Iowa Council for Early ACCESS  
Meeting Minutes May 15, 2015

I. Call to order  
Kasey Vermillion called the Iowa Council for Early ACCESS to order at 10:10 AM on May 15, 2015 at the Grimes State Building, Des Moines, IA.

II. Attendance  
Council Members Present: Heather Moorman, Paula Connolly, Mary Larew (in attendance for Barbara Khal), Laurie Jeans, Janet Stauss, Laura Belle Sherman-Proehl, Shari Huecksteadt, Heather Moorman, Kasey Vermillion, Mary Butler, Julie Hahn, Angela Hance, Kim Thomas, Marcus Johnson-Miller, (cc), Stacy Kramer (cc), Jeffrey Anderson, Kevin Koester, Gladys Alvarez, Gary Guetzko.

Staff Present: Meghan Wolfe, Diane McDonald-Geotzmann, Kate Small, Cindy Weigel, Andrea Dencklau

Absent: Maria Cashman, Joshua Tessier, Chad Dahm, Debra Runau-Matzat, Marti Andera

Minutes from last Meeting  
Approval of minutes from the January 2015 meeting will be tabled until the following meeting.

III. Family Story  
Karol King presented her Early ACCESS family story to the council. Discussion among council members addressed informal concerns within the Early ACCESS system. The state team will discuss and bring suggestions to executive meetings and signatory agency meetings.

IV. Updates  
- DMM (Distance Mentoring Model):  
  o Our third cohort is half-way done and we have two more cohorts. Family-guided routines based interventions. What research is going to help children develop and grow? The primary focus is on services providers to help families integrate interventions throughout their day and everyday routines. This is a five-year contract with Juliann Woods and Florida State, with implementation to continue after the contract.
  o So far, each cohort has had 15 provider (peer) pairs. We will now start to have 15 quads instead of pairs for the successive cohorts. Self-assessment for watching selves. Cohort four will begin in September 2016. Next year, Juliann will do a “DMM 101”. A council member shared that good anecdotal information is being shared out from families who have been part of the DMM cohort.
- SSIP (State Systemic Improvement Plan)
April 1st our state submitted our phase one plan to the Office of Special Education Programs. Part C was able to get additional funding to do further evaluation of families who have been part of the DMM process. We will have both qualitative and quantitative data to evaluate the DMM process. We will look at both provider change and family change, which we know will impact child outcomes.

- Autism Navigator
  - Funding was approved for 51 “seats” of Early ACCESS providers to take part in the online modules that provide professional development focused on Autism. Wendy Trotter is the Department of Education Autism consultant who will be organizing this training.

V. Committee Updates

Membership: Reviewed everyone’s terms. Kasey Vermillion was proposed as chair of the council for 2015-2016. All members voted in favor. We will vote on the remaining slate during the September 2016 council meeting.

Parent Committee: Paula Connolly reported that a request for parent leaders to attend DaSy data conference was sent. She will forward information regarding the application process. The DaSy center is sponsoring the conference and will cover attendant costs.

VI. Eligibility

Cindy Weigel presented information to the council and reviewed the current situation of Eligibility in the Early ACCESS System. Concerns were brought forth at Early ACCESS Leadership Group meetings. Providers are asking for clear guidance that helps determine which children are automatically eligible for services. Current guidance is reported as unclear and incomplete.

Compared the differences in eligibility definition between the federal regulations for Part C and the Iowa Administrative Rules for Early ACCESS (Iowa Part C).

Desired Outcomes:
1) Task team of experts that can determine conditions that meet the criteria for a diagnosed physical or mental condition that has a high probability for resulting in developmental delay.
2) Create a task team that will continue to be involved with eligibility discussion between ICEA meetings

New Problems that have surfaced:
- There seems to be practice problems – families aren’t getting individual needs. Hopefully there are solutions that come through DMM.
- Eligibility might not be the best solution or the only solution.
Primary Service Provider Model might allow for more frequent services to be delivered to families. (Example: one provider is the primary provider but has a team of other disciplines specific to the needs of the child who can provide support).

Maybe not changing eligibility but provider clearer guidance.

Problem number 2 on handout (providers have large caseloads) is that, without clarity in our eligibility it is clogging up our caseloads.

If we can develop a good screening, then the eligibility might not be there for some children.

At one time we were cited for not finding enough kids (Child Find) by OSEP.

Our state also has Early Childhood Iowa funding and Early ACCESS is not the only provider in each county across the state. This doesn’t mean that the child and family needs everything, but providing resources that best fits the families’ needs.

Iowa is not an “At-Risk” state

Further Discussion:

Remembering the children who have experienced trauma and having an appropriate screening for those children is a must.

What exact definition for children do you mean when you say qualifying or meaning 25% delay? What does a 25% delay look like? What are conditions that are specific to automatic eligibility?

What about deaf and hard of hearing? This should be an OR condition- not that you have to have a 25% delay as well as a diagnosed deaf or hearing condition.

Do not all AEAs have a nurse? If you don’t have that medical knowledge as a provider? We should have access to nursing via Child Health Specialty Clinics. They can do that section of the IFSP. This is not a nurse that comes to the home but they will review the records.

What is our status with child find? We are above the national average but one concern was that we may be dinged on child find.

Training the field and providing better guidance on the “OR” statement of eligibility.

Families who fall under definition of emotional or attachment disorder and feel that we don’t have the services to help their child. Children are meeting developmental milestones and some of the families that are declining is that there is a mismatch between what their child needs and what is available and expertise.

How did foster care become an automatic eligibility in our guidance document? Historically, what happened and how did it get added?

What does the law say about foster care? CAPTA- Child Abuse Prevention Treatment Act requires that children must be REFERRED but not automatically eligible.
• Anecdotal example from a service provider: children in foster care who have been on caseload do not have developmental delay. Feel more of a distraction going into home when they have so many other things going on.
• What is the exact number of children in foster care in Iowa?
• Coordinated Intake System- if we declare ourselves an at-risk state, what about the other programs within Coordinated Intake System?

Early ACCESS eligibility criteria task teams have formed in order to provide clarity on which children are eligible for services. Every Council member has the opportunity to keep the work moving forward over the summer months by participating in one or both task teams. Please let Kate or Cindy know by June 1 if you are interested in either of these teams:

(1) Definitions Task Team for Physical & Mental Conditions: This team will consist of medical experts and others who are interested in creating a written document (or online version) of physical and mental conditions that have a high probability of resulting in a developmental delay (see Iowa Administrative Rules for Early ACCESS 120.21 on handout “Eligibility Criteria Discussion Definitions…”).

(2) Eligibility Task Team: This team will continue to Council’s discussion on what Iowa Administrative Rules for Early ACCESS say the program must do, the practice that is actually occurring, the need to align practice with Rules, and address a change in the Rules if Iowa wants to serve children who are at risk of experiencing a developmental; delay because of biological and environmental factors (see federal regulation 303.5 on “Eligibility Criteria Discussion Definitions…”).

Eligibility Task Team:
Kim Thomas
Paula Connolly
Marcus Johnson-Miller
Kasey Vermillion
Angie Hance
Shari Huecksteadt
Laurie Jeans
Jeff Anderson

Definitions Task Team for Physical & Mental Conditions:
Kim Thomas
Paula Connolly
Gladys Alvarez
Mary Larew
Thomas Scholz
VII. **Adjournment**

*Heather Moorman* adjourned the meeting at **3:01**

A motion was made by Paula Connolly and seconded by Julie Hahn. It was approved unanimously.

Minutes respectfully submitted by: Kate Small 5/15/15