Why do they need access? What kind of system would support joint planning/collaboration/care coordination?
- Dr. Badawi had a small grant to conduct focus group with parents/family members to see what kind of info they were comfortable having shared
- Community portal (intended to roll out June 30-September 30, 2023)
 - Will be a place of learning and information, document and data management, collaboration and joint planning

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

- Early childhood educators (and childcare providers), social service providers, home visitors, families, infants and toddlers providers, healthcare providers
- Engaging a broad range of stakeholders:
 - creating a core team (MSDE, State Interagency Coordinating Council (SICC) representation)
 - key advisors (representatives from segments in #2 above to help prioritize most important features)
 - extended participants (feedback network)
 - dissemination networks (early adopters)
- Group should think about how they see their role in this broad range of stakeholders
- Invite Dr. Paul Lipkin to help with interfacing between pediatricians and ITP
- Challenge will be to entice for people to use this portal; won't be required
- Email Cecilia Leger if interested in being involved cleger@jhu.edu

X. Wrap-Up & Adjournment (3:30)
Meeting adjourned at 3:27PM

SICC UPCOMING MEETINGS

General Meetings (1-3:30pm virtual)

November 3, 2022
January 5, 2023
March 6, 2023¹
May 4, 2023

Executive Meetings (1-2pm,

October 6, 2022
December 1, 2022
February 2, 2023
March 30, 2023

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

June 1, 2023

¹ This is a Monday to accommodate the legislative session.